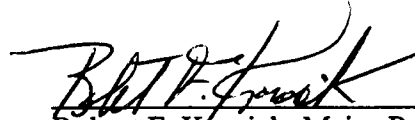


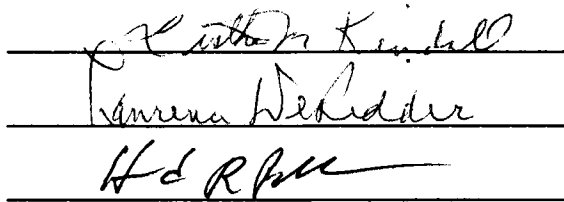
To the Graduate Council:

I am submitting herewith a dissertation written by Diane Joines entitled "A Post-Hoc Study of Young Motherhood." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Education with a major in Education.



Robert F. Kronick, Major Professor

We have read this dissertation
And recommend its acceptance:



Accepted for the Council:



Associate Vice Chancellor and
Dean of The Graduate School

A POST HOC STUDY OF YOUNG MOTHERHOOD

A Dissertation

Presented for the

Doctor of Education Degree

The University of Tennessee, Knoxville

Diane Joines

December, 1999

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DEDICATION

To my family

My children, Michael, Mathew and Christen,

My mother, Hilda Dungan Long,

My sister, Cathy, and her daughter, Katie,

and

My father, Paul G. Long, who would have been so proud of this family effort

ACKNOWLEDGEMENTS

Near the culmination of this effort, I think of the many people to whom I am indebted. Dr. Bob Kronick has been my unfailing guide whose resonant proclamations have directed me back to the library and to the computer time and again. He has encouraged me, read voluminous drafts, and held steady the course. I have learned lessons too numerous to name, and I am grateful to this wise, scholarly man. I have also learned from Dr. Howard Pollio who introduced me to a "new way of seeing." Hours spent in phenomenology class and the interpretive group are times of uncertainty turned to insight--memories I cherish. While I cannot say I have mastered the hermeneutic circle or phenomenology, I do have a fundamental basis from which to continue learning, and I am truly fortunate to have studied with Dr. Pollio.

Let me include Dr. Larry DeRidder whose experience and support have been invaluable. His turn-around time with drafts is phenomenal, and I am appreciative. Dr. Kindall is the quiet catalyst who is there when needed in spite of a grueling schedule, and I am thankful.

Members of the class and group have been most helpful. Particularly, Kim Cornish assisted me with appropriate interviewing skills in the initial stages. Also, Alice McCurry reviewed several protocols and was there when I labored over the structure that

was later presented to the interpretive group. These class members are my friends to whom I am grateful for their unselfish and tireless efforts.

Other professionals made this journey possible. Barbara Collins is a seasoned professional who retired from her position as Regional Social Supervisor with Tennessee Department of Human Services. Currently, she is an adoption counselor with Child and Family Services. Without Laura's assistance, I could not have done this study.

Persuading a colleague to assist, she agreed to serve as contact person in the event of a participant's emotional or physiological distress. Experienced, accomplished, and well respected, Laura is a busy professional; and I am grateful for her willingness to take on one more project.

Of course, there would be nothing to study were there no participants. These courageous women agreed to tell their stories about a very sensitive experience. Their detailed accounts made possible this study, and I am grateful. Seeing them with their children was also a pleasure because the mothers "who care" in the protocols were indeed the mothers in real life.

My family has been my bedrock. Truly, this has been a family effort. My children, Michael, Mathew, and Christen, precious gifts in my life, suggested that I finish what I started. My mother offered encouragement and varied assistance. My sister also encouraged me, kept the cats, and provided a refuge; and her daughter, my niece, volunteered for a practice interview. Our father would be so proud of us, and we miss his presence even now.

To have a mentor over the years is a priceless gift in professional life. My mentor is truly an educator, a scholarly teacher with great wisdom. He makes available to the practicing counselor and aspiring graduate student a wellspring of resources, and he remains dedicated to those who care. Dr. Charles Thompson has encouraged and supported numerous graduate students, and I am grateful to be among them.

ABSTRACT

The purpose of this study was a phenomenological description of the experience of young women who became teenage mothers and went on to complete their high school education. Using the dialogic interview, six women were asked to talk about the experience of being pregnant and being a mother while they were in school. The narratives, though different in content, were rich in detail and depth and revealed a structure consistent across all interviews.

The method of analysis in phenomenological studies is the hermeneutic circle. In this tradition, data was analyzed with my major professor, an interpretive group, and a fellow group member. The thematic structure that emerged describes the essence of the experience of young motherhood.

In the context of time and others, themes of irresponsibility-responsibility, different-same, rejection-acceptance, and loss-accomplishment describe a difficult, day to day struggle to care for a child, work, and attend school. Teenage mothers prevailed over rejection and loss to accomplish their goals--to make a life for themselves and their children.

These women add to the existing literature a description of successful teen motherhood, an experience they say was anything but easy. In fact, they recommend teenagers wait to become parents. These findings and others are discussed in relation to parenting, education and research endeavors.

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CHAPTER 1

INTRODUCTION

The literature on adolescent pregnancy and teen parenthood is as young as it is contradictory and conflicted. Conversation about the topic sparks controversy and summons thoughts of one's own youth. Teenage pregnancy is, indeed, a compelling topic because the phenomenon reflects the contradictions inherent in American thought and value systems. American society glorifies youth and sex but considers adolescents too young to participate. Teenagers are exposed daily to media presentations of "masculine as sexual prowess" and "feminine as sexual attractiveness," but they do not see advertisements for birth control (Rhode, 1993). Teen girls who do become parents raise the collective awareness of welfare dependency and family values; however, the fathers of these girls' children have been largely neglected in the literature. Rarely are the males identified as participants in the drama, breadwinners for the children, or young men in trouble.

While the literature has a short history, the phenomenon dates back to Puritan times when premarital sex was a transgression, although not an infrequent occurrence. Single parenthood was rare because religious laws were enforced and because unwed mothers and their children were a threat to survival since life in early America was arduous and unforgiving. In the ebb and flow of history, statistics shifted periodically,

reaching a peak that went unnoticed during the Eisenhower administration in the 1950's before coming to the public's attention in the late 1970's.

Public attention and research efforts have increased significantly since 1980 (deAnda, Becerra, Fielder, 1990, p. 301). In the past decade, "this issue has become one of the most frequently cited examples of the perceived societal decay in the United States (U.S. House of Representatives, 1996)" (Coley and Chase-Lansdale, 1998, p. 152).

President Clinton announced the National Campaign to Reduce Teenage Pregnancy at the close of his State of the Union Address in 1996: "Our first challenge is to cherish our children and strengthen America's families. . . . To strengthen the family we must do everything we can to keep the teen pregnancy rate going down" (Quoted in Emihovich and Fromme, 1998, p. 139).

Despite such heightened public concern, on May 11, 1998, *Newsweek* announced a 12% decrease in teen pregnancy (p. 40); Emihovich and Fromme (1998) claimed a 19% decrease in the past two decades (p. 139). Coley and Chase-Lansdale (1998) note these statistics and ask the following critical question: "If birthrates to adolescents are significantly lower now than they were in the 1960's and the 1970's, why has teenage pregnancy become such a major policy concern in the past decade? Two reasons are paramount: links with nonmarital childbearing and welfare dependence" (p. 153). In other words, the number of pregnant adolescents and teenage mothers has decreased, although the girls who do become pregnant are not marrying as adolescents did in the past. In addition, most are dependent on welfare in the early years of their children's lives.

ECONOMIC AND POLITICAL FACTORS

Economic and political factors have significantly influenced the literature on this topic. Manlove (1998) writes:

Political pressure surrounding the issue of teenage motherhood has recently accelerated in the U.S. Congress, and coverage by the media has increased as well. The debate over how to address the unusually high U.S. teen birthrate is fueled by often conflicting concerns about rising rates of nonmarital births and abortion rates in the United States. (p. 187)

Maynard (1995) makes clear the financial burden of welfare (pp. 310-314).

According to her, teenage parents are the majority of welfare recipients, receive the biggest share of welfare benefits, and "consume a disproportionate share of all welfare dollars" (p. 313). She cites eight conclusions from her research, and the fourth one sounds in tone like the others:

Traditional ways of delivering family planning services, which emphasize education and counseling, do not work. Teenage pregnancy rates remain high even in schools and communities with extensive pregnancy prevention programs. Teenage parents on welfare do not want more children, at least in the near term. However, most will have them--even those offered extensive family planning services. (p. 310)

Maynard is adamant that the solution for pregnant and parental teens on welfare is employment for which they should stay in school.

PROGRAMS

A good deal of the literature on teen pregnancy and adolescent motherhood focuses on the plethora of programs launched in schools and communities. It is beyond the scope of this paper to undertake a comprehensive review; however, there is conflicting evidence about what works, in part, because there has been a paucity of rigorous investigation and confusion about what to do with available data (Frost and Forrest, 1995). Kirby, et al. (1994) and Frost and Forrest (1995) confirm a need for more program evaluation as well as detailed reports about analytical procedures in their studies of selected programs. So, despite disappointment over uncertainty and contradiction, researchers have tentatively identified certain traits that successful programs seem to share. These characteristics are strengthening individual values and group norms for delaying sexual intercourse, avoiding unprotected sex, using protection and avoiding high risk partners (Ferguson, 1998, p. 324; Maynard, 1995, pp. 323-325; Kirby, et al., 1994, pp. 358-359).

There are a number of programs aimed at delaying sexual participation which teach about reproduction as well as abstinence, access to contraceptives, and skills such as decision making and social skills (Maynard, 1995, pp. 323-325). Frost and Forrest (1995) found that programs most successful in delaying sexual activity and increasing contraceptive took a two-pronged approach: teaching abstinence and providing contraceptives for those already sexually active (pp. 188-195). Other key program elements include delivering services geared to the proper experiential and developmental

level and delivering services that are comprehensive (Coley and Chase-Lansdale, 1998, pp. 161-163; Frost and Forrest, 1995, pp. 188-195; Kirby, et al., 1994; Maynard, 1995, pp. 323-325; Miller et al., 1992; Miller and Paidkoff, 1992, pp. 265-284). Finally, recent programs that teach abstinence only and focus on developing resistance skills have yet to be thoroughly evaluated but seem promising (Luker, 1996).

Considering some of the same studies noted in Frost and Forrest (1995), Kirk, Franklin, Grant, Corcoran, Miller, and Bultman (1997) performed a meta-analysis using 32 outcome studies (pp. 551-567). Their results indicate that a wide variety of programs had no effect on adolescent sexual activity; however, there is evidence for program effect on increased use of contraceptives. "A small but significant" amount of evidence supports program effectiveness in reducing pregnancy rates (p. 551). According to author assessment, other meta-analysis results yield different findings although some of the same studies are incorporated. It follows that there are still questions to be answered in the search for solutions.

ANTECEDENTS OR CORRELATES

As well as seeking a solution for the problem, researchers have examined the nature of the problem and its facets (Coley and Chase-Lansdale, 1998, pp. 153-154; Brindis, 1993, pp. 257-283; Lawson and Rhode, 1993, pp. 1-19). Card (1993) has edited a book called the *Handbook of Adolescent Sexuality and Pregnancy: Research and Evaluation Instruments*. In addition to instruments, evaluation procedures, and specialized instruments, Card includes a list of dependent variables, antecedents, and correlates (pp.2-3). Card remarks that "the items are taken from four leading national

surveys: the 1988 National Survey of Family Growth; the 1988 and 1990 National Survey of Adolescent Males; the 1979-1990 National Longitudinal Survey of Youth; and the 1976-1987 National Survey of Children" (p. ix).

Antecedents include demographic characteristics, development and cognition, family context, social context, sociological antecedents (school progress and performance, dropping out of school, extra-curricular activities, dating behavior, and religiousness), psychological values, and beliefs and attitudes (sexual behavior, contraceptive use, pregnancy, abortion, and marriage, traditional sex roles). Correlates are health risks and outcomes, drug, alcohol, and other risk taking behaviors, psychosocial factors (personality characteristics, interpersonal relationships, and social support), schooling (status progress and performance, aspirations, school environment), family and marriage, work status, income, and dependency, outcomes for children with teenage mothers (Card, 1993, pp. 2-3).

Brindis (1993) writes in *The Politics of Pregnancy*:

Researchers, providers, and advocates are recognizing the interrelationships between the incidence of adolescent pregnancy and the prevalence of school failure, unemployment, poverty, and the clustering of adolescent risk-taking behaviors. . . . It is also increasingly apparent that adolescent pregnancy may have as much to do with such factors as dropping out of school, isolation, poverty, unemployment, low self-esteem, and lack of hope for the future as it does with adolescent sexuality. Ironically, many of these factors have long been perceived

as only the *consequences* of early childbearing. New evidence demonstrates, however, that they may in fact be the antecedent of pregnancy. (pp. 257-258)

Brindis goes on to say that attention must be directed to women's social circumstances and to poverty.

In *Reviving Ophelia: Saving the Selves of Adolescent Girls*, Mary Pipher (1994) notes Betty Friedan's discussion of, "the problem with no name" (p.12).

Friedan pointed out that many women were miserable but couldn't articulate the source of that misery. Adolescent girls today also face a problem with no name. They know that something is very wrong, but they tend to look for the source within themselves or their families rather than in broader cultural problems. (pp. 12-13)

Coley and Chase Lansdale (1998) paint a well-documented picture of teenage mothers that includes the contextual nature of the variables:

Numerous individual, family, and neighborhood characteristics predispose girls to become young single mothers. Female adolescents who are poor students with low educational aspirations are more likely to become teenage mothers than are their high achieving peers; in fact, one-third of teenage mothers drop out of school before becoming pregnant (Maynard, 1995). Teenage pregnancy is also linked to other problematic adolescent behaviors such as alcohol and drug use and, not surprisingly, to early initiation of sexual activity (Horwitz, Klerman, Kuo, and Jekel, 1991a; Paikoff, 1995; Peterson and Crockett, 1992; Urdy, Kovenock, and Morris,

1996). Female adolescents who are raised in poverty by single parents and by parents with low educational attainment are also prone to teenage parenthood (Brewster, Billy, and Grady, 1993; Cherlin, Kiernan and Chase-Lansdale, 1995, Furstenberg and Teitler, 1994; Maynard, 1995). Finally, teenagers who reside in communities with high rates of poverty, welfare use and single-mother households are also at higher risk (Wilson, 1987). (p. 153)

MORE STUDY NEEDED

While much work has been done on adolescent pregnancy, there is much to do. Manlove (1988) comments, "although substantial research and debate has occurred over the educational consequences of a teen birth, limited research has been conducted on the educational antecedents of school-age motherhood" (p. 189). Coley and Chase-Lansdale (1998) assert, "To insure that the crucial psychological factors surrounding adolescent pregnancy and parenthood are better understood and accorded their proper role, psychologists must forge a stronger presence in research paradigms, methods, interventions, and policy settings" (p. 163).

PROBLEM STATEMENT

The school setting is important to the maturing teenager, and it is influential as an agent of socialization (Kasen, Cohen, and Brook, 1998, p. 50). Moore, Manlove, Gei, and Morrison (1998) note that researchers have studied the community, family, and individual teenager: "Only a few recent studies have examined effects of school factors (other than sexuality education) on adolescent pregnancy and parenthood" (p. 436). Dean

(1997), Musik (1993), Lerman (1997), and de Anda, Becerra, and Fielder (1990) have conducted qualitative research on adolescent pregnancy in which the mother-daughter relationship, psychological development in the context of poverty, current issues, and motherhood are explored from the perspective of the teen mother. Despite this research, there are no studies that focus on the adolescent experience from the adolescent perspective of being pregnant while in high school.

Musick(1993) notes Erikson's developmental model, and according to Erikson, high school students are in the identity stage of development. These adolescents are about the tasks of learning who they are and forging an identity with which they will enter the adult world as productive individuals. For adolescent females in high school, these tasks are redefined by the choice to be a mother in a social milieu that assigns motherhood to later years. While Musick explores girls' development in the context of impoverished young mothers, there is no study about adolescent mothers who succeed and the affect of motherhood on their development.

These absences in the literature suggest that a phenomenological study would be appropriate to describe the experience of young women who were pregnant while in school. To accomplish this task, six young women participated in a dialogic interview. All six attended an alternative school for pregnant teens and returned to the regular high school setting where five completed their education and received their diplomas and the sixth one earned a general equivalency degree (GED).

In this type of research, data is an account of lived experience, past or present. Since memory may be fallible, the investigation might not be studying what it purports to

study. However, referring to Husserl's work on intentionality, Pollio, Henley and Thompson (1997) remark that "... the phenomenological task becomes one of describing the structure of consciousness at any one moment, not one of making judgments concerning appearance or reality" (p. 47).

THE RESEARCH QUESTION

This phenomenological study involved six young women. Descriptive in nature, it does not seek to examine any hypotheses or theories. Rather, there are only two questions guiding the meetings between the researcher and the participants: Tell me about your experience being pregnant while in school and being a mom while in school. What are you most aware of?

The participants were viewed as coresearchers in the tradition of existential phenomenology. The meetings with individual participants lasted about an hour and were audiotaped with the interviewee's permission. The tapes were stored in a secure place until they were transcribed. The transcribed or written form was devoid of any identifying material to insure the anonymity of the participant. The protocols were introduced to research groups for interpretation in the tradition of existential-hermeneutic research (Pollio, Henley and Thompson, 1997, p. 49). This method for interpreting texts will be discussed more fully in the methods chapter.

CHAPTER 2

ADOLESCENT PREGNANCY AND MOTHERHOOD

Historically, society has been mindful of adolescent females who become pregnant and give birth. At times, the phenomenon is perceived as a problem, and this perception gathers momentum when propelled by media, vocal interest groups, and political leaders. When President Clinton, in 1996, called for strengthening the family by decreasing teen pregnancy (Emihovich and Fromme, 1998), his rhetoric fanned the flames of disapproval. Currently, society believes this segment of the population is central to a significant social problem (Luker, 1996), to a moral decay according to Congress (Coley and Chase-Lansdale, 1998) and to a drain on national and financial resources (Maynard, 1995). Yet, these youth are our future (Luker, 1996, p. 14).

In contrast to public perception of a high birthrate among teen mothers, there has been a 12% decrease in the numbers of births to adolescents, according to *Newsweek* (1998). The numbers have been dropping since 1957 when the teenage birthrate peaked, doubling prior childbearing rates (Luker, 1996, p. 82). Sometimes, numbers do not necessarily reflect a problem accurately (Kronick, 1997, pp. 3-4), although they may signify it. What happens when decreasing numbers coexist with increasing public and political pressure (Manlove, 1998)? This political and social disapproval is linked to nonmarital status and welfare dependence by the adolescent mothers (Coley and Chase-

Lansdale, 1998). In the past, young mothers married and did not receive welfare. Today most do not marry and, despite welfare assistance, many live in poverty during the first few years after their babies are born.

On a positive note, public pressure potentiates the search for an effective solution. That demand, in turn, widens the window of opportunity for researchers to redefine the problem and to investigate issues, interventions, and research strategies. Research is like an expedition, and explorers may map out new territory or redefine old boundaries. This analogy is especially true when the phenomenon is complex. The actual experience of successful young mothers has not been explored or studied; consequently, little is known about what they experience as young mothers. Consistent with scholarly recommendations (Kirby et al., 1994), conducting research about young motherhood also contributes to current literature.

Research begins with a review of the relevant literature. In this study, the Bronfenbrenner (1979) and Mills (1956) models will be used to guide the examination of issues that present themselves in multiple interrelationships affecting young mothers. Bronfenbrenner's ecological model is useful in organizing the complexities of the phenomenon. This model recognizes that individual behavior is influenced by multiple forces emanating from different domains, all within the life-world. Mills addresses the workings of powerful social organizations that affect the citizens, including adolescents, from afar and, at times, without their awareness.

THE THEORETICAL FOUNDATION

Bronfenbrenner's ecological model of human development is the theoretical foundation for this review of the relevant literature. The model encompasses and organizes political, economic, social, and psychological factors that affect an individual.

What is more, these factors interact with one another within given contexts:

The interactional-contextual model (Bronfenbrenner, 1979, 1989; Lerner, 1996) proposes that each individual's development is embedded in a complex physical and social network. . . . Thus, patterns of development and behavior that are rooted in biology or family life are maintained or changed by encounters beyond the family (Jaffe, 1998, p. 60).

Bronfenbrenner's model is best described as concentric circles (Sroufe, Cooper, and DeHart, 1992, pp. 46-47). "The ecological environment is conceived topologically as a nested arrangement of structures, each contained within the next" (Bronfenbrenner, 1977, p. 514). In the inner circle is the child, and this is the microsystem. The next circle is called the mesosystem, or the immediate environment, and includes the family, the school, and the neighborhood. The child interacts with members of the family, school, and neighborhood; and each of these contextual interactions affect development. For example, a teenage girl attends school where her friends are talking about the latest party where everyone could smoke and drink. After school, she goes home with her friend to catch the Jerry Springer Show. Finally, at home, she finds her mother too busy to talk with her, so she talks on the telephone with her boyfriend who pressures her to have intercourse. She is not sure having sex is all that bad. Bronfenbrenner is saying that

what happens to the teenager in one place is influenced by multiple forces interacting in an organized, recognizable way.

The next circle is the exosystem: "An exosystem is an extension of the mesosystem embracing other specific social structures" (Bronfenbrenner, 1977, p. 515). In the exosystem, Jaffe (1998) includes the extended family, the workplace, and community health services (p. 60). The last system is the macrosystem. Bronfenbrenner (1977) refers to it as "the overarching institutional patterns of the culture or subculture, such as the economic, social, educational, legal, and political systems, of which micro-, meso-, and exo-systems are the concrete manifestations" (p. 515). The recognition of forces beyond is manifest in linguistic expressions like "society." However, the decisions of economic, political, and other groups are so distant as to be available only in the behavior of individuals who are affected. An example is parental notification or permission to receive reproductive services--a state-level mandate. Confronted with parental notification or the requirement for parental permission, many teens do not pursue reproductive services but neither do they stop having sex.

Analogous to Bronfenbrenner's macrosystem, the transforming forces at work beyond the family and in society are described in the 1956 Mills book, *The Power Elite*. Though the book was written in the 50's, it structures much current thinking in this field: "The power elite is composed of men whose positions enable them to transcend the ordinary environments of everyday men and women; they are in positions to make decisions having major consequences" (pp. 3-4). This power to decide is made possible by the individual or group's affiliation with major institutions (p. 9). Power is exercised

through institutions: corporations (economic), government (political), media, military (Mills, 1956, p. 292). These forces affect young women from a distance beyond their control or influence. An example relevant to this research is the 1996 antipoverty legislation with specific guidelines for teen parents that by definition deny the parent opportunity to spend time with the child during critical developmental years.

A COMPLEX ISSUE

Teenage pregnancy is a complex social problem (Luker, 1996, p. 8; Rhode, 1993, p. 301). One aspect of this problem concerns the amount of exposure children receive daily to sexuality (Rhode, 1993, p. 316) and to violence (Pipher, 1996, p. 14) at an early age. Mary Pipher (1996) writes "We flood our children with sexual stimulation. . . . Before they learn to ride tricycles, they are exposed to sexual and violent materials" (p. 14). A powerful instrument of socialization, the media provides society with an identity that emphasizes sexuality and violence, aspirations that highlight power and wealth, techniques that accomplish the first two, and escape (Wright, 1956). Contextual agents of socialization, like the media and the music industry, have a "profound" affect on intellectual, sexual, and social development (LaCerva, 1992, p. 127). How these forces affect development, especially psychological development (Musick, 1993), is not completely understood, in part, because society is changing so rapidly and psychosocial development is embedded in the life world.

Society is changing with unprecedented rapidity. Still, some may be surprised at Lerman's (1997) report that ". . . 96 percent of teenage women who have sexual intercourse for the first time are unmarried. . . .and. . . they do not think it is wrong"

(p. 31). Young women may be doing what others their age or older are doing; they may be doing what seems rational to them, given their circumstances (Rhode and Lawson, 1993). In any case, "in most industrialized nations, taboos against early sexual activity and parenting are in decline, but public policies have not caught up" (Jones p. 230, cited in Lawson and Rhode, 1993, p. 11). In the United States, policy outcomes, like Kennedy and Hatch legislation, as measured statistically, have been disappointing to prominent social and political groups because the United States still has the industrial world's highest adolescent birthrate, twice that of England, four times that of Sweden and Spain, seven times that of Denmark, and 15 times that of Japan (Coley and Chase Lansdale, 1998).

Powerful groups within this society disagree about the problem and possible solutions (Rhode, 1993, pp. 316-317). Politicians and citizens may agree that there is a problem, but they differ about the definition, description, and solution. They may also concur that something must be done; however, plans addressing adolescent sexual behavior touch sensitive chords. The word *adolescent* connotes a period of growth and development incompatible with sexuality that is reserved for adults who may be uncomfortable at the thought of youth engaging in such activities.

The solutions, taken together, are equally disquieting because they seem to contradict themselves: abstinence versus contraception and protection, imposition of adult views versus choice for young people. By their very nature, they precipitate divided opinion (Frost and Forrest, 1995, p. 188), a phenomenon that is partially

responsible for poor or ineffective policy (Cook, 1987, pp. 106-107). Paradoxically, the concerns are all related and could be addressed by public policy (Rhode, 1993, pp. 301-335; Cook, 1986, p. 5), although disagreement among powerful factions continues to be a barrier to definition, implementation, and outcome (Donovan, 1998).

Harari and Vinovskis (1993) conclude that the problem will not, in our lifetime, strictly concern morals and religion; it will also include social implications (p. 40). Rhode (1993) explains that too much blame has been placed at the individual level, on teenagers who "want too much too soon" in sexual relationships (p. 302). "Inadequate attention has focused on the societal level, on the institutions that offer 'too little too late'-too little birth control and prenatal assistance, too little reason to complete school, and too few opportunities for childcare and meaningful employment" (Rhode and Lawson, 1993, p. 11). "Make society do its duty to the individual and the individual will be sure and do his duties to society" (Henry James, cited in Pipher, 1996, p. 15).

The Role of Money and Values

We, taken collectively, have been more concerned about money than about the legacy of our children. Pipher (1996) writes "We're a pluralistic culture struggling to find common beliefs; and unfortunately, our most central belief system is about the importance of money" (p. 16). In effect, there are a small number of individuals who control the "lion's share" of the wealth, a decreasing middle class that has enjoyed little or no increase in financial status, and an underclass whose needs go unaddressed. Lindsey (1995) in *Child Poverty and Welfare Reform* puts welfare and poverty in perspective when he describes the United States as a prosperous nation where the wealth

is unevenly distributed (p. 333); "Privately held wealth is estimated to be more than 25 trillion dollars...How can millions of children in the United States live in such destitution and poverty as is found in many of our large urban and even rural communities?" (Lindsey, 1995, p. 333).

The money the Federal government spends on Aid to Families and Dependent Children (AFDC) represents less than one-thousandth of the nation's wealth (Lindsey, 1995, p. 333). Put another way, "the main threat the poor present is not financial. Federal spending on AFDC is less than 15 billion dollars a year of a total federal spending that exceeds \$1,500 billion (or less than 1 percent)" (p. 333).

In the meantime, new wealth gained for the year 1995 was acquired almost solely by the nation's affluent (Lindsey, 1995, p. 333). The middle class gained nothing and bore a financial inequity that included income tax. The progressive income tax had, at least, evened the advantage of wealth. The wealthy paid 70% and the middle class paid 30%. With the Reagan years, however, the tax policy changed. Ostensibly to encourage the rich to produce and to fill the coffers of government, the Reagan policy evened the income tax to 28.3% and 28.7%. The rich would make more money, and that advantage would "trickle down" to others. Instead, the national debt burgeoned, and the hypothesized "trickle down" effect did not work (Lindsey, 1995, pp. 333-335).

In the same year that Lindsey published his article on welfare, Maynard (1995) wrote the following:

According to one set of estimates, the costs of teenage childbearing total over \$34 billion a year for the major income support programs alone (Advocates for Youth,

1994). Even if this estimate overstates the costs directly attributable to welfare, there is consensus that the costs are high (p. 313).

A consensus is not necessarily commensurate with accuracy or truthful reflection. The definition of *consensus* is general agreement or collective opinion. Since Maynard (1995) does not elaborate, the reader does not know who forms the consensus (p. 313); Lindsey certainly was not included.

"During the last decade virtually nothing was done to address the problems of the poor" (Lindsey, 1995, p. 335). Lerman (1997) says "a large proportion of the United States' 24 million teens live in poverty. Nearly forty percent of the 15-19 year olds in this country are poor or low income" (p. 34). Gillham (1997) says that young women in deprived areas in the United Kingdom are four to eight times "more likely to become pregnant as teenagers than those in affluent areas" (pp. 7-8).

In a nation of wealth, we fail to provide for our children. The perceived problem, however, is that too many pregnant teenagers have children and pass along a tradition of poverty (Luker, 1996, p. 42). Seeing the problem in this way fails to acknowledge systemic issues. Luker (1996) says the women were poor before they ever became pregnant: "So although it is true that young mothers tend to be poor women, it is much more meaningful to say that poor women tend to become young mothers" (p. 12).

In some ways the life experiences of teen mothers encourage pregnancy. "Life experiences associated with poverty, such as alienation at school, prevalent models of unmarried parenthood and unemployment, and lack of educational opportunities and stable career prospects all serve to lower the perceived costs of early motherhood" (Coley

and Chase-Lansdale, 1998, p. 153). Poverty, an umbrella term for several factors, may set the stage for teenage pregnancy. Lack of appropriate intervention by public institutions fuels this process (Rhode, 1993, pp. 300-336) and makes "poverty the greatest determinant of who drops out (of high school)" (Dacey and Kenney, 1997, p. 327).

Politics

The events that would contribute to recognition of adolescent pregnancy and motherhood as a problem developed during the late 1960's and early 1970's. This era was characterized by the Vietnam War, the Women's Movement, the Civil Rights Movement, and technological advancement. Within the context of the Women's Movement, members of the education profession and small interest groups began study and dialogue to guarantee school-aged mothers access to the classroom and completion of their education. Economically, United States citizens were still reaping the benefits (including good jobs) of economic advantage that grew unchallenged in the post-World War II years. With so much happening in the 1960's, adolescent pregnancy was not a high profile issue.

By the 1970's, "a cluster of volatile issues involving sexuality, abortion, family values, and welfare policy" (Rhode, 1993, p. 311) focused public attention on what people came to consider a serious social problem. The problem was not a function of rising numbers of births to adolescent mothers because the numbers had declined by 47% between 1957 and 1983. More teens, however, were sexually active, and more mothers were unwed and on welfare. Increased availability of contraceptives and access to abortion reduced the birthrate, but this also increased Congressional and national

concern. In spite of decreasing numbers, the United States still had the highest rate of adolescent pregnancy in the developed world.

Some say that adolescent pregnancy actually became a social problem when Senator Edward Kennedy proposed his National School-Age Mother and Child Health Act (NSAMACHA) in 1975. The goal of the bill was to help adolescent mothers finish their education and get vocational training along with health and social services that would alleviate some of the hardships (Cook, 1986, p. 13). The bill also included contraception services. Kennedy had ties to "various segments of the public that had historically shown a concern for teenagers and their sexual behavior" (Luker, 1996, p. 71). With a Congressional audience, he created the platform for expert and interested testimony on every aspect of adolescent pregnancy and motherhood--he did not limit proceedings to school-aged mothers. Although Kennedy's bill never made it to the floor of the Senate, his efforts would influence thinking and public policy for twenty years (Cook, 1986; Luker, 1996).

NSAMACHA was introduced during the Ford administration, but the Department of Health, Education and Welfare (HEW) was reluctant to define teenagers as a special population distinct from other groups in need of services. Sopper, the Acting Deputy Assistant Secretary for Legislation of the Department of Health, Education and Welfare, presented the administration's position. He indicated that teenage pregnancy was a problem and that HEW was concerned about "unwanted and unintended pregnancies" (Cook, 1986, p. 14). However, Sopper said that since pregnant girls were being served by Medicaid and AFDC, spending more money on programs was not the prudent

response to a problem yet to be clearly defined. At this time, there was a paucity of research largely because attention had not been focused on the issue.

In 1978, Senator Kennedy tried again. Taking advantage of heated debate over abortion, he called for hearings and introduced the Adolescent Health, Services, and Pregnancy Prevention and Care Act. With approval of both the Congress and the White House, Kennedy's bill passed. According to Luker (1996), the rhetoric in the hearings repeatedly stressed the relationship between poverty and early parenthood, and the relationship, in some views, was causal. A young woman who had a baby during her teenage years was an important cause of poverty. The advocates, in their zeal, overlooked the fact that most young women who became mothers were already poor. As a young and mostly poor population, teen mothers were convenient scapegoats for society's troubles and an equally convenient group "to fix." Access to contraception (Luker, 1996, p. 75) would surely alleviate multiple social ills including poverty and abortion.

The programs did not remedy the problems, and Ronald Reagan used these "hot-button" (Luker, 1996, p. 76) issues to his advantage in bringing a conservative administration to the White House. Kennedy's conservative counterpart, Orrin Hatch, sponsored the Adolescent Family Life Act that superseded Kennedy's legislation. Aptly called the "chastity bill," this act called for support within the context of the family to discourage premarital sexual relations and to encourage self-discipline and other appropriate measures to discourage teenage participation in sexual activity. The wording

shifted from emphasis on the welfare of young people to a focus on the sexual activity of young people, leaving a clear footprint of conservative policymakers.

Legislation and judicial decisions significantly influence what happens to youth, and the camps from which those decisions come are conservative and liberal schools of thought. Conservatives believe that single teens should not have sex primarily for moral and fiscal reasons. Liberals believe that teenagers should not have babies because they and their children face health risks and socioeconomic problems. These different points of view may not be as problematic as the need for both groups to create crisis conditions under which the electorate will take note and join or support a coalition for change.

Traditionally, a policy with little cost, minimal conflict and maximum "crisis" is most likely "to make it" out of committee and to the floor for Congressional vote.

Unfortunately, the political process and those who drive it have distorted both issues and outcomes. Those who best know the consequences of our social and political inadequacies could probably tell "Capitol Hill" exactly what is needed and how best to deliver the assistance.

Congress is persuaded by its constituency and by vocal, organized groups (Cook, 1987, p. 95; Luker, 1996, p. 62). Harari and Vinovskis (1993) caution that "the role of public interest groups in fanning the flame of public concern over adolescent pregnancy cannot be overstated" (p. 39). The Alan Guttmacher Institute (AGI), a former research arm of Planned Parenthood, popularized the phrase "an epidemic of adolescent pregnancy" by distributing a pamphlet entitled *11 Million Teenagers: What Can Be Done About the Epidemic of Adolescent Pregnancies in the United States*. The pamphlet was

published in 1976 when the only epidemic was the one invented by AGI authors. The subject of the 1976 pamphlet still commands attention, for as Manlove (1998) observes "political pressure surrounding the issue of teenage motherhood has recently accelerated in the U. S. Congress, and coverage by the media has increased as well" (p. 187).

Current Status

As in the late 1970's, we are not now in the midst of an epidemic of adolescent pregnancy (Luker, 1996, p. 81). In the 1980's and 1990's, adolescent pregnancy spawned a plethora of programs and research (Gilliam, 1997, p. 1); although the complexity of the problem (Luker, 1996, p. 8), the influence of social forces (Mills, 1956, p. 300), varied outcomes of programs (Kirby et al., 1994, pp. 354-355), research and evaluation challenges (Frost and Forrest, 1995, p. 188) and the emergence of different perspectives (Rhode and Lawson, 1993, pp. 5-11) still require more study. The task is that of unraveling an intricate puzzle that is continuously changing.

Gilliam (1997) contends that psychological and sociological aspects of teen pregnancy are "poorly understood" (p. 1). Coley and Chase-Lansdale call for the involvement of psychologists "to forge a stronger presence in research paradigms, methods, interventions, and policy settings" (p. 163). Rhode asserts "policies have frequently misdescribed the problem and misled as to the solution" (p. 301). Cook (1887) says there is no "coherent, comprehensible, and comprehensive policy" (p. 111). Musick claims that "we lack essential knowledge about the relation between the nature of the problems and the strategies designed to solve them" (p. 14). Thus, to say there is an increase in "babies having babies" is erroneous and misleading.

In *At Risk Youth*, edited by Kronick, Lee and Cunningham (1997) discuss the politically conservative viewpoint presented by a view of the Republican Party, pro-family groups and business groups. Teen mothers are seen as candidates for welfare. Within five years of having the baby, they will be on welfare and perpetuate a continuing cycle of failure, poverty, and dependency. The pro-family groups point to the consequences of having the world's highest out of wedlock birthrate and stress the importance of the mother's time with the child. Before the 1996 legislation, statistics showed that most mothers worked after the children were in school (Lee and Cunningham, 1997, p. 47). Now, legislation gives the mothers no choice but to work soon after the birth of their child.

Luker (1996) predicts that Clinton and the Republican Congress will make efforts doomed to failure "because they are based on a fundamental misunderstanding of the problem" (p. 13). Concerns based on socially constructed issues of poverty, gender, sexuality, race, and world economy must effect change that will make a difference; otherwise, the solution may add to the severity of the problem. The 1996 antipoverty legislation that severely restricts support for teenage mothers and denies them much needed time with their children seems to make Luker (1996) prophetic.

The problem has been formulated in various ways, sometimes based on the same data (Cook, 1987, p. 107). Depending on the political position of the source, the picture of adolescent pregnancy looks very different. History captures the ever-changing face of the phenomenon and reflects forces shaping what has been a part of life in the United States from the beginning.

SOCIETY'S HISTORY OF THIS MATTER

In the dialectic that produces human social life, there is a history, and it is relevant (Berger and Luckman, 1966). The majority of this section is based on the work of Susan E. Harari and Maris A. Vinovskis in *Adolescent Sexuality in the Past* and Luker's *Dubious Conceptions: The Politics of Teenage Pregnancy*. Teenage pregnancy was not considered a major social issue in the 17th, 18th, and 19th centuries, although it "caused significant problems" like threat to survival and defiance of the church (Harari and Vinovskis, 1993, p. 24; Luker, 1996, p. 17). Records exist that provide information about the New England and Chesapeake areas; however, little is known about family life in the southern Colonies (Harari and Vinovskis, 1993, p. 25). "During the settling of colonial America premarital intercourse was a common occurrence" (Ravoiara and Cherry, 1992, p. 15).

In the early life of the country's Puritan families, illegitimacy and adultery were social concerns. Teenage pregnancy could be legitimized by marriage, the choice of most young women in this dilemma. Out of wedlock children posed a significant economic and religious problem to the community. There were no welfare programs or orphanages, and illegitimate children were a reminder that religious laws had been violated. Premarital sex usually occurred within the bounds of serious courtship, and pregnant women married (Harari and Vinovskis, 1993, pp. 25-27).

Those responsible for out of wedlock births were severely punished (Luker, 1996, p. 17). Both man and woman were liable for their actions, although the woman usually paid the penalty. Maryland used public lashing; Connecticut levied ten lashes and a

monetary fine; Massachusetts offered a choice of ten lashes or a fine (Luker, 1996, p. 17). Despite close supervision, religious pronouncement, legal penalties, public condemnation, and threat of physical pain, the number of premarital pregnancies increased (Luker, 1996, pp. 17-18). Slowly, policy changed to fit the changing behavior.

By the second half of the 18th century, 30% of first births were conceived premaritally. Men and women were in their twenties when they married. Smith and Hindus (cited in Harari and Vinovskis, 1993) note a drop in civil prosecution of fornication as well as the decreasing ability of parents to select their offspring's mate (p. 27). Thus, lack of opposition from the church, civil authorities, and the community contributed to sexual intimacy as an accepted, though not openly acknowledged, part of courtship (Harari and Vinovskis, 1993, pp. 23-41).

Carr and Walsh (cited in Harari and Vinovskis, 1993) provide an account of the Chesapeake region. The females were indentured servants and relatively older (18-25) than their male counterparts (18-22). Approximately one-fifth of the women claimed to have born a child out of wedlock. The first generation women married in their twenties, after completion of their contracts. First generation daughters married early, at least by 16 and no later than 21, and many were pregnant at the time of marriage (Carr and Walsh, 1983, pp. 321-46, cited in Harari and Vinovskis, 1993). By the second generation, rates were similar to those in New England (Harari and Vinovskis, 1993, p. 27).

Luker (1996) mentions that indentured servants were, at times, impregnated by their owners (p. 18). These less than honest men extended the mother's contract to

compensate for time lost due to pregnancy. The child born to an indentured woman, by definition, was illegitimate since slaves and indentured servants did not have the right to marry (Luker, 1996, p.18).

In the early 1800's, the citizens were concerned about the economic liability of fatherless children. Luker (1996) says that the Moralists held that helping the children would increase their numbers (p.19). The policymakers chose to protect children through legislation that reformed family law (Luker, 1996, pp. 19-20), and judges seemed to find a way to marry a man and woman who had birthed a child. By the late 1800's, women were involved in reform efforts to help their fallen sisters or "ruined girls" who birthed a child out-of-wedlock (Luker, 1996, p. 20). Society's view of the mothers changed from that of "fallen woman" to "girl taken advantage of by a cad" (Luker, 1996, p. 20).

During the last half of the 19th century, social reformers set up homes for unwed mothers. One is Anchorage in Elmira, New York. Charles Crittenton, a New York merchant, established a network of homes for unwed mothers that bore the name of his deceased daughter, Florence (Harari and Vinovskis, 1993; Luker, 1996). Wilson wrote in 1933, "The average age of the inmates of the Florence Crittenton Homes emphasizes the fact that before her first offense the unfortunate girl is simply a growing adolescent human being, with little knowledge of herself, or the world, usually susceptible to the evil that may surround her" (p. 71). Harari and Vinovskis (1993) suggest this thinking supports "a belief in adolescence as a fragile period of human development that had begun to evolve sometime in the late 19th and early 20th centuries" (Harari and Vinovski, 1993, p. 31; Luker, 1996, 20-22).

The Comstock Act of 1873 outlawed the mailing of information or supplies for abortion and contraception (Luker, 1996, p. 45). It effectively gave doctors the right to control contraception, including abortion. This law would guarantee wealthy women access to birth control through their personal physician. In contrast, poor women would be denied access until 1965 when a court decision, *Griswold v. Connecticut*, overturned the Comstock Law and made birth control available to married couples (Luker, 1996, pp. 47, 58). In the early years of the 19th century there was a decrease in premarital sex with even greater decline during the Civil War years. However, the last years of the 19th century presented change. "This change came as a result of expanded roles for women, an evolving concept of adolescence, and concerns over the prevailing double standard in sexual morality" (Harari and Vinovskis, 1993, p. 29).

If a premarital pregnancy did not end in marriage, the girl faced a bleak future with loss of respectability, ruined chance for marriage, and her family's reputation tarnished. The impact of education for women (at least, white women), the writings of Hall and Freud, and women's relationships with men contributed to the casting of teen pregnancy as a social problem.

Education for women gave them access to a world their mothers had not known. They participated in a culture of youth that would develop fully in the 1920's, when women would also win the right to vote (Luker, 1996, p. 38). During these same years, a new concept of adolescence took hold. The defining of adolescence lengthened the "growing up" or maturation period (Harari and Vinovskis, 1993, p. 29; Luker, 1996,

pp. 28-29). Young women were economically dependent for longer periods but empowered by the right to vote and by their education. Still, social standards for acceptable courtship behavior prevailed for women.

The 1953 Kinsey report underscored premarital sex as a part of the courtship process to a varying degree. Findings from the Kinsey (1953) report suggest that things had not changed a great deal since the time of the Puritans. Though limited by methodological concerns, the report is still illuminating:

About 50% of the women in his study had experienced premarital coitus (p. 287).

Most had engaged in sex with their fiancées during the year prior to marriage (p. 287).

Women with less education were more likely to have their first sexual encounter at an earlier age (pp. 295-297).

Working class girls were more likely to have earlier sexual experiences because they tended to marry at a younger age, and sexuality was part of the courtship (pp. 295-297).

Only 3% of the women in the total sample had experienced coitus by age 15 (p. 288).

The rate of premarital sexual activity was up for the other age groups, and Kinsey (1953) had several explanations for this phenomenon (pp. 299-300). From his arsenal of explanations, Kinsey (1953) hypothesized that the increase in sexual activity was "the inevitable outcome of a new, 'more deliberate' approach to sexual relations in the post-war era (p. 299-300). He believed that World War I contributed significantly: exposure

to European sexual patterns and to socioeconomic class mixing by the draft. Kinsey (1953) also mentioned other contributions: knowledge of birth-control techniques, the urban nature of American life, and the decline in prostitution (Kinsey, 1953, pp. 299-300).

For a century characterized by smaller families, a later age of marriage, and a higher rate of education, there were at least two periods of dramatic increase in adolescent pregnancy: World War II and the post-World War II years. The number reached a record high during the presidency of Dwight Eisenhower in 1957 (Luker, 1996, p. 82). On the other hand, the Depression years saw the greatest decrease in adolescent pregnancy. The rate of change is the result of a complexity of factors including economic, social, political, and personal, all of which affect society and, in turn, the individual in that society.

ADOLESCENCE

American society recognizes adolescence as a special time in life. Adolescence has been the study of even classical writers. "The word *adolescence* is derived from the Latin verb *adolescere* meaning "to grow up" or "to grow into maturity" (Muuss, p. 4, 1969). Muuss' 1969 book on the theories of adolescence includes a sociological, psychological, and chronological definition. Muuss (1969) says that sociologically adolescence is the transition period from dependency to self-sufficiency (Jaffee; 1998, p. 25); the psychological meaning has to do with age-appropriate behavior; and chronologically, the time span from 12 to the 20's may vary from culture to culture (pp. 4-5).

Muuss (1969) discussed the relationship between adolescence, which is comprehensive or inclusive, and pubescence, which is meant biologically and physiologically (pp. 4-5). Pubescence is the time during which the reproductive organs mature (Jaffee, 1998, p. 20; Muuss, 1969, p. 5). In other words, "the main idea in the definition of puberty is attainment of reproductive maturity" (Muuss, p. 5, 1968). Adolescent girls who are pregnant satisfy the definition of biological maturity, although they may be economically dependent and may not have completed their education.

Prior to G. Stanley Hall, Freud, and other psychologists of the late 19th century, the work of philosophers, dramatists, artists and writers were sources of information about the ways in which their society or culture constructed the lives of children and adolescents. That these men and women saw a difference in time periods in youths' lives is clear (Conger, 1977, p. 4; Jaffe, 1998, p. 13). Conger (1973) writes that Aristotle divided development into three stages: infancy (0 to 7 years), boyhood (7 to puberty), and manhood (puberty to 21), (p. 5). Jaffe (1998) goes back to Socrates: "The illustrious Greek philosopher complained that youth annoy and contradict their parents and that they eat too much" (p. 11). Norman Kiehl (1967), in his book *The Universal Experience of Adolescence*, notes the following classic description by Aristotle:

The young are in character prone to desire and ready to carry any desire they may have formed into action. Of bodily desires it is the sexual to which they are most disposed to give way, and in regard to sexual desire they exercise no self-restraint. They are changeful too, and fickle in their desires, which are as

transitory as they are vehement; for their wishes are keen without being permanent, like a sick man's fits of hunger and thirst.

They are passionate, irascible, and apt to be carried away by their impulses. They are the slaves, too, of their passion, as their ambition prevents their ever brooking a slight and renders them indignant at the mere idea of enduring an injury. They are fonder both of honor and of victory than of money, the reason why they care so little for money being that they have never yet had experience of want.

They are charitable rather than the reverse, as they have never yet been witnesses of many villainies; and they are trustful, as they have not yet been often deceived. They have high aspirations; for they have never yet been humiliated by the experience of life, but are unacquainted with the limiting force of circumstances.

If the young commit a fault, it is always on the side of excess and exaggeration for they carry everything too far, whether it be their love or hatred or anything else. They regard themselves as omniscient and are positive in their assertions; this is, in fact, the reason of their carrying everything too far (pp. 18-19).

In addition to the early writing, portraits and paintings pictured children as small adults until the 14th century (Aires, 1962, p.130; Jaffee, 1998, p. 10). The term *adolescent* was used in the 15th century (Muuss, 1969, p.10). During the 16th and 17th centuries, Locke and Rousseau suggested that childhood was a distinct period (Van den Berg, 1961,

p. 23). In a 1556 book resembling an encyclopedia, *Le Grand Proprietaire de toutes choses*, the following entry appears:

Afterwards [i.e., after infancy and puerility] follows the third age, which is called adolescence. This age is called adolescence because the person is big enough to beget children and because the person grows in this age to the size allotted to him by Nature (Aires, 1962, p. 21).

The dead children from Van den Berg's *The Changing Nature of Man*(1961) is one example of life for the adolescent in the 16th century in France:

Antoine Arnaud was born in 1560. That is in the days of Montaigne. In 1585 he married the daughter of a government official in Paris. She was twelve or thirteen years old when she was married. During the first two years of their marriage there were no children--Hardly surprising, considering that the young Madame Arnaud was still awaiting her first menstruation. He who feels indignant about this does not realize the state of mind of a woman of those days and the nature of her marriage. Husband, wife, and marriage itself are changing concepts. Nothing gives us a right to assume that Madame Arnaud was miserable. She very probably was not when Madame Arnaud was fifteen, her first child was born; it lived five days. After that she bore a child every year. The last child brought her own death. She was thirty-nine years old. In twenty four years she had born nineteen children, of whom ten had died. (p. 90)

By the 19th century, the influence of psychologists was having an affect.

G. Stanley Hall's recapitulation theory and Sigmund Freud's psychoanalytic theory both stressed that "certain important patterns in the development and behavior of human beings are universal and part of human nature" (Muuss, p. 68, 1969). During the late 1920's and early 1930's, Muuss (1969) noted that several systematic anthropological field studies introduced new ways of thinking about development. The ideas and results of the studies introduced the importance of the social and cultural in human development (Dacey, 1997, p. 45). Muuss (1969) writes, "In some cultures, such as the American, the difference between a child and an adult is emphasized sharply by social and legal institutions" (p. 70).

In the *Annual Review of Psychology*, Lerner and Galambos (1998) write that "Adolescence has been described as a phase of life beginning in biology and ending in society (Petersen, 1988). For the adolescent, this period is a dramatic challenge, one requiring adjustment to changes in the self, in the family, and in the peer group" (Lerner and Galambos, 1998, p. 413). They suggest that in the past there was a paucity of information about the adolescent period but assert that in the past 20-25 years medical, biological, and social scientists have created a body of information (Lerner and Galambos, 1998, p. 413). For example, adolescents do not necessarily experience a stormy time (Lerner and Galambos, 1998, p. 413; Jaffee, 1998, p. 55).

Early theories of adolescence are represented by John Locke who believed that experience molded the person. Rousseau, credited with giving children a childhood, thought that natural processes followed its course over time. During the late 19th to early 20th century, Gesell and Freud were influential. Later theories of adolescent development

are the psychosocial models of Erikson and Havighurst (Jaffe, 1998, pp. 46-63). These theories influenced societal ways of seeing youth and adult ways of relating to them.

Lawson and Rhode wrote in 1993:

Adolescence is a relatively recent and culturally specific concept. Its characteristics as a distinct developmental phase remain subject to debate, and its use in connection with reproductive issues can be highly misleading. Thus, although commentators throughout this volume generally speak of adolescence in its conventional chronological sense, they also emphasize its cultural particularity and draw distinctions where appropriate among different age, income, racial and ethnic groups (p. 2).

RELEVANT PERSPECTIVES

The Alan Guttmacher Report

Donovan, senior associate for law and public policy with The Alan Guttmacher Institute, published a list of factors affecting the downshift in sexual habits among U.S. adolescents (Donovan, 1998, pp.188-193). Donovan notes that researchers attribute the recent trends in sexual activity and contraceptive use to a confluence of factors: greater emphasis on delaying sexual activity; more conservative attitudes among teenagers about casual sex and out-of-wedlock childbearing; fear of sexually transmitted diseases, especially AIDS; the popularity of the long-lasting contraceptive methods, such as the implant (Norplant) and the injectable (Depo-Provera); possibly, more consistent or correct use of other contraceptive methods; and strong economy with better job prospects for young people.

The much-quoted Alan Guttmacher Institute (AGI) was for many years the research arm of Planned Parenthood (Harari and Vinovskis, 1993, p. 39). Like any source, AGI presents facts consistent with agency agenda, at the time, and these facts may be interpreted differently by other investigators. For example, other sources report a lack of job prospects for adolescents (Coley and Chase-Lansdale, 1998). Further, several sources note that premarital sex among teenagers is a normative pattern (Lerman, 1997); a recent *Facts in Brief* (1999) report claims that only one in five adolescents graduates before first intercourse. Reading only one source gives a limited view of what society collectively considers a problem that is taken seriously and hence must be understood from different perspectives.

A Different Story

With significantly lower birthrates, Coley and Chase-Lansdale (1998) ask, "...why has teenage pregnancy become such a major policy concern in the past decade? Two reasons are paramount: link with (a) nonmarital childbearing and (b) welfare dependence" (p. 153). While the total rate of births to teenagers has decreased greatly since mid century, the percentage of nonmarital births has soared from 15% to 75%. "A sizable portion of teenage mothers are poor, and they are also likely to spend time on welfare (Bane and Ellwood, 1986 cited in Coley and Chase-Lansdale)...53% of welfare funding is spent on families formed by teenage births (Alan Guttmacher Institute, 1994 cited in Coley and Chase-Lansdale)" (Coley and Chase-Lansdale, 1998, p. 153).

The authors note that while teenagers accounted for 30% of the births in 1992, those under 18 were responsible for only 13%. Consequently, women 18 years and older

accounted for a much greater percentage of the births, and women in their twenties accounted for 54% of the birthrate (Coley and Chase-Lansdale, 1998, p. 153) and a larger percentage of the welfare budget.

Of the females who are school-aged mothers, one-third drop out of school before they become pregnant. As mentioned earlier, the life experiences of these young women are frequently associated with poverty, lack of success in school, and reduced vocational opportunity. In other words, the girl who lives with poverty at home and failure in school may also have limited prospects for getting a job. With no hope, having a child gives this girl something to hold, to love, and to love her in return. She also has an identity--she is someone; she is a mother. These rewards are made more valuable by the absence of socially defined success that not only eludes her but also may never be available to her. Even if she tries, the lack of low-skill, high paying manufacturing jobs condemns young people entering the job market to poverty level income that jeopardizes already limited access to the very health and family planning services they need.

As Director of the Ounce of Prevention Fund, a statewide adolescent parent initiative in Illinois, Musick collected qualitative data including clinical interviews, journals, and taped interviews in the interest of program evaluation. Later, she brought the stories of young women she calls "wise" to develop a book about youth who live in poor circumstances, have babies at a young age, and frequently come to the programs with a history of abuse and domestic chaos. Musick says that young girls who are denied basic safety at an early age could be developmentally affected in ways that may be

incontrovertible. She revisits the developmental theme when she discusses at-risk adolescent girls who are more than likely still grappling with early developmental issues.

Damaging experiences are rarely without consequences and most often interfere with early developmental tasks, transition to adolescence, and the building of a personal identity and self concept (Muss, 1988). The invariant among people, no matter where they live or what their circumstances, is the need to know who they are in relation to self and society (Erikson, 1963), and most are "concerned with the period of adolescence in this regard." Early parenthood may create an identity for the female adolescents who live in a social environment that accepts or even encourages the phenomenon. Many report a struggle around knowing who they are and what they will become. Young women in secure circumstances have babies, and the impact on their lives is as relevant to development as that of poor adolescents. The differences are the developmental milestones achieved on which their lives rest and the circumstances in their life world.

The Politics of Pregnancy

Edited by Lawson and Rhode (1993), *The Politics of Pregnancy* is the end product of a conference sponsored by the Institute for Research on Women and Gender at Stanford University in April of 1989. Since teen pregnancy is recognized as a problem of national magnitude, the authors and contributors sought to answer questions such as why it is a problem, to whom it is a problem, and what should be the nature of public policy. "The politically volatile nature of those questions became apparent during the 1992 American presidential campaign, when candidates squared off on whether, if their 12- or

13-year-old daughter became pregnant, she would "take the child to term" (Lawson and Rhode, 1993, p. 1).

Along with the political dimension, adverse social consequences typically associated with adolescent childbirth are now recognized as partial causes: educational failure, lack of vocational opportunities, and low self-esteem contribute both to the likelihood of early pregnancy and to the disadvantages that follow it. For many adolescents from disadvantaged backgrounds, childbirth is one of the few avenues available to satisfy needs for love and to be loved. Factors that encourage early childbirth and amplify its disadvantages reflect societal failures and demand societal responses (Rhode and Lawson, 1993, p. 7).

Adequate response depends on definitive conceptualization of the problem, and limitations in the way that adolescent pregnancy is conceptualized make for limitations in policies addressing it. Two decades of policy and research have produced substantial evidence of what does not work, and the questions about what does work require an ongoing commitment. The first step is convincing decision-makers and their constituents to rethink issues as socially constructed problems. Hysterical rhetoric and political pressure cannot be the standard for change. The challenge is to translate what we know into what we do.

ANTECEDENTS AND CORRELATES

Luker (1996) cites poverty, school failure, no opportunity, race division, and gender role expectations as antecedents to young motherhood (p. 41). Young women who are poor students, drop out of school, use alcohol and drugs, live in poverty, live in

single parent homes, and lack vocational opportunity have a greater likelihood of becoming young mothers (Coley and Chase-Lansdale, 1998, p. 153). For several years, these factors were considered correlates of teen pregnancy; recently, they have been reframed as antecedents instead of correlates (Luker, 1996, p. 42; Coley and Chase-Lansdale, 1998, p. 153; Phoenix, 1993, pp. 80-81; Brindis, 1993, p. 257-258). The factors the public uses to describe young mothers actually describe their lives before conception and motherhood. With this rendering, young mothers become victims, not culprits.

When compared to earlier research and rhetoric, Card's work on antecedents and correlates, discussed in earlier pages, is significant to an overall humility that we are learning as we research. There was no legislation relevant to adolescents until 1970 when Title X made birth control available to all women. Nowhere does the bill address adolescents specifically, but they showed up at the doors of the clinics and their presence was recorded. The same was true of abortion clinics. Congress began to get a look at the numbers and before long, this population was watched by legislators who could not reach an agreement on what to do with too many abortions and too much birth control among teenagers who were not supposed to engage in sexual activities. Partially prompted by Congressional concern, researchers began to examine the issues, and with time, determined that factors believed to be correlates of teen pregnancy and motherhood were better construed as antecedents.

Correlates are related to one another, and a correlation measures the degree to which the variables are related. An antecedent has, by definition, a more causal relationship. The antecedent is associated with and precedes that which is to be studied

and by inference may be causal. These terms did not change; the understanding of relationships among forces in the life-world, however, did change. The picture of this issue is painted in hues ever changing in the light with brush strokes of intricate detail. In this case, those who view the same picture see different reflections of truth. Their views can be distorted by well-intentioned moral judgment, inaccurate information, or a lack of understanding. To be sure, the state of the research is far from complete.

Despite the foregoing, there are two current policy concerns: (1) nonmarital status of teen mothers and (2) the cost accrued from mothers receiving welfare payments. The concern is so great that Congress enacted the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 which substantially affected the entitlements for welfare recipients in general and teenage mothers in particular (Coley and Chase-Lansdale, 1998, p. 162). Coley and Chase-Lansdale (1998) call this legislation "compelling" and "relevant" and "likely to have a large affect on young mothers" (p. 162).

Young mothers will no longer be able to spend time with their children, a violation of the recommendation by pro-family groups (Lee and Cunningham, 1997). Young mothers and the young men involved with them have no hope. The jobs of the past no longer exist; and now the funding that allowed them a beginning is highly restricted. We want them to work, yet there are few jobs. We want them to take care of their children, yet we remove them from the home.

From the House of Representatives 1996 Conference report, the following stipulations are taken:

- (a) Entitlement to cash welfare benefits is abolished;
- (b) Families can receive benefits for no longer than five years over their lifetimes (shorter at state discretion; longer if states use their own funds);
- (c) Recipients are required to work 20-30 hours per week after two years of TANF receipt;
- (d) Minor mothers are required to live with a parent or a legal guardian and to stay in school;
- (e) Mothers are required to identify the father of their children and to cooperate with child support enforcement.

States also have the option of imposing a cap--no more welfare dollars to mothers on welfare who have more children. (U.S. House of Representatives as cited in Coley and Chase-Lansdale, 1998. p. 162).

SCHOOL

School and school-related terms are prevalent in the literature. School is important (Scaramella et al., 1998, p. 1233). School is a major socializing agent (Kasen, Cohen, and Brook, 1998, p. 50) since teens spend most of their time among peers in this setting (Moore, Manlove, Gleib, and Morrison, 1998, p. 435). School can also be a place of opportunity or irrelevance for these students (Brindis, 1993, p. 293). In either case, it is still the one place most all young people congregate to learn in an organized fashion on a regular basis. Consequently, the school setting is a place with great potential to initiate change. Relevant to this study is research done on the school setting, school offerings, and sex education programs.

Frost and Forrest (1995) studied five such programs (p. 188) initiated in the school setting. The programs emphasized abstinence and contraception. As well as a reduction in the initiation rate of sexual activity, two of the school programs decreased the number of adolescents who became pregnant. Kirby et al. (1994) studied twenty-three school-based programs and concluded that some effectively impact the sexual behavior of young people while others do not. Effective programs have the potential to "reduce exposure to unintended pregnancy and sexually transmitted disease...."

The school has been primarily considered in terms of prevention and sexuality programs. There have been many school-based programs (Brindis, 1993), although there is disagreement on what works (Kirby et al., 1994, p. 358). Maynard (1995), for example, says that education and counseling programs do not work (pp. 309-332). Kirby et al. (1994) found that some work and some do not. Kirby et al. (1994) describes those that work and how. These programs, however, will never make a difference for some students because they drop out of school, as do many adolescent mothers who drop out before they become pregnant.

Data from the national High School and Beyond Study showed that, of all those who dropped out of school and gave birth to a child, 28 % had left school before conception. A survey of never-married women in their twenties showed that among those who both became pregnant and dropped out of school, 61% of pregnancies occurred after they had left school; a survey of very young welfare mothers showed that 20% were already out of school before conception. Lack of an education handicaps a young mother's capability of providing for herself and her child. This educational

limitation may be the result of disengagement which frequently occurs well before the child's birth and suggests that school may have failed the girl. .

According to Brindis (1993), school is crucial:

"Level of education is a more significant predictor of future prospects than either ethnic or class background, and to a great extent determines whether that future will be one of jobs or underemployment, welfare or independence, early or planned parenthood, and lawful or unlawful behavior. In a study comparing the impact of childbearing on school continuation, researchers examined school graduation rates of teenagers who gave birth while still enrolled in school and graduation rates for those who gave birth after dropping out of school. The research demonstrated that early childbearing significantly reduces the school completion rates of young women who had already dropped out of school before pregnancy or childbirth (pp. 258-259).

Dropping out seems to be related to characteristics of the school environment which influences the educational fate of adolescent girls (Brindis, 1993; Manlove, 1998). Academic achievement, for example, is not only the result of the home environment but also that of the school (Kasen, Cohen, and Brook, 1998, p. 50). In fact, Manlove suggests that schools with more resources have a lower dropout rate. The characteristics of school as contributing to the success or failure of pregnant teens are a new focus that must be studied in light of their contribution to continued engagement and completion of the educational process. A high school diploma or GED makes future employment more likely, post secondary education a possibility, and financial independence a potentiality.

Helping young women complete their education is crucial. According to Dacey and Kenney (1997), the schools are not meeting the needs of many young people (p. 327), so at-risk and pregnant girls, as well as teenage mothers, face a kind of double jeopardy--limited at home as well as in school. Schools with an abundance of programs and opportunities for involvement, however, may be instrumental in serving well the needs of young pregnant women and young parents (Manlove, 1998, p. 191). One such resource is school-based sex education programs, some of which have enjoyed success (Kirby et al., 1994, p. 358). A wealth of resources has the potential to offer comprehensive programs thus serving diverse populations effectively. There is, however, a need for more study since this is a newly addressed concern (Coley and Chase-Lansdale, 1998, p. 163).

Moore, Manlove, Gleib, and Morrison (1998) studied family, individual and school characteristics associated with teenage pregnancy. "School and family strategies to help adolescents become engaged in schoolwork and school activities and to be successful in academic pursuits need to be considered as a promising direction for affecting adolescent fertility"(Moore, Manlove, Gleib, and Morrison, 1998, p. 452). It is important to study the factors--to identify the factors and their relationships.

With refocus on the school environment, there is also the recognition of a multiplicity of factors from several domains that affect girls in schools. The measures such as family unit, education level, academic achievement, and socioeconomic levels are countable and comparable but do not give a holistic picture that can be attained only by students' first person accounts. Lacking the holistic description of student experience, the

body of literature is potentially incomplete. For example, there are no studies that explore the experience of girls who become pregnant and teen mothers while in school.

Currently, there is some qualitative research. Dean (1997), Musick (1993), Lerman (1997), and deAnda, Becerra, Fielder (1990) have produced sensitive and informative contributions. Dean found that impoverished mothers' messages contributed unconsciously to daughters' decisions to have a baby. Musick explored the psychological effect of life experiences on sexual development in the context of social order. Lerman let young mothers tell their stories and made a case for addressing the problem with aggressive solutions to end teenage pregnancy; and deAnda et al. recorded the experience of teen pregnancy in the early 1980's. None, however, has concentrated on the teenager who is pregnant in high school and completes her education without the aid of welfare. In order to know more about the role of school and its potential to contribute to the success of young women, we must go to the young women themselves. Luker (1996) says that young people do not believe adults. "When adults talk to teenagers, they draw on a lived reality that is now ten, twenty, thirty, forty or more years out of date. But today's teenagers live in a world whose demographic, social, economic, and sexual circumstances are almost unimaginable to older generations. Unless we can begin to understand that world, complete with its radically new circumstances, most of what adults tell teenagers will be just blather" (p. 11). An existential phenomenological study would allow a glimpse into the world of the young adolescent who becomes a parent while in school and completes her education.

CHAPTER 3

METHOD

Polkinghorne (1989) defines existential phenomenology as “clear, precise, and systematic description of the meaning that constitutes the activity of consciousness...” (p. 45). Being in the world is being conscious, and we are always conscious of something (Idhe, 1986). As quickly as a meeting of self and world occurs, so it is gone and we are left with a translation called experience. “...the existential-phenomenologist seeks to reveal the structure of experience through descriptive techniques...(Valle, King, and Halling, 1989). Thus, if we wish to study the experience of another, we must hear or read a first person account: “What is sought by both existentialism and phenomenology is a rigorous description of human life as it is lived and reflected upon in all its first-person concreteness, urgency, and ambiguity” (Pollio, Henley, and Thompson, 1997).

The method for gathering data in the existential phenomenological tradition is the dialogic interview (Polkinghorne, 1989). The method was developed as a consequence of the union of the two philosophies. Pollio et al. (1997) says that Merleau Ponty is responsible for giving the philosophy its psychological application. Two people come together, the researcher who wishes to remain open to the other and the participant who comes as the expert to describe personal experience of mutual interest. The researcher asks a question worded to give sufficient direction to the interview without controlling it

(Henderson, 1992). Other questions are designed to clarify an incident or point, encourage the participant, or focus the interview; they are most effective when incorporating the participant's words (Tarsi, 1996).

Polkinghorne (1989) describes three steps to the process of phenomenological research:

1. Gather descriptions from people who are having or have had the experience or interest;
2. Analyze these descriptions so that the researcher may grasp the common elements that make the experience what it is;
3. Write a report that gives a clear, accurate description of the elements.

The reader of the report should come away with thinking that

"I understand better what it is like for someone to experience that."

BRACKETING

Bracketing is the first step in an existential phenomenological investigation (Hawthorne, 1988). It continues throughout the research and is essential to a rigorous study that seeks to describe the experience under investigation faithfully (Polkinghorne, 1989). Pollio, Henley, and Thompson (1997) say that bracketing is "better described positively, as a way of seeing" (p. 48). Hawthorne (1988) describes bracketing as a process that makes evident any researcher biases or proclivities about the topic or the potential outcome of analysis. He likens it to "controlling for the confounding variable" in a scientific experiment. Husserl, the father of phenomenology, said that he was never able to rid himself of all bias. Likewise, Tarsi (personal conversation, 1998) referred to

the “lens” one imposes on the research effort. The lens of personal experience is developed through life encounters and has the power to change the description both as it is shared by a participant and as the subsequent protocol is interpreted by individuals in an interpretive group.

It is the object of bracketing to make researchers aware of their “predispositions” (Kvale, 1983) and/or “preunderstandings” (Gadamer, 1975). The danger is not in the bias, predisposition or prejudgment *per se* but in the failure to become aware of them (Hawthorne, 1988): “Presuppositions are seriously problematic only when unacknowledged and unstated. When stated they serve as the horizons which both inform and circumscribe the study ” (Seidner, 1987, p. 39).

One type of bracketing concerns the researcher’s initial preparation. Henderson (1992) says that the first question the researcher must ask is “Why am I involved in this?” What is valued directs the interest and attention of the researcher as well as how the research will be done. One way of bracketing these issues is to write a statement describing why one is doing a particular study. The following is my bracketing statement:

I am intrigued with this project because it relates to my profession, graduate education, and personal values. Employment as a public school counselor in a nearby rural-urban county proved a rich source of varied experience that generated satisfaction as well as questions. Educational preparation in educational psychology and counseling was the key to opportunity and made possible my work. In summary, because I came with credentials and skills and

because we shared similar values, my supervisor allowed me to implement strategies that both produced positive outcomes and several research issues.

A compelling issue is teenage motherhood. A group of adolescent females, parents during their school years, participated in a school-based support group and successfully completed their education. Studying the experience of these young women could contribute to the literature.

A further aspect to bracketing is offered by Pollio, Thompson, and Henley (1997). The first of three strategies they discuss is a bracketing interview that is conducted by another person skilled in existential phenomenological methods and the researcher. Tarsi (1997) calls the interview a "role reversal" in which the researcher becomes a participant, answering questions about his or her own experience with the topic. The interview is then transcribed and submitted to a research group for hermeneutical interpretation.

In preparation for this study, I participated in just such a bracketing interview. The protocol was submitted first to my major professor and later to a small research group for interpretation. The following themes emerged: agency (I can do it), reification (confirmation) of agency (I can do it), confidentiality, and agency (give them a voice). To address the possibility that participants might equivocate to please me, I listened carefully and rephrased the same questions, when possible, while taking care to use the interviewee's words. In any event, two purposes are served. First, the interviewee will be more inclined to share her experience in depth, adding richness; and second, there will be an abundance of material for thematic examination.

The results of a second analysis with a small research group suggested an idealized view of the girls: "wise," "strong," and "successful." The thematic nature of the group was a clear message that the researcher was looking for answers about effectiveness of counseling group process. I am most interested in knowing the basic experience of these young people with whom I have worked. Of course, the experience might include participation in group; however, the important point is totality of experience from the students' point of view. Naturally, there would be groups in the sense of a number of people who have in common the same experience. However, interviewing the young women who were pregnant and parents as adolescents with the preconceived agenda of searching for the magic formula to help others must be bracketed.

Through the bracketing process, I realized that I still attributed the accomplishment of the young women to an unidentifiable combination of school, group counseling, and student variables that could be identified by observation, confirmed by some form of discreet measurement, and generalized to others in need of assistance. This magic formula, admirable in intent, is shortsighted in methodology because it is way of thinking about student success in the context of interventions instead of allowing them to describe their life-world. Such procedures disregard the holistic nature of people in the world and tend to fragment experience, overlooking significant information that can be had only in a first person description of experience. In order for me to know better the experience of successful teen mothers, I attempted to bracket the presupposition that there existed an exact but elusive way to help students achieve their stated goals.

For me, existential phenomenology provided a vehicle (a method) and the map (a way of seeing) for my research journey to explore the experience of young women who have something important to share. The bracketing made me aware of my biases and predilections, grounded me firmly in this tradition, and engaged me in the ongoing nature of bracketing.

PARTICIPANTS

Participants were former students of mine, females in their early twenties who had at least one child conceived and born during their teenage years. During pregnancy, they attended an alternative school for pregnant girls, a federally funded program based at the system's Central Office, an administrative facility. Several weeks after the birth of their babies, the girls were required to return to a regular school environment. This particular group formed the first regular school teen mothers' counseling group to insure support for achieving their goals: success in school and graduation from high school. They have completed their secondary education and, as far as I know, still reside in the same small town where they attended high school.

There are several reasons for selecting this group of young women. First, they are able to contribute significantly because the issue is important to them since they experienced it and they succeeded. Second, this particular group is verbal as well as eager to have an opportunity to talk about their experience. One participant said that she talks about it at every opportunity because teen parenthood is life altering; and most adolescents do not perceive the reality of being a parent at the same time that most adults fail to understand the adolescent view.

I was their counselor and group cofacilitator. In some research modalities, having a pre-existing relationship with one's research participants is considered problematic--a source of bias. Using qualitative strategies and analysis, however, the researcher seeks to know by learning from these individuals who can describe their experiences. The fact that the researcher and the participants have known one another in the past is one of the strengths of this study (Dooley, 1984, p. 268). Smucker (1993), in her study of spiritual distress, writes the following:

Because a trusting relationship had been established with these people, it was thought that they might be: (1) more likely to agree to take part in the study and (2) more willing to share their thoughts and feelings about spiritual distress at a deeper level than they would with a stranger. (p. 50)

Although the student-counselor relationship has evolved to adult acquaintanceship, the young women were more comfortable talking to me, and knew that I valued what they had to say about a time in their lives that is both sensitive and controversial.

The present research utilized snowball sampling (Manheim, 1977), a sociological research technique, to locate members of the group. A fellow graduate student randomly selected a name from the list of group members. I called the first young woman, explained the project, and left a telephone number. The first contact readily agreed to participate, and she contacted others who either called or asked that the researcher call them. Since the calls were long distance, the researcher, in most cases, contacted potential participants after being given a telephone number provided by one of the women. A total of six participated--a small sample by quantitative standards but

adequate for manageable qualitative research. Participants could not locate one member, and another did not begin with the original group. Other names have been forgotten over time.

ETHICAL CONSIDERATIONS

Prior to submitting the Form B application, applicable to human subjects research, I conferred with The University of Tennessee Institutional Review Board (IRB) and then submitted the application to the Counseling, Deafness and Human Services Unit human subjects review panel. Research began upon approval from both the Unit and the IRB. Snowball sampling procedure guided contact with the participants. In the initial telephone conversation, I described the project using the wording of the Consent Form as a guide. Upon meeting the women, I reviewed the project and the Consent Form. The participant signed one document and received an unsigned copy for her records. Going over the Consent Form insured discussing the process, the audiotaping, confidentiality, and the freedom to stop without penalty at any time. As a precaution, before turning on the tape for the interview, the researcher reassured participants that they could stop at any time without penalty.

Because these women are young and because the subject is sensitive, the researcher prepared for the outside chance of distress. All participants were resilient, healthy and emotionally stable during their secondary school years; however, the possibility of an unacknowledged or unknown change in health or emotional status might precipitate crisis beyond the scope of the researcher's counseling skills. Although they were never needed, the following ameliorative measures were in place:

1. The researcher carried a working cell phone.
2. Two, well qualified, practicing, mental health professionals volunteered to serve as a back up in case of emergency, and the researcher carried their telephone numbers as well as the number of the Mobile Crisis and 911.
3. The researcher obtained professional and private permission from participants who were healthy and pregnant.

All Consent Forms and protocols are now stored in 125 Claxton Addition; they will be for three years. Audiotapes were erased after transcription, and protocols do not contain actual names. Names in the protocols are pseudonyms I selected by the researcher when I transcribed them. All participants were provided with a narrative summary of their protocol. Some requested a copy of the original interview along with a narrative summary and were mailed a copy or given a copy of one in person. A second individual meeting was scheduled for each to sign permission forms allowing me to use the protocols in my dissertation and to review any changes requested by the participants.

THE INTERVIEW

The phenomenological interview is a semi-structured dialogue between two people who come to a meeting with an interest in some topic or issue. The interview is theme oriented and seeks a description of the life-world. Of the two participants to the dialogue, one is an interviewee and the other is the researcher, or interviewer. The interviewee is best described as a coresearcher who comes to talk about an experience. The researcher comes to listen, clarify, and ask facilitative questions. In coming together, the two coconstitute the experience; or as Smucker (1993) points out, the essence of the

phenomenon is "being constructed during the interview" and is subject to change during the process.

Interviews in this study varied from 45 minutes to 1 1/2 hours with an average of one hour. The women were asked to select a place where they would be comfortable talking. One participant was interviewed at her place of employment, four in their homes, and one in a friend's home. The same, open-ended question set that was suggested in a small research group meeting was asked: Tell me about your experience being pregnant while in school and being a mom while in school. What stands out for you?

Prior to the first interview, I role-played with an experienced social worker (currently working with teen mothers), a special education teacher, and a high school senior, all of whom mentioned issues that were later discussed by the participants. In another practice session prior to the first interview, colleagues suggested a change in the initial question: "Tell me about having a baby while you're in high school." The first interviewee responded, "General or specific?" I substituted part of the original question and used the initial wording for the rest of the interviews: Tell me about your experience being pregnant while in school and being a mom while in school. What stood out for you?" Other questions and comments during the interview were to encourage, clarify, and focus. I used the words of the participants whenever possible to avoid influencing the dialogue.

ANALYSIS OF INTERVIEWS

Polkinghorne (1989) notes "the aim of phenomenological inquiry is to reveal and unravel the structures, logic, and interrelationships that obtain in the phenomenon under study" (p. 50). He further notes that experience occurs when person and world meet, and the intersection is structured and distinct with contents that appear to "mean something" (p. 51). Discovering and describing the essence of a significant human experience is the goal of phenomenological research.

This study is guided by Pollio, et al. (1997) "Steps for Doing a Phenomenological Research Project. (See Figure One). Using this framework as a guide and Henderson and Hawthorne as example I used the following sequence of steps in analyzing the interviews.

- A. Approaching the interviews
 - 1. Transcribing the taped interview
 - 2. Becoming familiar with the contents
- B. Identifying units of meaning
 - 1. Identifying significant sentences
 - 2. Identifying key words
- C. Summarizing the interviews
 - 1. Writing a narrative summary
 - 2. Verifying the summary
- D. Releasing meaning
 - 1. Building categories
 - 2. Determining structure

A. Approaching the Interviews

1. Transcribing the Taped Interview

Initially, I planned to have the tapes transcribed by a professional secretary; however, the experience of transcribing the first interview was ample evidence that the task, though laborious, brought me closer to the data. If transcribing augmented initial

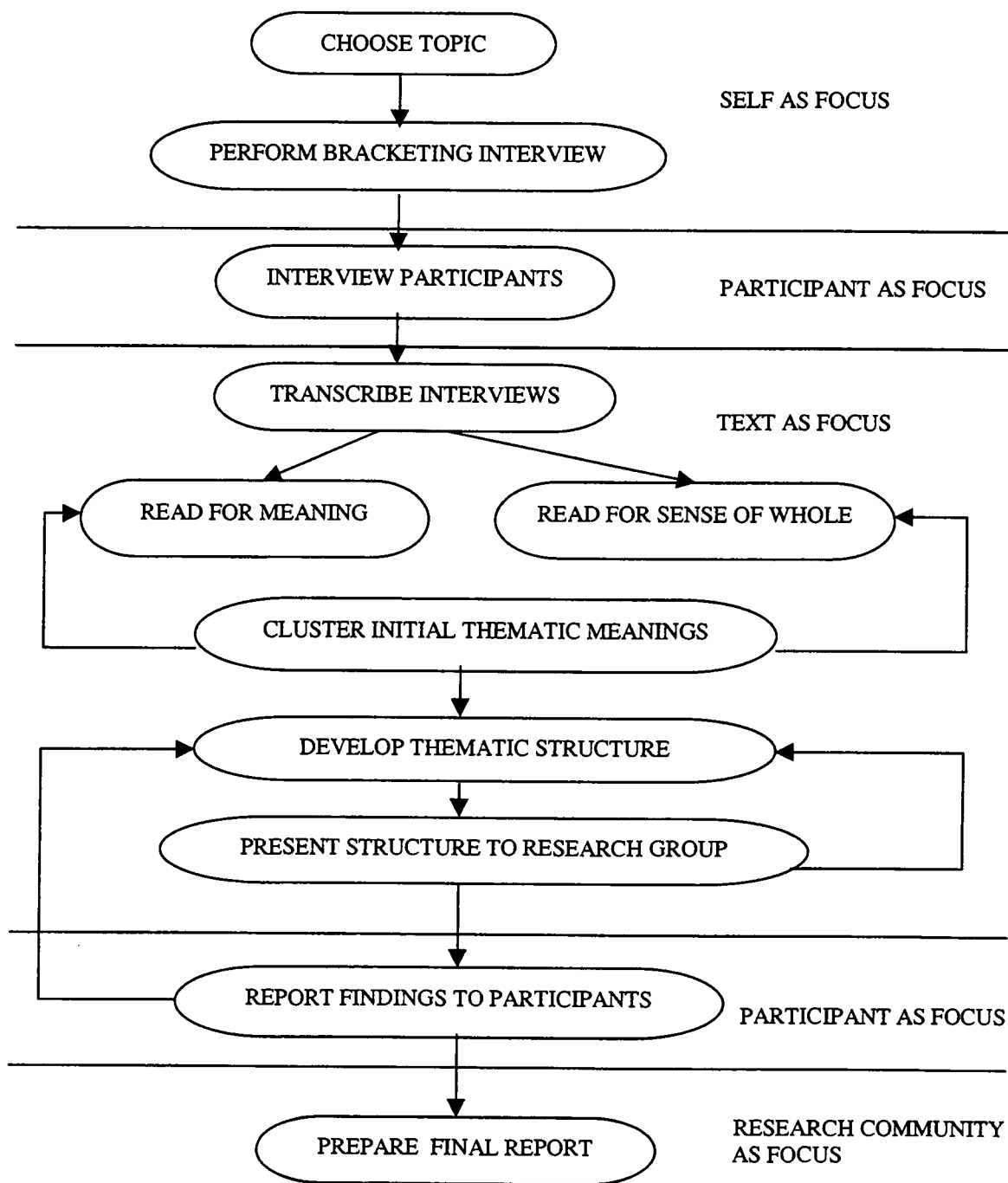


FIGURE 1

STEPS FOR DOING A PHENOMENOLOGICAL RESEARCH PROJECT

Source: Pollio, H., Henley, T., Thompson, C. (1997). *The phenomenology of everyday life*. New York: Cambridge University Press.

awareness, it also proved to be an exercise in diligence since drafts had to be punctuated, checked for errors, and reviewed for accuracy. Listening to the tapes while reading the transcriptions, hereafter referred to as protocols, was necessary to insure exactness.

2. Becoming Familiar With the Contents

Listening to the tapes and reading the protocols is crucial to becoming familiar with the data. Transcribing and checking the text for accuracy gives one what Kruger (1979) calls a "holistic grasp" of the data. Such a view provides the foundation necessary for the future "zigzag" between units of meaning and the "sense of the whole protocol" (Polkinghorne, 1989, p. 54).

B. Identifying Units of Meaning

1. Identifying Significant Sentences

Colaizzi (1978) recommended a significant statement procedure, and Giorgi (1984)" and Kruger (1979) called this step organizing the material into natural meaning units (Henderson, 1993, p. 85). Goodrich (1988) described units of meaning as a "cohering of utterances in the unit around a central idea." Lincoln and Guba (1985) define a meaning unit as

...the smallest piece of information about something that can stand by itself, that is it must be interpretable in the absence of any additional information other than a broad understanding of the context in which the inquiry is carried out. p. 345

Significant sentences were identified in each protocol and organized in categories which were given a descriptive name. After completion of all protocols, sentences were categorized across protocols.

2. Identifying Significant Words

In addition to sentences, the researcher recorded contextually significant words that recurred in the protocols. The words were written on index cards then grouped and regrouped until one term sufficed to name a category. This process is part of what Polkinghorne calls *transformation*. "The transformation 'goes through' the everyday linguistic expressions to the reality they describe, and then it redescribes this reflective reality in language appropriate to a phenomenologically based psychology" (Polkinghorne, 1989). In this study, the echo of important words across protocols was evident in the participants' initial responses: "Hard," "difficult," "scared," "fear," and "afraid" were used repeatedly to describe various aspects of the experience, and one or more of these words appeared in the first response of every participant. In general, the words reflect their emotional state and reaction to "the telling," informing their mothers or a school official that they are pregnant. The words describe and sharply define the moment at which their lives are significantly changed in terms of self as well as others.

C. Summarizing the Protocols

1. Preparing A Narrative Summary

The object of preparing a narrative summary is to produce a condensed version of the protocol that contains vital information and preserves the perspective of the participant in her own words (Hawthorne, 1989). Narrative summaries are useful for accessing material in the protocols and for providing participants with a summary of their interview. I elected to include narrative summaries as a structured vehicle for working

with the data. The product was useful in informing the participants about the research and in providing them with the opportunity to make changes. Significant sentences were ordered temporally to construct the narrative (Hawthorne, 1989). In the style of Henderson (1993), the narratives were in the third person.

2. Verifying The Narrative

Participants were contacted by telephone to confirm their preference for receiving their summaries. During the same call, the researcher reminded each about the consent form allowing the researcher to quote material from the original protocol in her dissertation. The first participant contacted preferred to review a copy of her protocol since the words in the dissertation would come from the transcribed interview. In subsequent conversations, the researcher carefully conveyed the option to review both texts in light of the first contact's preference

D. Releasing Meaning

The researcher was immersed in the data a number of times before taking a protocol to the research group. Thompson, Locander, and Pollio (1990) recommend a research group that "functions in a critical rather than consensual, capacity." Group members can make "figural what might otherwise remain a background assumption (Pollio, Henley, and Thompson, 1997)" and can provide different perspectives. Prior to group analysis, I had transcribed the tapes, listened to them several times, read the protocols and identified significant words. During the group review process, I also met with another doctoral student, a college professor and member of the research group, to analyze additional protocols. After group review, I identified significant sentences that I

developed into narrative summaries. The method used both in the group, by me, and in small groups is the hermeneutic circle, an interpretive procedure discussed in the next section.

1. Building Categories

There are several ways to build categories. I found that identifying significant words seemed to focus work that was further clarified by the research group. Grouping significant sentences and meeting with my major professor allowed for checking the integrity of meaning units against individual interviews and across protocols. narratives confirm the grounds of time and others. The narratives are sequential in time and give accounts that are about others.

2. Determining the structure

The sorting, grouping, categorizing, and recategorizing allowed for the emergence of the themes which described the experience of young motherhood. This description is best depicted by a four-sided figure (a square) with the themes at each of the points to emphasize their importance. Broken, diagonal lines intersect as they connect opposite points inside the figure and illustrate the interrelated nature of the themes which appear in the text together as one, some, or all. The unbroken lines of the square reflect the holistic nature of the experience described by themes that are related one to the others.

THE HERMENEUTIC CIRCLE

Traditionally, hermeneutics "entailed the formulation of rules for the understanding of an ancient text, especially in linguistic and historical terms" (Thiselton, 1980, p. 11). More recently, hermeneutics is said to "serve the understanding" (Ebeling

cited in Thiselton, 1980, p.11). At a fundamental level, hermeneutics is "the study of understanding, especially the task of understanding texts" (Palmer cited in Valle, King, and Halling, 1989), although, interpretation of the Bible served as the impetus for the development for formal principals of understanding.

"The hermeneutic circle refers to an interpretive procedure in which there is a continuous process of relating a part of the text to the whole of the text" (Bleicher cited in Pollio, Henley and Thompson, 1997, p. 49). Since this process is in part intuitive (Spiegelberg, 1985), there are no set rules. Polkinghorne reviews the work of Van Kamm (1969), Colliuzzi (1978), and Giorgi (1975b) who vary in their strategies. I noted that Henderson (1993), Hawthorne 1989), and Smucker (1993) selected plans to fit their studies that remain true to the theoretical tenets of phenomenology and hermenutics.

While specific steps may be different, three types of hermeneutical interpretations, according to Pollio, Henley, and Thompson (1997) are group, idiographic and nomothethic. The research group analyzes the protocol and the "interplay" between the members' interpretation and the primary researcher's interpretation procedure made independent of the group setting aids in preliminary organization of the data. Idiographic interpretation is the notable meanings, relations, and patterns in an individual protocol. Nomothetic interpretation is the examination of each text in the context of the others to identify emerging themes and their interrelationships. My methods reflect these three steps; for all steps, bracketing continued throughout the process both for the researcher and for the members of the research group.

VALIDITY

Validity is a natural science term synonymous with accuracy (Huck and Cormier, 1996, p. 88). Accuracy has a different meaning in phenomenological research.

Polkinghorne (1989) says that validity of phenomenological research relates to the following question: "Does the general structural description provide an accurate portrait of the common features and structural connections that are manifest in the examples collected?" (p. 57).

"An evaluator would not ask, 'How can I be certain that these themes describe the phenomenon as it really is for the participant?' Rather, the question would become, 'Is there convincing evidence for believing that the thematic description affords insight into the experiential world of the participants?'" (Pollio, Henley, and Thompson, 1993, p.53). On this note, Polkinghorne says there is added responsibility for the phenomenological researchers. They must be able to convince others that of all the ways to construe the data, theirs is the most convincing in light of all the available evidence. The criterion for validity is whether different words summons up the same meaning or themes described the original researcher (Kruger, 1979). Participants are coresearchers and they are able to assess the congruence of the structure with their lived experience.

To protect fidelity to the phenomenon, researchers must engage in ongoing bracketing. This methodology accepts the existence of biases and takes account of them by recognizing those that might change the interpretation of data. Participation in an interpretive group is an integral part of bracketing, analyzing the protocols, and

identifying the structure that must be present in all protocols. Ongoing bracketing, accurate transcriptions, analysis in the interpretive group, and participant agreement all insure "insight into the world of the participant" (Pollio et al., 1993).

RELIABILITY

Reliability is consistency (Huck and Cormier, 1996, p. 76). According to Secrest (1997), this concept violates the phenomenological method because the dialogic interview changes the participants' view of experience. She suggests auditability as a preferable criterion and names group analysis of selected protocols as well as group review of the thematic structure. Additionally, phenomenological researchers say that in a similar study, one would expect a similar structure to emerge, although the experiences of participants are likely to vary, as would the language they used to describe them. Even replication of a study using the same participants would not be expected to provide the exact same results.

CHAPTER 4

RESULTS

A short questionnaire yielded the following demographic data: the age of the child, residence of the child, work status of the mother, her post secondary education, marital status, number of children and children's residence with parent(s). The children are now 5-6 years of age, and all live with their mothers. None of the mothers resides with a parent, and all work. Three of the six have attended a post-secondary institution. Three are married, and two of these married the fathers of their children two or three years after the children's birth. Two are divorced from the fathers of their children, and two remain single parents. At the time of the interview, all mothers had one child, although two were pregnant. While the questionnaire did not ask for the information, the protocols revealed that none was on welfare.

The experience of pregnancy and motherhood at a young age is "life altering" for women who keep their children, care for them and finish school in order to provide financially. During high school days, they look like their peers, but they are teenagers who come to school with an adult's worries and responsibilities. Their accounts of this episode in their lives are detailed and sensitive. Against a background of time and others four themes emerged that described their experience of young motherhood:

irresponsibility-responsibility, different-same, rejection-acceptance, and loss-accomplishment.

THE GROUND OF TIME

Perhaps influenced by school and system policy, three different time periods were evident in the narratives. "The telling"--informing a parent they are pregnant-- made the pregnancy real and initiated program change. After "the telling," the girls were transferred to a pregnancy program; and this period was called "getting away." At the alternative program, the girls attended school where they did regular class work and studied child care and development during their pregnancy. When they returned to the regular school six weeks after the baby was born, they were mothers. Each period had different issues, although the same themes were present in all three.

Significant words like "hard," "scary," "afraid," "fear," and "afraid" appeared in five of the six participants' first response to the initial question. These words appeared at different times across protocols to describe the experience of pregnancy and motherhood. However, the words appeared in and made figural each "telling," informing someone that they were pregnant and phenomenologically establishing the reality of their condition:

"Well, before, of course, I didn't tell anybody forever...like five and a half months. You were always scared. Can anybody tell?...Then the scariest I remember was walking into your office with my mom to make an appointment for the pregnancy school...." (Participant 1)

"I remember when I found out just...fear! I knew I was going to have to tell my mo...my family and my boyfriend.... It was extremely hard to tell my mother just because I knew she was immensely disappointed in me." (Participant 3)

"I had to eventually tell someone.... I told my mom first...and I was so scared." (Participant 4)

"I knew it was gonna be hard.... Pretty much, all in one day, I was...my whole life changed. My mom wouldn't let me see my boyfriend on the same day, and she was very, very angry and upset. I thought she would understand." (Participant 2)

This first act of sharing their pregnancy status marked the beginning of the participants' encounters with social stigma and school policy. The participant who did not describe "telling" as "hard" or "scary" said instead, that she remembered going to the pregnancy program:

"Well, it's definitely hard....I remember being pregnant, and I didn't actually stay in school.... We had the alternative school for pregnant teens.... I got away because you're different and, you know, people recognize that." (Participant 5)

The term "getting away" marked a transition the young women made from the regular school setting to the pregnancy school. This participant described her experience and its intensity was evident in her choice of words:

"You're just so scared, nervous...you really don't know...you're walking around in a daze, I guess. Then, once you make the transition and feel that everybody else--or there are more people than just you in the situation, then you feel like there's hope...."
(Participant 1)

The pregnancy program is a time of refuge when the girls can prepare for the future. Here, they are accepted, encouraged, and educated; and the participants emphasize the contrast between their regular school and the pregnancy program:

"The pregnancy school--it really helped because of the fact that it got me away from a lot of the negative stuff." (Participant 6)

One participant emphasized that the program helped both in coping with the physical rigors of pregnancy and served to provide emotional support:

"Yeah. I got away I guess as far as like you know having morning sickness, it was more you know...over there you could go to the bathroom. And the teachers didn't exactly accept...I mean you'd be in the middle of class and you couldn't get up and leave and you would be sick, and you'd have doctors' appointments and things like that you can't exactly get away for. But like the pregnancy school helped a bunch with that.... Another good thing about the pregnancy school was I like had a support system.... I'm really glad I had the pregnancy school. I always say I probably wouldn't have made it if I hadn't gone through there. And you got to hear other girls' stories and how they coped with it." (Participant 5)

The participants' time sequences were complete when, six weeks after the birth of the baby, they returned to the regular setting as new mothers. According to participants, this transition was anything but smooth, often due to conflicting desires to succeed academically and to spend time with the newborn infant:

"And making that transition from there into this conventional high school was a little difficult...knowing that I needed to be there as far as my education but not really wanting to because I knew I wanted to be at home with him." (Participant 3)

"A lot of my friends at that point...going back into public school after having a kid--it was rough. It wasn't as rough as before I went to the pregnancy school because that was after I had the kid." (Participant 6)

"Then after we got out of the center, because you have to go back to school six weeks after you have the baby, then you kind of fit back in regularly, but it's not regular." (Participant 5)

THE GROUND OF OTHERS

Along with participants' experiences of a common time sequence, the summary narratives also mentioned other people as a ground. These participants' experiences are constituted by their meetings or encounters with others. The children, along with family members, teachers, boyfriends, community leaders, peers, and friends form the background against which their experience became figural.

For example, six participants talked about their child's father and emphasize his degree of willingness to contribute practical and emotional support:

"Well, at the time I was married...it was easier on me because I had this other person to help me." (Participant 1)

"His daddy...I was allowed to see him...and we ended up getting married." (Participant 2)

"And uh...whenever I told my boyfriend, he said he was gonna stay there with me which was a great relief--not--knowing I wouldn't have to do it alone." (Participant 3)

"What helped a lot is that Charles was there...uhm...he was really good. He would...he worked 12 hour shifts which is what he works now. He would get off at 5:30 in the morning and come watch her while I went to school..." (Participant 4)

"You know he decided not to be a part of her life...Because I remember, you know, with Christen's dad, I just thought he was it. He was the world; he was the only guy I ever dated in high school. We dated all up until Christen was born. And it's just uh...I would have done anything for him, but what did he ever do for me? I don't remember...it's like we went places and stuff, but he never did anything to encourage my spirit, make me a better person, or anything." (Participant 5)

"He said, 'I'm too young to take on the responsibility of raising a kid.' We basically split at that point. There were a lot of negative feelings between the two of us...He was completely out of the picture at that point." (Participant 6)

The mothers and fathers (parents of the girls) played varying roles; consequently, they were experienced as representing different positions along a single bipolar theme--rejection-acceptance. As with the fathers of their babies, participants stressed their parents' degree of supportiveness. Some parents were moderately to extremely supportive:

"Yeah, just her being disappointed in me because I know that she had...I mean every parent has hopes and dreams for their child. Obviously, becoming a parent at fifteen is not one of those hopes and dreams you have. And just, you know, I guess

her initial shock at finding out and then the disappointment because she expected more from me than that, you to have been more careful...She kind of warmed up to it."

(Participant 3)

"...like I said, my parents were there. They were real supportive. My dad loves Cindy to death.... Like I said, I didn't want my mom to say 'well, I helped raise her' or whatever. I wanted her to say, 'she's a really good mother which she does.'"

(Participant 4)

"After she got over the crying thing she was like 'well, I'll support you in whatever decision you make.' And she has till this day...even going back to school, she helped me through that and getting through high school...she helped me through that...She watched Christen for me. That's the big thing because even at 17 you can't exactly afford child care.... She still does stuff for us like ever once in a while she'll bring groceries over and say like 'I was thinkin' about ya.'...I call her for advice." (Participant 5)

"My mom stood behind me. She was real supportive. She was there for me. That really helped.... She was there to help me when I did need help because I was so young and did not know all about raising a child. She was there to give me that extra support of helping me with him to a point and pushing me finishing school and all the other things--instead of with a lot of people, you know, it's: 'don't you think you...I wouldn't even finish school. You need to get out and get you a job. You need to do this, you need to do that.' Whereas, my mom was supportive and was there to help me that I was able to finish school." (Participant 6)

Participant 2 reported that the baby became the object of a power struggle between her and her parents:

"My mom and dad wanted me to give him to them because so he would have insurance.... My sister had already give her hers cause they're six weeks and two days apart, and I would help my mom before I had Mathew with her getting up nights and stuff. So...And I seen how my sister did it and I told my sister, 'Sister, if you let Mom raise your kid, the first thing you do wrong that she doesn't agree with she'll say, 'well, you're not getting her back.' And to this day she has her." (The mother has the sister's child.)

Yet another participant reported the hostility of one parent and of its emotional consequences:

"I can remember not speaking to my dad for right at about six months. He wouldn't have any contact whatsoever because I was pregnant. And then, the day that I went into labor with Marty, my mom called him from the hospital that morning to let him know that I was in labor with Marty. She called him...that was early that morning...he said he would be at the hospital...he would be up there for sure. I was in labor 13 hours. Thirteen hours later, my dad's still not there. So, my mom calls him and he says a few words to my mom. And my mom says, 'well, here, you talk to her.' I get on the phone right after I had had Marty...I had been there 13 hours in labor...and the only thing that my dad could say to me at that point is 'now that you've messed your life up for good, I hope you're doing okay.' And I hung up the phone." (Participant 6)

Relatives also comprised the ground of this experience, as did teachers, peers, friends, representatives of society, and society at large. These women reported being aware of society, that totality of the human community, as being distant in its complex existence yet close in its collective pronouncement of acceptable and unacceptable. Others are described as supportive, helpful, understanding, as not understanding and/or judgmental. The point is there are many people, each with a unique reaction to the participants' situation. Each paragraph of the narrative is about people--what they do and what they say and how they change her world. Hers is a world of people. Made figural by the context of time and others, themes of responsibility-irresponsibility, different-same, acceptance-rejection and loss-accomplishment form the essential structure that characterizes the experience of young motherhood (Figure 2).

THEME I: IRRESPONSIBILITY-RESPONSIBILITY

In the time of the telling, issues of responsibility-irresponsibility emerge immediately. Participant 5 said, "If I've gone out here and made these mistakes, as people call them--I call it just not being responsible." She had made a mistake, been irresponsible. Other participants echoed the mistaken moment they did not plan:

"...it was emotionally hard because knowing I was so young, knowing I made a mistake...I don't regret it now...I love Cindy to death, but knowing I had made a mistake on my own." (Participant 4)

"I knew right from wrong, and I knew I wasn't supposed to be doing that. But, I did it anyway." (Participant 2)

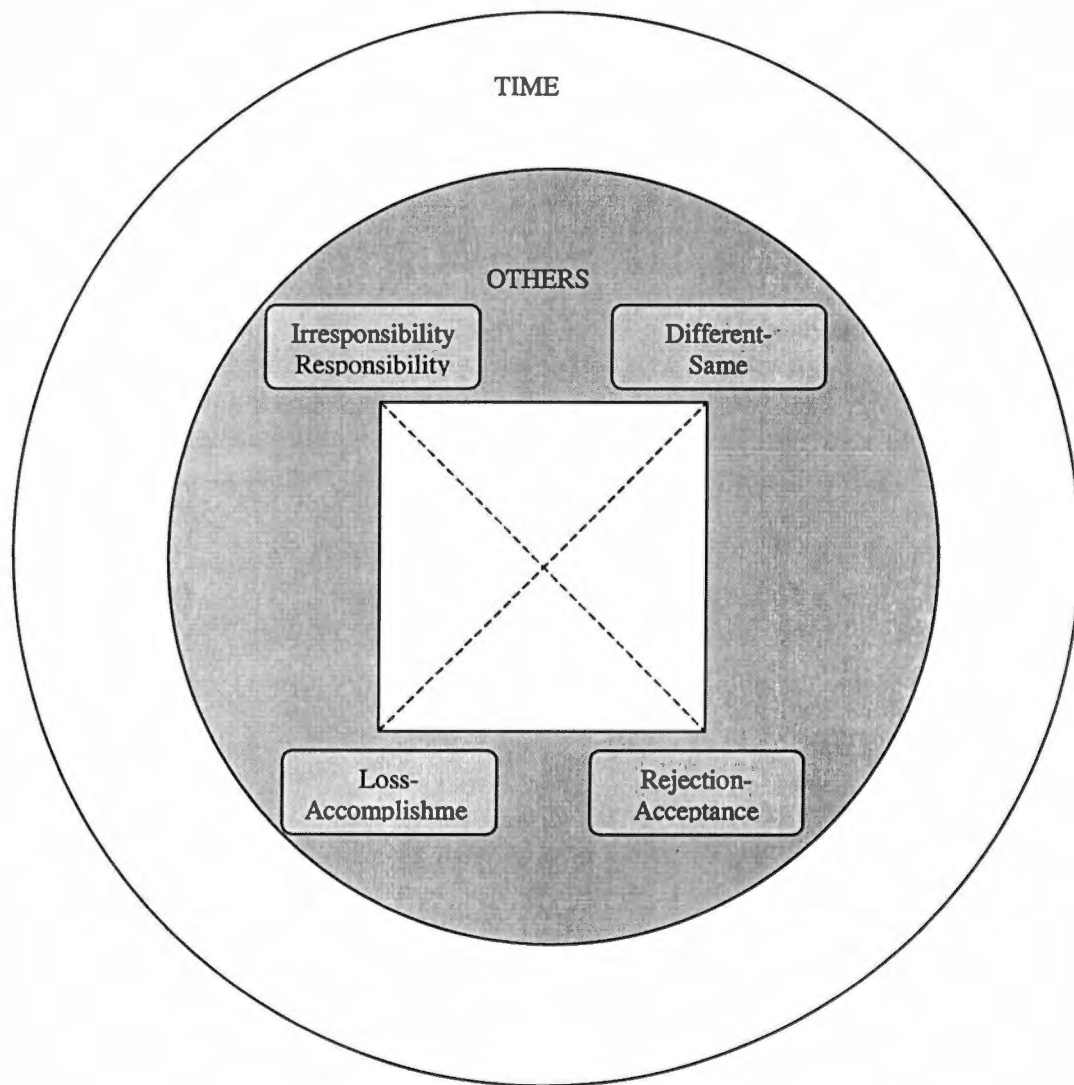


Figure 2
The Structure of Experience

"I had made the one mistake, and I wasn't going to make the second."

(Participant 6)

"...it might have been wrong, or you might have thought it was wrong, but other people have made the same mistakes." (Participant 1)

The use of "it" in the foregoing passage is directed away from the participant. Participant 5 phrased her remarks in this same interesting way. She said, "It was like a bad thing at first." The emphasis is not on her behavior but would seem to be on the opinions of others that she may not have shared. One thing is certain, the girls did not think their babies were mistakes; they did not necessarily think what they had done was all that bad in light of their children and their accomplishments. After all, other teens were having sex, too; they just did not "get caught" (Participant 2).

Irresponsibility described what other teen parents were doing. Discussing this irresponsibility had a Gestalt like effect, serving to make the women figural against a background of others who did not share their commitment. The description also made them different from other teen parents and connected the two themes of irresponsibility-responsibility and different-same. These women took care of their children whereas others did not. They thus situated themselves on the responsible side of the bipolar theme by observing how others failed to be responsible mothers:

"And I found that a lot of the teenage girls ended up after their babies were one or two years old, they just kind of pawned them on their parents and let their parents take care of them. But I didn't feel like that was my mom's responsibility. You know, I had

the baby and so uh you know it just...I see some of the girls now who you know their kids don't even live with them anymore. They live with their mommies, the grandparents. During high school, there were like people who I would know you talked to and their kid was just the best thing in the world, but on Friday night they were out you know cruising. You know, where was their kid at?" (Participant 5)

"...there's just so many teenage moms that did not take care of their kid. You know, I feel so sorry for the little kid cause it's not their fault. They didn't asked to be brought into this world." (Participant 4)

"He was at T-ball practice and he didn't have a glove. He only had one lace in his shoes. The grandmother brought him but his mother wasn't even there." (Participant 5)

One participant observed that other teens were sexually active and subject to becoming pregnant but did not take care of their health, thus compromising the well being of the child:

"...Like some of them, they are pregnant and still going to the tanning bed or drinking on top of it or...I'm thinking if you only knew what you carry and then what you have afterwards.... This one girl I worked with, the first job I ever had, she said that she'd done acid while she was pregnant, and I was like Ohhhh...which, at the time, she said she didn't know but still if you're out practicing or doing, having sex, you should at least be practicing safe sex or take precautions if you're gonna do stuff like that on top of it. You need to be responsible about doing stuff." Several of the girls say that they did not use drugs or alcohol during the their pregnancy nor after the child's birth.
(Participant 2)

In contrast to the abundant examples of irresponsibility that they cite, these women chose to keep and rear their babies, and say their decisions are based on responsibility:

"You know, if I was irresponsible enough to get out here and get pregnant, then I can take care of this child, take care of my own responsibilities." (Participant 5)

"Once it happens, it happens, and it's your responsibility; and nobody else is going to jump in there and take full responsibility." (Participant 1)

"...I wanted to take care of him and be there for him because I was the one who got out and got pregnant and so I wanted to take responsibility." (Participant 2)

"I wasn't going any other route except to keep him and...you know, raise him and love him the best that I could cause I wouldn't have felt right any other way."
(Participant 3)

"...I felt if I was grown up enough to get pregnant then I need to be grown up enough to take care of my responsibility. And I just couldn't live with myself knowing that I'd gotten rid of her--especially not now--seeing her." (Participant 4)

"I had made the one mistake, and I wasn't going to make the second one. I felt that the only thing to do would be to take the responsibility of raising the child and doing the best that I could whether they stood behind me or not." (Participant 6)

As they map the fluctuating pattern of responsibility and irresponsibility, the narratives suggest the participants made two choices about which they lacked a realistic understanding of the consequences. The first choice was about sexual involvement:

"I knew right from wrong and I knew that I wasn't supposed to be doing that. But I did it anyway. I guess you don't think about, sit down and think about, what if you got pregnant...what if your boyfriend wouldn't stay with you or what the consequences was of it. You didn't think about it at that age so you really don't understand what you should about having a kid at that age, but you CAN raise a kid at that age if you want to." (Participant 2)

The second choice had to do with taking responsibility for the child as opposed to opting for abortion or adoption. One girl, in particular, faced pressure in the beginning of her pregnancy have an abortion; and when the child was born, family members were unrelenting and talked to her about adoption:

"And too, there were a lot of choices out there I could have made. Like my grandparents pushed the issue. They wanted me to have an abortion because I was young, still in school, and they wanted me to finish school. And my dad wanted the same thing." (Participant 6)

Even under great duress, these young women persevered because the alternatives-- adoption and abortion--were unacceptable; acceptable for others but not for them. They were introduced to options, choices, at the pregnancy school:

"...there was a couple of girls there that did give kids up for adoption. And that was a different point of view that was an option for other people if you wanted to..." (Participant 2). The use of the pronoun "you" implies that the options are for other people, not for her.

Ruling out abortion and adoption, these women reported that they were satisfied with their choice to be responsible. "I think it's important that we were actually, I don't want to say women because we were actually teenagers, but we were actually grown up enough at the age we were to accept the responsibility that we took on" (Participant 4). The lived, concrete experience of responsibility included caring for and financially supporting the child (working) as well as getting an education (attending school). The process of learning to take care of a child began in pregnancy school, although it also began with the mother's decision:

"You gain more knowledge on how to take care of a child and how to prepare for the situation you've gotten yourself into and plus they also talk to you about...you hear about the other choices and other decisions and being there just kind of really helped me to be the parent I wanted to be. (Participant 1)

Participant 1 never said "I wanted to be a good parent," but did reveal this quality by making decisions based on the best interests of a child she would birth when she was fifteen years old. When she described staying after school to talk with her teacher at the pregnancy school, she became emotional as she remembered the fear and uncertainty her teacher touched with hope:

"I remember staying over to talk to Mrs. ABC a lot. Just...I guess it was one day when I was down, you know; and she just like, 'You don't have to be like this. You're bright, you're smart, you can go on'...whew, teary eyed...you know..."

She talked about obtaining the information she needed to make a life for herself and her child. She said that she could "see" a way around:

"...you start seeing, being over there at the pregnancy school helped me start seeing there was ways to take care of this child, to make a life for this child, to make a life for myself..."

These women reported wanting to be good parents; one participant described a continual learning process for the parent who utilizes resources: "I made it a point to be a good parent to her. If there wasn't.... If there was something I didn't understand or, you know, had questions about, I've gone to a doctor or her teachers at school or had counselors I talked to...so I always made sure I found a resource to take care of her" (Participant 5). For this participant, her quest began at the Alternative School where she learned how to take care of babies in the day care center and learned to cope with her situation. Accepting the reality of pregnancy and impending motherhood was a process; the eagerness to be a good mother seemed to accompany a commitment to keep the child.

Other girls shared this dedication to being good mothers and to accepting the responsibility that goes with it:

"So...I make sure that he is taken care of first." (Participant 2)

"Eventually, that was what I did...you know, just focused on him more than anything else..." (Participant 3)

"It's hard being a mom. You know it's something you gotta improve on day by day. But it's not something where you just get so fed up with it you neglect your kid or whatever. I don't see how they do that." (Participant 4)

"I put Marty first. Marty is my first priority and then whatever follows behind...A parent--it's a lot of responsibility." (Participant 6)

As well as making these statements, each of the mothers talks about caring for her child in specific ways:

"I breast-fed him. They say breast feeding makes you feel closer, and I guess at that time you felt like nobody else could do it....There was never any sleep. I remember that...never any sleep cause my child didn't sleep." (Participant 1)

"I remember doing my homework and holding Cindy at the same time trying to get her to take a bottle. And reading or whatever...I remember trying to do that. It never got to the point where it was like "mom, take her. I can't do this...Well for me being a first time mom or whatever...uhm at first when they cried you didn't know what they wanted. I didn't. I was like, okay, so I would go through the steps: bottle, diaper...I would go down the row to see what it was." (Participant 4)

"After you have the baby, you know you're up all during the night...I was lucky if I had time to do my homework. If Christen was crying, you know, you had to take care of her first. And I had to work on top of that." (Participant 5)

"When he started having asthma attacks where he would have a really, really, really hard time breathing, we'd have to sit up and hold him at night...So I would have to get up with him. Not only do you have to get up with him and feed him during the night, but I would have to get up and give him his breathing treatment." (Participant 6)

"I had to be responsible because I had to take care of him. I had to clothe him, I had to feed him, had to get up with him." (Participant 6)

In addition to going to school and learning how to take care of a child, the girls had to work, and they considered work a part of their responsibility. All participants were working at the time of the interview and had been working since the birth of their child. In addition to responsibility, the decision to work relates to two additional issues: refusal of welfare and support for the child. All participants were informed about welfare resources during their time at the pregnancy school, and they all elected not to use them. All worried about how they were going to support the child:

"That was really scary wondering how am I going to pay for this; how am I going to do this?" (Participant 1)

"Financially, I was just wondering, How am I going to do it?" (Participant 3)

"...worrying about how I'm going to support the child...I mean it was really hard providing for her during school..." (Participant 4)

All of the participants reported working, including those who were too young. Under aged girls cared for children, cleaned houses and worked for a private company, or worked in a fast food place that employed 15 year olds. Money, according to the women, was applied to the needs of the child. One remembered her budget with great clarity:

"And I worked. I didn't get on the government...you know, like welfare. I worked to get that measley little \$80. I remember that's about how much I made a week. Every week...\$80. I spent \$50 to \$60 on day care...most of the time, it was \$60--then when he got potty trained, it was \$50. I still made like \$80 a week because I worked like part time. Then, I had \$10 for gas and \$10 for lunch. That was my \$80 every week and I knew exactly what it was going for. Every week. My husband worked and that was like

the bill money and the grocery money and stuff...hospital money and doctor bill money. That was my paycheck. What did I ever get out of it...hmmmmm...a hamburger? I worked a whole week for a hamburger!" (Participant 1)

Others report their experience with work, and gainful employment is associated with supporting the child--providing essentials like food or clothing:

"And uh...working, I went to work like I was supposed to. I didn't miss hardly any work uh cause I worked part time and it was always at night so if I had to go to the doctor or anything like that I always had to go during the day." (Participant 2)

"I was working part time so that I could clothe him and feed him, instead of relying on my parents to do it. And that made me more responsible, too.... The child, I felt, was my responsibility. It was my child. And so therefore, I had to find a job so I could support him the best that I could." (Participant 6)

"Just hearing them talk, I thought I'd rather work and take care of my child...He sat there in his carrier while I worked. And I cleaned house after school before I was able to get a job-job. You know, before I was sixteen, I cleaned houses after school."(Participant 1)

"So for the first year of her life while I was in high school, you know, I just had to do what I had to do to survive to take care of her...cause babies sure do cost money. So uhm...you know I had to work. There wasn't no one else who was going to buy her diapers for me." (Participant 5)

For one participant, getting an education became crucial when she knew she was going to be a single mother. Without a diploma, getting a job to support her child would

be difficult. In this instance, as in others to be discussed later, the themes of irresponsibility-responsibility and same-different merge:

"It was kind of a point that pushed finishing school because we were in there with a group that they were going through the same thing we were going through."

(Participant 6)

Associated with getting a good job to support the child was one's own education. Being a responsible parent meant supporting the child. Being responsible meant preparing oneself by means of education to accomplish the task:

"I mean it was really hard providing for her during school whatever, but if I hadn't got my education, it would be really tough now...my education was real important to me...I wouldn't have dropped out even if I'd had the opportunity...And, too, you cannot get a good job without at least a high school education...at least. I mean I just...you can't provide for your kid very well." (Participant 4)

"Of course, your child is important, but your education is also very important so you can support the child. So you can do well for the child...." (Participant 1)

"You're here to nurture and educate and give that child what you can and if you're not educated or prepared or finances...you know...or finances behind you, how can you do that? (Participant 5)

The last citation is an eloquent definition of responsibility that takes shape in the protocols of the participants.

THEME II: DIFFERENT-SAME

From the time that the participants told someone they were pregnant, they knew they were different:

"You're different and they know it." ("They" refers to others in the school.)

(Participant 5)

"I guess my mama always told me, 'You've had your last good meal and slept your last god night.'" (Participant 2)

They were different because they had "taken their responsibility." If they had elected to abort the child, the obvious physical changes would never have become evident and adoption would have given them a certain amount of anonymity. Instead, they were different in physical shape and different by their experience in the life-world. As a result, they had a different life style. In this case, however, pregnant teens, bound by their one commonality, developed an affiliation. At the pregnancy school, they were all in the same position, going through the same experience as other girls who understood (accept them), although they were aware of another group beyond the center:

"It was better for us. We was all in there together and everybody in there was pregnant and everybody was in the same position and we all understood each other...So it was really good...less stress on us, less people we had to deal with that didn't know that we was pregnant or that you know some of them that thought that we were outsiders because we were pregnant." (Participant 2)

"You didn't have to worry about being afraid am I the only one like this because you knew everybody there was just like you... and you don't have to worry at the pregnancy school." (Participant 1)

They were different from these girls as well because they had goals and dreams:

"And just looking at some of the girls just made me want more out of life than what they wanted. Just because some of them had no dreams, no goals..." (Participant 1)

"A lot of um didn't [graduate], and they may uv got their GED's or something; but, you know, and I can understand. I don't look down on um for it because it is hard in school. But I just wanted to stay in there and finish and that's what I did." (Participant 2)

They did not participate in welfare programs. Since the girls talked about welfare and said they were not on the welfare rolls, it is safe to say that refusal of welfare funding was, and continues to be, important them:

" There was this one girl. That's all she talked about...getting this check. I thought you were going to work and take care of your kid. I thought that was crazy. Why would you want to wait on that? They were talking about a little measley amount...I think it was like \$87 or \$89...Just hearing them talk, I thought I'd rather work and take care of my child. I got a job." (Participant 1)

"...I didn't sign up on any government support." (Participant 4)

"...I went to work four weeks after Christen was born and never done like the welfare thing, you know, we've always worked and just done stuff for ourselves." (Participant 5)

Participant 2 enrolled her child for four months in the Tenn Care program until the father could get insurance, and soon after, the two married and both worked:

"He could be on TN Care until his daddy got insurance on him when he was four months old." Believing that her parents wanted custody of her son, she elected TN Care as a stop-gap measure to address her parents' pressure to adopt the infant based on the pretext of adding him to their insurance plan.

When they returned to the high school, they were different. They "fit in" but "not regularly" (Participant 5). They reported that many classmates did not know they had a child so they were not different in this situation. Yet, they were, by virtue of their own awareness, as well as that of some students and teachers. For them, the morning started early to attend the child. As one participant put it, she was feeding a six-month-old who was throwing food at her while classmates were combing their hair. Another participant said that school day went normally; it was not as rough as before they had gone to the pregnancy school.

"Some teachers knew that I had a child; others had no idea. I mean, my day consisted of...I'd get up, you know, early, probably around 5:30 to 6:00, shower, get ready, get the child ready, nurse, pack the stuff I needed for the daycare for the day for the child, and then...and then about 7:30 leave out for school, stay with him for the first (semester) and then go to regular school the second class period. Then the day generally went normal compared to everybody else's day. It wasn't like I was any different because not everybody knew." (Participant 1)

The activities before and after school were very different for teen mothers, and peers who had not experienced responsible parenthood did not understand:

"Four was normally my time to go to bed so I could wake up at 5:30 ... There was never any sleep. I remember that...never any sleep cause my child didn't sleep. He was not a sleeper." (Participant 1)

"I mean, you're not the same, you're not just like everybody else going in. After you have the baby, you know, you're up all during the night, and you don't get the sleep that everybody else is getting. You don't have the same life style; you got other things to worry about" (Participant 5). They have so little in common with other teenagers who do not talk about the things that are figural in the girls' lives:

"To go from a program...everybody in the class (pregnancy program) you have something in common with--to a program (conventional high school) where, you know, in some cases, you have 30 in a class. Out of those 30, you have nothing in common with any of them." (Participant 3)

"You're sitting in a classroom and there's 30 people there, and they're talking about dating and partying. You know, stuff like that. You're...you're just out of it. You don't have any clue as to what they're talking about anymore so you feel like out-of-touch." (Participant 5)

Their thoughts, their conversation, and their worries were very different when compared to those of peers in regular school. :

"So, uhm because I mean you are different and uh...people are talking about college and you're talking about saving money for diapers and child care. So it makes it extremely different." (Participant 5)

"So it...it was hard to even talk to your friends. Like when you would run into a situation...like your child was sick. " (Participant 6)

"I'd get frustrated a lot at somebody else saying that they went out and they get drunk and was driving or smoking pot and you know you don't think about stuff until you actually have a kid and you don't want it to get killed or hurt or...you don't want your kid to do it period, let alone have it done to um." (Participant 2)

In part, they were different because they had to grow up fast so fast:

"...you have to grow up. If you don't grow up then you're not going to be a good parent. Grow up and just listen to what they had to say (other teens)." (Participant 2)

"You know, I think I went from 14 to 26 overnight. Uhm...or 14 to 40. It's...I mean, you think about a lot of things that most 14 and 15 year olds weren't thinking about...you know...and who am I going to have for daycare..." (Participant 3)

"...it does make you grow up really fast." (Participant 4)

"I think it made me more responsible and more mature because you have to grow up to be a parent. You can't be this little teenager, running around, partying and everything else anymore because you are a parent." (Participant 6)

This last participant defined the difference by describing what teenagers do that she can no longer do. "Growing up fast" meant taking on adult responsibility: working, taking care of the child and going to school. The two worlds-- adulthood and adolescence--would seem to be mutually exclusive with regard to responsible parenthood, according to the experience of these women--"You can't have it both ways" (Participant 5).

They were teenagers in one sense. Yet, in another, they were not because they did not engage in the same activities. Their agenda was shaped by their parental responsibility for another life:

"You always had something to think about and something else was on your mind than the majority of teenagers were thinking about. 'Well, what are we going to do tonight? Where are we going to go?' And I know what I was thinking. Well, I'm going home tonight and do about six loads of laundry; you know, feed my family; try to find time to take a shower. And if I find time to do that, do some schoolwork, and if I find time to do that then maybe sleep for an hour or two tonight. I'll be able to rest so I can be here tomorrow. It was just kind of a struggle from day to day..." (Participant 1)

"So it makes it all different. You don't fit in; you're not the same anymore. You have much more responsibility. My friends were talking about college, and they were asking me...well, what are you gonna do? I was like...I have no idea. I didn't know, you know? I mean I'll be lucky if I can just get through this week, and then we'll see what happens." (Participant 5)

"You take on so many more adult roles, it's hard to keep the identity of a teenager" (Participant 3). After school, she returns home to make formula and change diapers and "wash little clothes." She says there was so much going on between work and school and her child that she remembers only "bits and pieces" most of which was being at home with her baby.

They were different even as parents—people saw young girls. Whether others saw them as young (or young and single), they noticed that they were treated differently than

older mothers. In the next passage, the scrutiny and judgment of others could have created problems for a young mother:

"You try harder because you know if you do slack, there's going to be somebody there to say something about it...I mean, an adult. Somebody...an adult is going to be like, you know, when you leave your child if you left them a lot when you leave them a lot you shouldn't of made the mistake of having him at 15.' Whereas, if you were 25 and you left your kid a lot, nothing would be said. You just want to go out and have a little fun or something...." (Participant 1)

Fortunately, this mother, uncomfortable with a physician's diagnosis, took her ailing child to the hospital where she discovered the child's condition could have been life threatening. She believed the initial diagnosis was based on her youth instead of her child's condition:

"I have actually taken Christen to the doctor and she had a condition where her uterus (I think she means ureter here) was blocked, and she could not urinate. And the doctor told me, "You're just not giving your kid anything to drink." And I was so upset by that because the doctor just assumed because I was a young parent, I didn't know what dehydration was. You know, and I wasn't giving her anything to drink and that I was not taking care of my kid. I got very, very upset. I ended up taking her to Little Folks Hospital, and she had a blockage in the ureter. And they told me if I had not taken her there and had her kidneys flushed out, she could've died from the toxic poisoning. And I was so upset. We changed doctors because...like, here was this doctor, not even...just thinkin' because I'm young...I don't know what I'm...you know...talking about, not

taking care of my kid or whatever. And my kid could have died as a result of that.

There's just stuff like that upsets me extremely. (Participant 5)

Their responsibilities demanded time and energy, and they had other things to think about that resulted in a more compatible association with other young mothers. In addition to the pregnancy center, these girls participated in a young mothers' group--a counseling group designed to insure support for their goals:

"And, of course, we had the group during school, regular school. It was really great because we had all these teenagers who'd already had children and they could say, 'Oh, my kid's six months old now. They're doin' this.' And it helped us get through the stages a lot but it was like a time where we all felt like we fit in, you know. We all had something in common." (Participant 5)

"And it was nice to have that group there to go in and say, 'Hey, guess what, my kid started walking. Being split away from that group, it was hard to go in and be a parent and still be in school because it was hard to talk to your friends about being a parent.' (Participant 6 is talking about the group from the pregnancy school)

Acceptance-rejection and same-different are connected by this participant's observation that all were the same; consequently, all understood:

"But we really enjoyed it. Everybody in there really enjoyed just talking about our problems and everybody being in the same position and uh our boyfriends did not understand anything about kids or why we couldn't go out on the weekends anymore or our parents getting frustrated with us and it really did help.... A lot of us were in the

same position so we understood...we still helped each other by talking to each other about everything." (Participant 2)

"Yeah, Catherine is really important to me. Uhm...me and Catherine have known each other since elementary school. It is really important to me because she was pregnant at the same time I was. We were going through the same thing...you know...new moms...you know being new moms, you can't just....You feel weird when you ask people about your pregnancy." (Participant 4)

"...you know about this person and you know they are there to talk to you, generally anytime you need someone there to talk to you, because they're experiencing the same thing so they generally know how you feel (high school group)." (Participant 1)

Mothers, according to these participants, have a special relationship to their children--an experience other adolescents have yet to know. Several of the mothers talked about their bond with the child even when the two were physically separated:

"Always, no matter what if you did get the two hours to go shopping with your friend that you'd really been waiting for the last six months and finally find the two hours to do it...even though you're physically there, you're not mentally there cause you're always thinking 'what if' something happens? Did I leave enough formula; did I express enough; is there enough diapers there; what if they don't know what this cry's about. It's always...your mind is filled with a thousand 'what if's'...." (Participant 1)

"And even, you know, after you have children, even if she goes with my mom and spends the week end uhm...I'll take the weekend off or just even take a night out. I'll say,

'Mom, I just need a break, and I need to go to the grocery store by myself tonight.' But I still worry about her and think about her and she is always there." (Participant 5)

"Not being able to go to a lot of things because I had the responsibility of him. After he came along, finding a baby sitter...finding a babysitter that young, it wasn't that hard to do. But after he came along, I felt like I needed to be there for him instead of out doing these other things." (Participant 6)

"I was always scared like something would happen to her when I wasn't there, and I couldn't get to her...I felt that way cause I thought nothing happens to her when I'm with her. I just thought for sure they wouldn't watch her like I did or they'd just sit there and let her cry or something. I had her all the time...I just felt they wouldn't do that with her. They didn't know her cry or something...they wouldn't know what she wa...they wouldn't know the routine to go through when she did cry or they wouldn't change her diaper...They wouldn't provide for her like I did." (Participant 4)

Once these babies were born, they are "always there." For responsible young mothers, "They don't go away and you can't put them away" (Participant 5). Their children will be a part of the mother's life forever.

THEME III: REJECTION-ACCEPTANCE

Women in this study described acceptance in terms of encouragement, understanding, and support. Accepting a person was valuing her for who she is regardless of her circumstances. Those who accepted her generally helped her verbally with encouragement and actively with support; therefore, words like "understood," "understanding," "supportive" and "helpful" were associated with being accepted. People

who did not accept the participants "look down on them." This phrase was used in a variety of ways, both figuratively and literally, to describe a moment when, meeting other(s), the women felt lesser than (another) or as judged in a negative way. People who looked down on them did not value them for who they were as a person but saw them as "a young person gone wrong.". In this thematic polarity, there was an awareness of every layer of society from the immediate life world to the culture of laws, values, and customs.

These young women experience personal concerns about acceptance and rejection, and their experience suggested these concerns are warranted:

"In a way people felt...it was almost like being pregnant and in school--it was bad. People looked down on you." (Participant 5)

"The public looks so much down on that...The whole public aspect is 'Well, she's young, she can't do this.'" (Participant 6)

"It was just real scary being pregnant and being at school, just thinking mainly--what are people going to think of me?" (Participant 1)

"Uhm not so much worrying about Cindy's race, but worrying about my race and his race and peer pressure at school, worrying about what other people would thing of me having a mixed child." (Participant 4)

Participant 5 kept her condition very private:

"I had a teacher in high school who--I didn't know at the time what I was going to do. And I was pregnant so I kept it very private...didn't tell any of my friends and only my mom knew and, you know, and Kevin. And she had gone to the school, and we had talked to the principal about getting me transferred over and uhm. He made us go around

to the classrooms and get my assignments and my books and to tell the teachers that we were going over to the pregnancy school. And uh, one of the teachers, after I was gone, publicly announced to a whole classroom that I was pregnant. (Small chuckle) And so everybody was like talking about me for a long time at school. Did you hear this and that?" It was kind of a bad thing at first."

They were judged, looked down on:

"It was almost like being pregnant and in school was bad. People looked down on you" (Participant 5). She doesn't say, "I am bad"; she says, "It was...bad." She was talking about the opinion of others. The "other" opinion was negative and the girls collided with the world of others who did not approve of them:

"It was hard facing other people that looked down on you... You don't want them to put you back down because it's hard enough getting back up everyday knowing what you have to do and rather than hear fifteen people put you down for something you feel is not as bad as what they think it is." (Participant 1)

One of the participants told about her appearance before the School Board, and the incident revealed the attitudes of officials who decide the fate of children in this county:

"And they called me and asked that I go in front of the Board of Education and talk with them because they were going to close it (the pregnancy program) down. I was really upset cause I thought that was the most awful thing they could do. And uh...I went in front of the Board of Education, and there were three guys on there that were just, I mean, they were horrible. They grilled me the whole time. I cried and cried and cried.

And uh...they were asking me stuff like well: 'Don't you think it's a shame to be pregnant and to be a single parent in high school. Don't you think that other teenagers seeing you pregnant makes them want to have children?'...and...They just wanted to get rid of the whole program. They didn't like it. I don't know if they used up too much of their money or something. But I told them, you know...I'm proud to be a mommy...you know? And maybe its not the right time, but I take care of my kid. And if I didn't have those classes, we had the child care classes where we actually got to go into the nursery and take care of the children, I wouldn't have any idea how to take care of these babies.

And I said you gotta look at it this way. If you're supporting me through high school, at least I'm graduating and getting a job. And I said, you know if you're not going to support me through high school then I'm going to drop out and you know I'm gonna be on welfare for who knows how long and you'll be supporting me for 15 years or so that way. So, I think that got um. They didn't close the school so I was like...that's really cool. And you know this...there was one guy on there that really bothered me because he had this Christian outlook like it was so bad, and I was like well if you're a Christian, you would be accepting me and supporting me instead of condemning me because you know God doesn't condemn. He loves us...I said, 'You know, I could have aborted the baby. And uh...you know that's a sin to me...so how can you say that you know it's a shame.'....[What did he say?] He just said it was a shame. It was awful and uh the whole...I guess he made me feel like the whole city was looking down on me...(Participant 5)

Participant 3 noted the reaction of people in the community--people she did not know personally:

"They just give you a look...when they know that you're young and you're not married and that you're having a baby...just, I guess, a looking down look."

The community included churches, and participant five "did not do the God thing for a long time":

"For a long time until we found a church that we felt accepted in, you know, I couldn't even go to church.... I had been to other churches before when I was pregnant and I was given a really hard time, put down, asked not to come back to one church."

The pregnancy program was a haven of acceptance, encouragement, and learning. Perhaps one of the most important contributions of this study is the awareness of the value placed by these young women on education and the opportunity to continue studies. The center was their time and place of acceptance. Through education, health, and preparation, they were nurtured and prepared to care for themselves and their babies in a world that values work and education, but may not accept them even though they were doing the things society sees as valuable:

"They made you feel that they understood your situation. If that makes any sense. The girls and the teachers you know...I mean. You got to go to school, you know, finish school. You know, you didn't have to just take the whole nine months out of school cause that's like the whole school year...They were understanding; they helped a lot and there was many a time when several of us would be staying over just to talk about certain

situations, problems that were going on or just different things we needed someone to talk to about and they were there." (Participant 1)

"They were young, they were pregnant, they were still in school. And it kind of gave us a group...you could relate to because they were in the same situation. I mean, kind of like a supportive group because we were all going through the same thing. We were still in school; we were young." (Participant 6)

"It was kind of nice to be over there with the other girls together because you were accepted there." (Participant 5)

"Another good thing about the pregnancy school was I had like a support system. All those girls were pregnant too and they understood...But, uh, I'm really glad I had the pregnancy school. I always say I probably wouldn't have made it if I hadn't gone through there." (Participant 5)

Returning to regular school program, they had "some teachers who are more understanding than others" (Participant 1). In the following description, the teacher conveyed a clear message of disapproval:

"That (counseling sessions) was important to us that had kids. And you know some of the teachers even got aggravated which you know we had to have their permissions to come down. But they still looked at you like you know you really didn't need to be there I mean but. I think I had Mr. English during English that period. He did let me do it but he didn't really understand it...He was really good in English... I really like him as far as being a teacher, but he just looked at you like you were less than what he thought you should be." (Participant 2)

This participant, like the one before, accounted for the negative behavior of authority figures by attributing to them a failure to understand (accept)--perhaps the result of lack of comprehension or empathy:

"So, obviously, with the drive between schools which was just a mile or two but not many but three traffic lights, you know? My second period teacher, she would just get really upset because I was always late, but I had it okayed through the principal and you know; and they knew I wasn't just out running the roads and being late to her class on purpose. And it took you know at least 10-15 minutes to get there. So, of course, I was always late, you know? Then, by the time you find a parking spot at school and then actually walk through the school. And uhm, she just, I don't know, it was like, she was just snotty toward me. Soon as I got there, she was like, 'Why are you late again?' And I'm like, 'This is an everyday thing. I will always be late. The time I sit in this desk, I will be late.' And uhm, she always wanted me to raise my hand, and I hated it. Because I couldn't raise my hand because where I hadn't nursed or where I'd just got done nursing, then when I raised my hand, it let down and there was...it was wet everywhere...I was wet everywhere and it was like she didn't understand that at all. I mean, I tried to tell her but she just never understood that it just wasn't comfortable being wet...in high school, you know?" (Participant 1)

On the other hand, some teachers were sensitive and understanding. One teacher talked with a participant about the novel, *The Scarlet Letter*. Because he thought the contents might be disturbing, he allowed her to decide if the class would study the novel. She resolved to be strong and gave her approval. In an ensuing class discussion, another

student commented on the economic burden of unwed mothers, and the participant, upset, told the entire class that she and her husband supported their child. For her, the experience was like "opening gate."

Individuals in the lives of the girls were a source of both acceptance and rejection. When Participant six found out she was pregnant, her friends grew distant: "Oh, I can't believe you're pregnant." Her grandparents were disappointed:

"Me and my grandparents were really close, and then, when I found out I was pregnant...she's in a position with her job that is more...it's more of a social thing...she's looked up to and everything else. Here, she had her granddaughter that was pregnant, not married, still in school? You know? She looked down on me because I put her in that position, I think. She wanted me to have an abortion; and after I told her I wasn't going to, then, that put a lot of distance between us." (Participant 6)

Some of the girls experienced acceptance from family members. Cindy is the biracial child of a couple who married after her birth:

"Like I said, my parents were there. They were real supportive. My dad loves Cindy to death...even now. It wasn't really...after I had Cindy it wasn't really as bad as I thought it was gonna be. I mean, I thought people would be talking or whatever, and I sort of thought, well, Cindy's going to have a hard time because she is biracial. And I thought people won't accept her, but it's not true. They do accept her. And uhm...the people who don't accept her? That's fine, they're ignorant. It's not nothing to do with my child." (Participant 4)

Support is an action that springs from the foundation of basic acceptance. In the following citation, the terms "accepted" and "supportive" follow one another and suggest a relationship between the two:

"We go to Breckenridge Church. We've been there two years. That's I just feel really accepted. And they're so supportive...And uh...you know my church is just like 'Do you need any help with Christen?' I don't know, they just help me a lot, and they'll call and say 'can she come over and play with our kids.' Or you know the pastor will take her home with him to play with his daughter. You know, I mean, I just think that's awesome." (Participant 5)

Parental support (grandparents of the babies) was characterized by an active fulfilling of the participants' needs. One participant talked about her mother's support several times during the interview, and twice she said that her mother acknowledged an unalterable situation. The mother said that the best thing she could do, was "support me (the daughter) how I needed it" (Participant 6). This mother accepted her daughter, the situation, and the daughter's perceptions of need:

"It made a big difference because there was so much negative about me being pregnant, and then my mom was real supportive. Yes, she agreed that I had made a mistake, but there was nothing she could go back and change; and she was there for me. She was there when I went to the doctor. She was there to help me when I did need help because I was so young and did not know all about raising a child. She was there to give me that extra support of helping me with him to a point and pushing me finishing school and all the other things...." (Participant 6)

. Thinking from the viewpoint of her mother, participant 3 anticipated her mother's initial shock and disappointment: "I understood that she needed a little time to accept it because it's...I could only imagine how I would feel if my child came to me at fifteen and said, "I'm gonna be a parent." It's just...quite a shock to know that your child's gonna have to go through that at such an early age." Her acceptance was confirmed at the end of the interview when she said, "A lot of support from my family. I don't think things would have turned out nearly so good if I hadn't had this support system." (Participant 3)

One teen mother said her baby's father was accepting and supportive:

"Charles was really good. He was so supportive, really involved. All the baby stuff we needed, we bought ourselves." (Participant 4)

THEME IV: LOSS AND ACCOMPLISHMENT

The birth and rearing of a child by a young mother required a dramatic change in roles if she was to be responsible. On the other hand, she was a mother, and the traditional adolescent search for identity would seem to have been decided. Yet, her presence in the school environment was a constant reminder of what others her age were doing. Those opportunities were available to others but no longer an option for young mothers. These young women experienced a sense of loss that was balanced by overcoming the obstacles presented by their choice to give life and nurture it.

The girls talked about various losses pertinent to educational goals:

"To my knowledge, today, I don't know of anyone in the group that's been able to go away for college. We can go to this good community college..., but it's not really what we wanted, I'm sure." (Participant 1)

"I would have preferred having an actual high school diploma instead of just an equivalency, but at the time, I knew I just couldn't push myself that far." (Participant 3)

"But I do regret not going on to school. I don't know why I just stopped at 12th grade." (Participant 4)

"But I do eventually want to go back but I do think that furthering your education is very important. If I want to get further than where I'm at now."
(Participant 3)

"I would just go to school (inaudible) that's why it took me forever to graduate."
(Participant 5)

Participant 6 hesitated when asked what she had missed out on, "That's a tough one." She said it was tough "because there are so many things that you do miss out on, that you can't do when you have a child." The girls missed out on activities that defined the teenage life and the school experience because they had to take care of their children:

"I remember I wanted to go on this trip...you don't have a baby sitter and you have to fee it and take care of it. So you just don't get to go. You get to sit and look out the window while everyone else is gone, wishing I was there. Or I wish I could be...I couldn't go on field trips...couldn't be in clubs...couldn't stay after school because you had to go home and take care of a baby. I missed out on a lot of fun." (Participant 1)

"I missed out on prom. I didn't get to go to either one. My junior year wasn't so bad...I mean...I didn't worry about that. But senior year, I sort of like felt.... I could have went but I felt guilty when I left Cindy cause I felt like I wasn't taking care of her...I just didn't want to participate in anything like that because Cindy couldn't be with me. So it was...I don't miss it miss it, but I would've like to have went." (Participant 4)

"When they would have different things at school--I used to be into sports, not being able to play sports because I did have my child (the tough times)." (Participant 6)

Here, the theme of loss-accomplishment is merged with same-different and acceptance-rejection. She was not allowed to participate in this school activity because she was pregnant, a difference that the band director felt was socially unacceptable:

"I was in the flag corps for all the years of high school except for my last year, and they wouldn't even let me try out because I was pregnant. Although the doctor cleared it but the band instructor was just like it wouldn't look good. And so he wouldn't let me be on the team. I felt all the stuff I personally was working for wasn't going good." (Participant 5)

Across protocols participants described a loss of relationships among those in the girls' age group. This loss is related to the same-different theme because motherhood restructured their lives and made the girls different in their own (and others) eyes. They had a different life style and no longer shared common activities and concerns with friends. The loss of friends was associated with responsibility, acceptance-rejection, and same-different. The first loss occurred with the telling:

"My best friend, her parents wouldn't let her hang around me anymore because I got pregnant...and so...And of course, I wasn't gonna tell them that she was doing the same thing. She just didn't get pregnant but...And I wasn't ever gonna say that, but it really did hurt my feelings." (Participant 2)

"A lot of my friends...We kind of grew distant, apart from each other because of the fact that I was pregnant." (Participant 6)

"I noticed that a lot of my friends just kind of ignored you. You were there, but what good were you? You couldn't do anything...and a lot of my friends just kind of moved away from me, got a little distant." (Participant 1)

"I lost a lot of friends during that time cause I couldn't go out and be with them." (Participant 5)

For participant 6, the loss of significant others was profound:

"I can remember not speaking to my dad for right at about six months. He wouldn't have any contact whatsoever because I was pregnant."

She continued:

"My grandparents were disappointed because I was pregnant and they tried to hide a lot of it after I wouldn't have an abortion. And going around some of the family that lived distant, they didn't want that to be an issue because I wasn't married. And kind of having to stay back out of the picture because they felt it was wrong. Missing the opportunities of being there with the family, I guess, was lot of it.... It was sad." (Participant 6)

One participant said she lost her teenage life, and all participants in one way or another expressed a similar loss:

"You don't have time to figure out who you are and what you really like to do because you never did any of it so you don't know what you would have liked to have done or...I've never really had a kiddin' life or a funny one. It was always responsible and not joking around stuff like that." (Participant 2)

Many participants mentioned personal losses. Many of the descriptions of "missing out" contained repetitive use of the auxiliary verbs can't and couldn't:

"You can't do that if you have a baby... You can't shut them up, you know, you can't put them away.... There's things you wanna do or you wanna buy yourself and you can't.... 'I can't go in the library cause I would have to wait'.... I couldn't concentrate when she was awake.... She was two and running around everywhere. I just couldn't expect her to play by herself." (Participant 5)

"I couldn't do just what I wanted to on the spur of the moment. I had to use my brain. I just couldn't jump right in that hole because that hole looked like it'd be fun to jump in. I couldn't jump in it because if I broke my leg then I couldn't do this. If you want to use a hole as an example...If I jumped down that hole, something could happen and then, you couldn't do this...I mean." (Participant 1)

The "hole metaphor" compared her life with that of her friends. "Like a lot of my friends would drink and do other stuff, but I never did the other stuff or did the drinking because, well, what if I got drunk and something happened...I had to take my baby to the hospital...and here I was drunk. What would happen, you know? Even ever once in a

while I just felt like I couldn't do what they call, 'what if.' What if one time something did happen?" (Participant 1)

This participant talked about being stuck, "And you're stuck on missing out on activities you're really wanting to do." The sense of being stuck was conveyed by the auxiliary verbs as well as by the word itself. They "couldn't" do so many things; consequently, they were stuck. Participant 5 talked about sacrifice: "I was gonna take care of my kid. Sacrificed...that's what I've done. People don't understand that being a teenage parent you have to sacrifice, you have to give up all of that stuff, you know? You can't have both. It just doesn't work that way." When asked what she had given up, she relied, "Freedom (soft laughter). That's probably the biggest thing.":

The idea of lost freedom is consistent with being "stuck" and is explicated by the following description:

"I used to be able just to go out with my friends, go to the movies or hang out at the mall or cruise around town or spend the night with someone or, you know, just go out. You can't do that with a baby.... Just being able to go to my room and close the door and turn on the radio....Just go back to my room and retreat and do my thing. You can't do that if you have a baby." (Participant 5)

This loss of freedom is structurally connected to the theme of responsibility-irresponsibility. The women said that their ties and obligations precluded the freedom they once enjoyed:

"I've missed out on well, just in general, getting out and going whenever you want to. You can't just do that, and you can't do it without a baby sitter so you can't just go and

do whatever, whenever you want to. You have to make arrangements and be responsible and then do it, and if you can't. And if you can't then, oh well, you just can't."

(Participant 2)

In giving up freedom, the girls became stuck in this time of their lives. One mother delivered her second child after the interview and commented to the researcher that she caught herself signing forms as if she were a teenage parent. She said that it felt like being "stuck" in that identity.

Stuck in the midst of their trials, they lost friends but found acceptance among other young mothers and caring teachers. They gave up teenage activities and sacrificed their freedom to be responsible mothers. However, they feel that their accomplishments justified their efforts and helped heal relationships with others:

"It probably wasn't until, I guess, after I got through school and everything that my parents finally realized that yeah, I had this place in my life that wasn't the way...wasn't the way if they would have planned it...but it wouldn't have happened. But I had made the best out of the situation, and so that kind of brought us closer together." (Participant 6)

Goals are the achievements for which a person strives. One participant talked about goals, a second participant talked about the importance of having goals:

"Because it was kind of like a goal...after the situation was there...it was a goal that I had set out that I needed to make the best of the situation. I needed to finish school. I needed to raise my child." (Participant 6)

"Well, I just, I don't know. I just went day to day and said, you know, 'just give me the strength to make it through this day, God.' If I can make it through this day then we'll worry about tomorrow. And uhm...But I had goals. And it helped me a lot to look and say, well, 'this is what I want to do.'" (Participant 5)

In this instance, the word goal is not directly stated; however, the description does make an excellent definition of the word *goal*:

"I put it in my mind that I was going to finish school...that I wasn't going to be like another statistic. You know, teenager gets pregnant, has baby, living off welfare. I wasn't going to be like that. So...I had my child; I did the best I could to get through school; I accomplished that with really good grades considering all the other things at home I had to take care of. And I worked. I didn't get on the government...you know, like welfare." (Participant 1)

Two participants talked about determination as a means of accomplishment:

"You really did have to have the determination to do it, to be able to go and do all that without getting frustrated and just loosing it. I stayed pretty calm as far as going to school...and working. It got tiring at times...When he was up at night, I'd get really frustrated and tired but just had to have the determination." (Participant 2)

"So I had a lot of negatives coming at me, but I'm a determined person...I was the first girl in my family to graduate from high school...first person in my family to graduate from college. I look back and say, "Ha Ha. Eat those apples now." Everyone said I couldn't do it, and I did it." (Participant 5)

Another said she had motivation:

"Right, I mean it takes a lot from the person, like from me, for instance. I had to be the one motivated to do this. Nobody else...nobody else can motivate you to do what needs to be done. I'm the one who had to take on that responsibility. I had to be motivated to say, "Yeah, I can do this. Yes, I have made a mistake, but I can make the best of the situation." (Participant 6)

All of the young mothers said that given the opportunity to make decisions again, they would wait to have their children, with the exception of one woman. At the same time, all said that they love their children and that their children's lives are not a mistake. One mother said that her experience turned her life around:

"If I could go back, I don't think it would be something I would want to change cause it's, you know, it's made me who I am...my first year in school, I was beginning to get kind of rebellious and...I don't know where I would have ended up...if I hadn't settled down and taken...come back down to earth and taken my responsibilities...I guess almost totally leave that side of yourself behind and move on to a more responsible person." (Participant 6)

A second mother said that her child made a profound difference in her family. The child was a catalyst for dissolving racial boundaries:

"It's really good (the situation). My family has...since Cindy came around; my dad's just color blind now. He does not care. He doesn't care if Cindy is blacker than dirt. Cindy is his, and he loves Charles. We're just so better. Cindy has honestly made a big dramatic change in my family. Whereas before it was like traditional Southern, you know, no Black people...now, it's like they don't care. They don't care at all...They love

Cindy for who she is. They love Charles for who he is, and that's the reason why I love Charles--for who he is. She's just made such a big change." (Participant 4)

This participant said that people "look down you" because you are a young, single parent. She resolved "to make it" even though the child's father decided not be there, a choice she did not make:

"I was going to give her all I could and that's what I've done. That's been my goal. Everyday, just to get up and do the best I can. She's my motivation. You know, especially when she's all asleep, looking quiet and peaceful...she's laying there being all quiet and I just think--this is the reason why I get up everyday." (Participant 5)

She said that the subject of single parenthood was "touchy" and that she sometimes got defensive. She was not a single parent by choice, and in many ways youthful naivete created a situation for which she said most teens are unprepared physically, financially, and emotionally. When her daughter asked, "Mommy, when I was born did you want to have children?" She replied, "Christen, when you were born, to tell you the truth, mommy didn't want any babies...I wanted to wait...That doesn't mean I don't want you or won't take care of you...I love you just the same, but mommy wishes she could have been a lot older." The daughter is content with that and tells people, "My mommy didn't want to have a baby until she got older, but God gave her a surprise." (Participant 5)

Being an adolescent mother was described as rough and difficult but also rewarding:

"...being a young parent is difficult, but yet being a parent is rewarding. This

is your child. This is something for you to look forward to coming home from school everyday and seeing. Getting up in the morning...even the times you have to get up in the middle of the night and you lose sleep and these are times you won't forget. (Participant 6)

In spite of these rigors of early motherhood, all participants completed their high school education:

"But I did want to finish, and that was a really, really good sense of accomplishment when you walk across the stage...you felt like you had accomplished something in life--just graduating in general, but even with a kid, it was really something." (Participant 2)

"...Graduated from high school, going to college--even being a single parent, coming out of high school as a parent--it was a goal to reach getting out high school, let alone thinking about college..." (Participant 6)

"I did everything. I mean I've worked and gone to school, finished college, got a good job...I can look back and say, "I really tried." (Participant 5)

"I really tried" is indicative of one's best effort. All say they are doing the best they can do:

"As long as I'm trying my best, what else matters?" (Participant 5)

"It actually gave me that...that extra goal to look forward to--doing the best that I can so that I can raise him the best that I could by finishing school." (Participant 6)

"I want the baby to be as healthy as possible; and if there's anything I can do to prevent anything from happening that would hurt either myself or the baby, I'm gonna do the best that I can." (Participant 3)

Another mother reminisced with her friend, also in the study, about mothering:

"We just did the best that we could." (Participant 4)

In this case, the idea was spoken by a teacher, whom the participant quoted:

"Yes, it's just like, you know, she encouraged you, you know. She was like you're doing good, I can tell you're gonna be a good parent, you know, that you're doing your best; you're trying really hard; you're really intelligent; you're facing up to what you've done." (Participant 2)

"Doing the best I can" is a tribute to personal effort that the girls call variously motivation, determination, responsibility, or maturity that they summon up to nurture another life. In taking care of their children, they were catapulted into adulthood by responsibilities that make them different from other teens and, in some ways, cost them the later years of their youth. Their compensation for such loss is accomplishment--making a life for their children and for themselves. These children are a part of their lives, and they do not regret their decision nor do they regret living life with their children. They are successful young mothers who set out to "turn it around," to the make best they could of their situations. Almost all participants viewed their participation in this study as a contribution to others with the hope that they can help other teens avoid early parenthood.

CHAPTER 5

THE CONTRADICTION

Are they babies having babies or unsung heroines emerging as productive adults from adolescent motherhood, a controversial phenomenon that arouses intense negative reactions from the very social and political forces that contribute in numerous ways to maintaining what is perceived as a problem. Even though the birthrate to teens has been decreasing (18%) and their share of the total birthrate is only 13% (Coley and Chase-Lansdale, 1998), there is increased social attention because these teens tend to be unwed and dependent on welfare (Lerman, 1997). Society fears that young mothers such as these are a threat to the traditional two--parent family structure (Luker, 1996) and that they are using entitlement dollars to fund a dependent, unproductive way of life (Corey and Chase-Lansdale, 1998). Not all young mothers are unmarried or welfare dependent. In fact, not all young mothers planned to have a child (Lerman, 1997). True, an increased number of adolescents are having sex at earlier ages; however, premarital sex is an accepted norm and numbers for youth tend to fluctuate in tandem with older age groups (Luker, 1996). Encouraged by example, youth are subjected to peer pressure up close, and from afar, an affluent media advertises "sexy" as the yardstick of "desirable."

According to Rhode (1993), Congress, on the other hand, has overstated and distorted the problem of teen pregnancy, and there has never been a comprehensive

federal program (Cook, 1987) based on a fundamentally sound understanding of the issue. Political figures both influence public thinking and reflect cultural norms that are at once prudish and permissive. For example, Americans accept premarital sex despite the fact that many schools are without sex education programs. The sexual habits of United States' teens do not seem to differ from other industrialized countries; American teens, however, have a birthrate twice that of England. The difference lies in contraception habits (Corey and Chase-Lansdale, 1998). We accept premarital sex, however, prior preparation to safeguard against sexually transmitted diseases and pregnancy are associated with promiscuity (Rhode, 1993). Keeping step with older people, teens are having sex in increasing numbers--only one in five has not had first intercourse by high school graduation. Within this contributing climate, the pregnant adolescent girl becomes society's sacrificial lamb signifying moral breach and financial burden. Because they cannot agree with the alternatives, some women, braving multiple negative forces, keep their children, complete their education, and work. Today, they live and work as mothers who take care of the child they did not necessarily want but now love. What can we learn from their experience?

Six young mothers who were adolescent parents participated in the present study which attempted to describe their experience of this phenomenon and to explore the implications of their experience for educational practice and future research. All of these participants are successful mothers who have custody of their children, completed a high school education, and worked. At the time of their pregnancy, all continued to live at home, five in two--parent households and one with her mother. Currently, none live with

a parent. All still reside, however, in a nearby rural-urban county where they attended the same high school that had a reputation for academic, athletic, and artistic achievement. Resources included access to a countywide pregnancy program, a day care facility, and a young mothers' counseling group described in this research.

After their tenure at the pregnancy program and association with the counseling group, all of the participants have continued to see one another at the children's T--ball games where they exchange news about children and life in general. One participant referred to "that little clique" in her interview; a clique which consisted of other mothers who called me to find out about the study. This communication system reflects a bond among members of a group that is loosely knit but tightly woven by a life--altering, mutual experience about which they were all willing to talk after hearing an explanation of the study.

After an initial contact, the interviews followed, and work in the phenomenology research group began with thematic analysis of the protocols and culminated in an examination and evaluation of the structure attained. This structure is grounded in time and others against which the themes of irresponsibility--responsibility, different--same, rejection-acceptance, and loss--accomplishment emerged. The successful mother is responsible and resilient. She can weather being different from peers and is able to find shelter in association with other young mothers. Acceptance of parents, understanding teachers and counselors provide her with the support she needs to reach her goals and to withstand social rejection from every level of social strata. With effort, she can accomplish her goals in spite of multiple losses. Above all, she has done her best.

Descriptions suggest that early motherhood does not necessarily result in a life of destitution and neglected children but rather confirm that with responsibility and effort young mothers can raise their children.

THE STRUCTURE

The ground of time is probably the result of a system's policy that has the girls moving to different settings, although these moves also coincide with pregnancy, birth, and motherhood. The narratives told by participants move in time from "the telling" to the "getting away" (going to the pregnancy program), to the "returning" to school. To describe any of the girls' experience, one must also consider people, including the child, who share the life-world of the girls during these chapters of their lives. What these people say and do in this time is the context from which the four bipolar themes emerge to represent the essence of the experience.

There is thematic uniformity in the experience of irresponsibility--responsibility. All of the participants reported that they made a mistake, did something wrong, or were irresponsible, and, as a result of their own behavior, they had to "take" responsibility. Individual experience of this theme was different; one participant describes her experienced responsibility this way: "I knew right from wrong. And I did it anyway." She wants to "take her responsibility" because she is the one who "got out and got pregnant." Another participant exhibited the same locus of responsibility when she talks about her failed four--year relationship with a boyfriend. Afraid that she would lose him, she had sex with him because she says she did not respect herself enough to say "no." A final example concerned the participant's knowledge that she had done something wrong

and that she and her mother had never talked about the subject so she experienced emotional hardship that was in part due to a lack of information. Fisker's (1995) work with focus groups presents similar findings.

The cursory reference to lack of "facts of life" lessons at home is amplified by this participant's observation: "You don't know beans, and you have to get out there and find out for yourself." Her mother cared about her but did not talk to her or protect her from her own vulnerability. All together, four reflected on the difference such a discussion might have made, and their perceived maternal responsibility for explaining sex is consistent with their own plans to talk to their own children. Lack of information was also noted reported by Lerman (1997), who said that many adolescent mothers reported they knew little about sexuality or about prevention. Whether informed or naive about sex, these participants assumed responsibility for their sexual behavior because a life is not a mistake. They believed they had done something wrong, and they talked about their mothers--a reflection of Freidan (cited in Pipher, 1996) who speaks of a problem with no name. Girls look to self and family for a solution to the "no name" problem instead of to larger social forces that impinge on their lives.

This study reveals that the experience of being responsible probably involves far more than simply keeping a child. Going to school is being responsible because a parent's education sets the family example. Education is also described as the prerequisite for gainful employment. Even during high school, however, these mothers worked and used their earnings to buy diapers, clothes, child care, and milk. Whether going to school or working, they were still primary caretakers. Their sense of adult

responsibility is described by Erikson's (cited in Thompson and Rudolph, 2000) middle adult period of development. However, they were not adults and were forced to take on great responsibility at an early age.

This responsibility makes them "different" because they have to grow up "fast"-- participants describe this theme. "One day, you're out runnin', and the next you're tied down with a kid." After the baby's birth, their obligations were nonnegotiable: "If Christen was crying, you know, you had to take care of her first. And then I had to work on top of that.... You can't shut um up, you know, you can't put um away, you have to deal with them." Their duties consumed time and energy, and they always had "something else to think about" so their thoughts and worries were different from their peers who were talking about dates and parties.

They were more comfortable with other young mothers who understood their experience and shared common concerns of motherhood. For example, the delight with a child's first step or the worry about a child's health was confirmed by someone who recognized and valued the experience. These mothers were "different" because they did not receive welfare and because they made "different" choices. Still, being pregnant and in high school was hard, and they did not "look down" on less successful mothers whose life examples were reverse confirmation that there is a better way. Since these mothers intended to work and had not planned to have one child, let alone others, they were different. As Musick (1993) predicts, these girls did get a job; however, they did not intend to stay in the fast food jobs with long hours for little pay.

In spite of their choice to attend school and work, youth and nonmarital status attracted social attention and subsequent disapprobation. They experienced "rejection" at home, school, and in the community. Each of the situations was unique, and for some, family repudiation was figural. One participant was estranged from grandparents and from her father not because she was pregnant but because she chose to keep the child. Abortion and adoption were inconsistent with her beliefs.

Also, friends became "distant" because the girls were pregnant or because they could no longer spend time. Lerman (1997) also notes that girls spend time at home and disengage from peers. As for teachers, one participant said, "some were better than others. "The teacher was experienced as being understanding or not understanding, and both positive and negative incidents appear in interviews. Teachers were described in the context of their support at the pregnancy program and the day care center. In the regular setting, the girls could tell which instructors were willing to help. For example, teachers who inquired about their well being, extended deadlines for assignments, and were present to them--"always there"-- were "understanding."

As well as encounters with others at various levels of social organization, their descriptions include an awareness of society in general. One participant talked about getting over "society's thing" so she could invest her energy in making a life for herself and her child. Another participant said, "They've judged you." "They" refers to the general social order that thinks teen pregnancy is a "bad thing," a view they do not necessarily share. Instead, they believe that society needs to look at what the individual mother has "accomplished." One mother is very sensitive about being a single parent and

"gets defensive" because "I don't think people look at our view. They don't care and we're not...And I have been...you know, like I said, people have judged you."

The rejection is balanced by the acceptance of others who are family members, the father, and/or teachers. They described their experience of acceptance in terms like "encouragement," "understanding," and "support." Family members were more likely to be actively supportive--that is, providing active interventions. Only two of the fathers were described as supportive; however, one of the participants added a positive description of the father's contribution to the narrative summary of her interview. Another is married to her child's father and says that things have turned out well. This acceptance was the companion to their sense of accomplishment in the face of loss.

Loss is experienced in a number of ways. One woman said she did not have a teenage life. She did not know what she wanted because she never had the chance to do things that she might have enjoyed. Others talked about school activities like clubs, sports, and school trips they could not attend. When school events were scheduled, they had to be at home or at work; consequently, they could neither participate nor spend time with classmates. One of the girls says she missed out on a lot of fun because she had responsibilities at home. She had to leave promptly at the end of the school day to pick up her son. She was no longer free to choose where she would go and when.

This loss of freedom was described by one participant as a sacrifice of personal freedom and access to private time and by another as inability to do anything for oneself. To cite an instance, the mothers might have wanted to purchase something for themselves; however, they chose to buy for the child. Trips to Walmart no longer

included selecting a garment. As one participant said, "It's diapers and out." There were things the participants wanted to do, things they wanted buy, places they wanted to go, but they could not--they had to take care of a child.

When their children were born, they changed their mothers' lives forever because they would always be there; and the mothers would always worry about them--are they safe, are they behaving? One mother did not think anyone else could care for her infant as well as she did. Accordingly, she did not go to the prom because she feared something might happen, and she would be unable to get to the child who was fine as long as the participant cared for her. Another mother described a similar relationship with her daughter who visited the grandmother for a night. Mother and daughter were on the telephone during this short visit to make sure all was well. This mother said whether they were together or separated, she was always aware of her daughter. Other mothers experienced the certainty of separation, and one said there would be times she had to leave the child but she still worried that he had enough diapers, milk, and adequate care. They will worry about their children for the rest of their lives. They lost the peace of mind that comes with having only one's self with whom to be concerned.

Other losses they described were educational opportunity and friendship. One participant says that to her knowledge none has been able to go away for college. Three have post secondary hours of which they are proud, but they say going to school is hard. Taking classes at the community college reminds this participant of the obstacles she faced in high school:

"You have to worry about the sitter and the 'what if s,' what if this is happening and what if that is happening. Then worry about the money because you're not able to work the same amount of hours you were able to work before. It brings...it...basically... it's like, reoccurring."

Loosing friends is described by some participants as a function of being unable to spend time and share activities:

"What good was I? I couldn't go anywhere or do anything. My friends sort of became distant." (Participant 1)

"I lost a lot of friends because I couldn't go out and be with them." (Participant 5)

Some friends are lost because the women became pregnant:

"I got pregnant so they were distant." (Participant 6)

Accounts of their experience reveal multiple losses; however, most important is the child's life, and the child affords the young mother with motivation to finish school and work. One participant says that she has something to which she looked forward upon returning from school. They have made a decision that they say is costly, and they do recommend adolescent pregnancy. One woman says, "I'll won't say it's bad but I feel like I've turned my situation around." In other words, the experience is a day to day struggle that is best saved for the years after high school. Their own experience has given them a more tolerant perspective for pregnant girls but they do not recommend having a child--if anything, they would help a young person avoid young motherhood.

The women in this study are examples of Musick's (1993) "comparatively rare cases"--that is "...girls from the working-class or middle-class (who) do elect to keep and

raise their babies...." These women are working-class or middle-class girls who carry their child to term and keep the child to rear. From one perspective, participants would seem to contradict most of the established body of research. According to school, home and economic markers reviewed, they should never have been pregnant, and they should not be mothers now. However, they are mothers, and these "exceptions" suggest that the prior literature may be incorrect or incomplete.

They are mothers by choice but not by intent. Lerman (1997) says that most pregnancies are unintentional. These women did not yearn for a love object. Instead, they say that they made a mistake, and it could be that the mistake was pregnancy. While pregnancy may have been the error, they do not consider their child's life a mistake and some refer to the child as a gift from God. Like most all teens who become pregnant, they were faced with a decision, and becoming a mother was consistent with their values and morals regarding human life. In interviews, descriptions of life with their children are funny, touching, and insightful. They truly would not change decisions made during school years, but they do say they wish they had waited because the experience changed their lives forever and the effects of their struggle include emotional, educational and developmental losses. Even Musick is not immune to contradiction. She claims there is little long--term trauma for working-class and upper-class women who become parents at a young age. On the contrary, the girls say there is a price exacted for becoming a young mother, and they are willing to help others avoid their own mistakes.

IMPLICATIONS

The implications of this study are useful to parents, schools, and the social order, all of which affect students in the integrated, contextual manner represented by Bronfenbrenner's model of development. The discussion will move among the layers of the girls' world where individuals and groups affect her.

1. The first implication of this study concerns parents generally and mothers in particular. For the following reasons, one can infer that the participants expected their mothers to talk to them about sex. First, they have plans to talk to their own children in the interest of preventing future problems. Second, four point out the absence of a conversation with their mothers about this matter. Third, they reflect on the difference from their children about this issue.

Being prepared means learning about sexuality--what to tell one's child in the most effective way. Moreover, being involved and taking an interest in the child maintains an active parental relationship that is the basis for both discussion and protection. Having someone "to talk to" is important to adolescent girls, and there is a tacit agreement that the mother should be available to her offspring both to encourage and to set limits. Setting limits is part of the disciplinary process that is by definition a protection of a child's well being.

2. The second implication is that teachers are also important to girls who are nourished by adult understanding in times of trouble. In this case, trouble did not include violence, drug use, mental illness or threats to the safety of instructors. Rather, these girls

were well behaved; some were even studious, and all valued education. Unfortunately, they made a mistake that could be construed as immoral but continues to be a social matter that put them on a collision course with social forces, including the school. Nevertheless, the school and its teachers were a decisive and positive force in supporting the struggle of these girls to survive this situation.

The girls described the high school teachers who were helpful. They described as understanding those teachers who inquired sincerely about "things" at home, extended the deadline for assignments, and "were there for them." Their association with teachers at the pregnancy program and the day care center was more significant since the class was small and the time more intense (pregnancy and childbirth). The girls' description of their experience with the teachers provides more guidelines for helpful teacher behaviors.

Teachers must be open and receptive because students who are already in trouble need "good" adults with whom to talk. One participant says that she stayed "over many a time" to talk with her teacher about her problems, and she became emotional when she recalled her conversations with this teacher. She said talking to a teacher was better than talking to friends who knew little more than she knew or talking to her parents:

"Well, you know, sometimes you just. . . it was easier talking to them than going home and talking to your mom or dad or, you know, or talking to just a friend that was the same age as you that really didn't know nothing...just like, you know, cause, you kinda felt like you knew something but then you didn't; and they just talked to us a lot about, you know, we were doing what we could do--doing things right the best that we could and they just wanted to make sure that we didn't basically lose control like quit....

She had confidence that the teacher would provide her with accurate information. Along with information, girls who had a significant disruption in their lives need encouragement. Once again, the same participant describes her teacher's words in conversations she remembers after five years:

"Yes, it's just like, you know, she encouraged you, you know. She was like you're doing good. I can tell you're gonna be a good parent, you know, that you're doing your best, you're trying really hard, you're really intelligent, you're facing up to what you've done. You know she just tried to make you feel like you were a better person than what you felt like. Cause you didn't feel good being pregnant in high school." The foregoing does not propose that teachers talk with students about intimate subjects. On the contrary, being interested is applicable to being available, by listening, by encouraging, and by empowering struggling girls who may need to talk about school work.

Teachers who are sensitive to their students' individual situations make a difference in ways they may not foresee. In this study, a participant's teacher talked with her about the novel, The Scarlet Letter. According to her, the teacher asked if she would be comfortable with the class reading this book that might offend her because the main character was unwed and pregnant. This instructor thought the experience might stereotype her and that students might ask about her situation. She told him that studying the book would not bother her because she could just "tell them how it is in my life." She credits him with opening a door that seemed like a barrier, the silence about her child for 1 1/2 years dissolved in class discussion. Then, she could tell her classmates what she was

experiencing in a way that did not cause them to feel sympathy or to change their normal response. At least with some of her peers, she was no longer estranged because this teacher considered the effect of the classroom and the curriculum on the individual and involved her in a decision making process.

3. In addition to individual teachers, school based and system wide programs do make a difference. Participants' description of experience and accomplishments is a commentary on educational imperative that includes the opportunity to go to school, to learn about relevant issues, and to survive difficulty. Hopefully, this research will help other girls who have made a mistake and need support by describing access to programs like the pregnancy center and the child care facility. Teenage girls who are pregnant profit from a safe, supportive environment where they can continue their studies under the tutelage of caring instructors. The pregnancy program was the source of one woman's insight on how to make a life for herself and her child. Others experienced it as a refuge where they "got away" from negatives like rejection that created stress in already tumultuous times. Being among other girls in the same situation was reassuring to the participant who said, "we were all in the same position so we all understood." This understanding translated to diminished anxiety about being accepted while they restored a sense of self and normalcy.

4. Musick mentions school counselors as one of factors that insures the long term well being of pregnant girls. Counseling programs, both group and individual, in schools are essential for youth who are in trouble. The participants of this study describe the following: seeing the counselor to transfer to the pregnancy program, seeing the

counselor when they are upset, talking with the counselor when they have a concern, participating in a teen mothers counseling group, and working on college enrollment, financial aid, and scholarships. Like other school personnel, counselors wear many hats; most of all they establish a helping relationship with students. This relationship nurtures students' change.

5. This research confirms Musick's assertion and Manlove's recommendation that schools with resources insure the success of pregnant teens by providing what the home does not, by reinforcing educational aspiration that might decline in crisis conditions, and by implementing programs for youth who are in trouble. In the case of responsible pregnant girls, the status of their situation is already precarious because they have so much responsibility that weighs more heavily when others denounce them. Even the most determined and motivated can fall, victims of circumstances beyond their control. For example, one participant worked with the assistant principal when her son was ill. In addition to lack of sleep and trips to the doctor, she was told he needed surgery. She did not think she could endure another year of school and work, under the circumstances. With the principal's help, she rearranged her schedule and graduated a year early at which time she was hardly 17.

6. A final program consideration is sex education. This option must be considered for several reasons. First, most students are not exempt from early parenthood because a large percentage of teens are having sex and they do not think it is wrong. Second, teenagers do not fully grasp the reality or implications of having sex. Third, comprehensive, school based sex education has merit because school is the place young

people engage in learning and socialization processes that can address sexuality in a positive and preventive fashion.

According to Luker (1998) there are now sex education programs that work reduce the number of pregnant girls. Priority considerations are matching the program to the system, selecting effective teachers or counselors, and evaluating the outcome.

8. Social order issues are truly beyond the reach of these women who feel the effects of a national attitude inflamed by President Clinton who said that adolescent pregnancy must be prevented to preserve the family. The President and Congress are allied since Congress calls teenage pregnancy "a moral decay." Society is experienced as denouncing young motherhood, "it was a bad thing." In contrast, the mothers' lives and accomplishments are a refutation to judgmental political generalizations and a confirmation that indeed girls "can raise a kid if they want to" and they may not think what they have done is as bad as others claim--especially after the child is born. After all, they have "done it all." They have worked, finished school, and are raising their children in spite of loss and rejection. On this account, the affirmations of responsibility justify the recommended closer look at the mothers' accomplishments, both in celebration of their personal, academic and vocational attainment as well as in the search for a description of successful young motherhood from which we can learn.

We must be aware that these girls succeed. Individual experience is essential for revealing the experience of successful teen mothers who are responsible, different, rejected. Overcoming obstacles and losses, they go on to accomplish their goals. They describe the support of others, and they believe it is time to give back. Talking to family

members, assisting pregnant teens, and supporting one another led me to believe they participated in this study, in part, to help adolescent girls avoid early motherhood. Clearly, they are responsible adults who already make this world a better place for teens they may be able to help. In other words, these young women are willing to serve as a resource for the social order that has condemned them.

Lest, readers think this is an indictment of other parents, teachers or the system, a clarification is necessary. The participants do not blame or contend that parents, teachers, or the system failed them. Instead, they say the responsibility for becoming a parent is their own, just as the child is their responsibility. With regard to others, they talked about support, and they have been successful by social standards. With their accomplishments in mind, we need to look at the world as they experience it no matter what we think it should be. Being present to their world and their experience, we are better able to know what it is like to be a young parent. Understanding this experience in all its "nuances" and "urgency" (Pollio, et.al, 1997) allows us to implement timely, informed strategies.

9. The fact that the girls are a contradiction to the body of accumulated investigation is an implication for researchers. Based on their numbers, qualitative researcher would predict that these women should not be pregnant because they attended a middle-class to upper-class school where student achievement was valued, expected and encouraged. All, save one, reported that they performed well academically, and none mentioned being in trouble with juvenile authorities or school principal. Even though the relationships with parents may not have been optimal, five had a male figure in the home and all were living with biological mothers. Only one reported an abusive stepfather whom her mother

divorced. These parents do not seem to have been involved with the school, but this is not unusual at the high school level.

One participant said that because she did not act like a high-risk student, her mother did not expect her "to do anything." She describes making good grades and always doing her homework and "being a goody--goody kind" unlike kids, on probation and laying out of school, who were expected to have a child or drop out. Her description has merit because it reflects current research in the context of her personal experience.

The literature describes at risk girls as living in poverty stricken, single parent homes where there is little encouragement to succeed academically, and this is further diminished by lack of hope for gainful employment. They attend neighborhood schools with poor academic standards and a lack of resources that might have mitigated the debilitating circumstances at home. These girls, according to Moore, Manlove, Glei and Morrison (1998) have "individual--level characteristics...found to predict behaviors related to the risk of early parenthood.": school behavior problems, early substance use, delinquency, and violence. Currently, dropping out has been identified as an antecedent among mostly nonachieving, poor girls.

While impoverished girls tend to have their babies and keep them, Musick (1993) says that working and middle class girls do not usually have children and almost never raise them. If they become pregnant, they have abortions; in a few cases, they give their children up for adoption. Rarely, according to Musick (1993), do they carry a baby to term or keep the child to rear. The few exceptions have school and community resources on which to rely, so they are not vulnerable to a "wasted life." Indeed, the effect of early

parenthood is negligible since the girls are more likely to get married, find employment, and have greater material resources. The cushion of economic advantage makes a difference, according to Musick (1993).

The women in this study are the rare exceptions Musick describes, and they contradict most of the established body of research. According to school, home, and economic markers reviewed above, they should never gotten pregnant and, if they did, they should not be mothers now. However they are not only mothers, they are successful mothers who described a hard, difficult, scary time in their lives so that others can benefit. One of these benefits is instructive for research. Although there is a substantial body of research on this topic, there are important gaps. Among others already discussed, a participant noted that a study of the adolescent father would be appropriate.

SUGGESTIONS FOR FUTURE RESEARCH

1. There is very little research on adolescent fathers. According to Coley and Chase Lansdale (1998), data sets contain information on mothers but lack even demographic information about the fathers. There is, however, some information available. Adolescent fathers tend to be, on the average, 3 years older than the mother; and like the mother, they tend to be poor, economically disadvantaged, and educationally deficient. Because they go to work early, they initially make more money than peers who are not parents, but in the long term, their early sacrifice diminishes their future prospects because vocational opportunities with fewer hours and increased compensation require education they do not have.

The psychological, developmental, and social aspects of early male parents have been neglected and need to be investigated. Two participants in this study recommended a phenomenological study of fathers. Happily, these mothers are in a committed relationship with men who are available to and involved with the family. These men and others like them could contribute to a basic understanding of fathers who stay. On the other hand, studying fathers who elect to disengage from the mother, the child, and their responsibility is equally important. Taken together, the two efforts could have substantial, practical application for teenagers, and those who work with them.

2. Less successful girls, mothers who attended this school are revealed by this study. The participants describe other young mothers who preferred to receive welfare, did not attend school regularly, and were not responsible for their children. An understanding of their experience is necessary before effective program intervention can be implemented. Musick's (1993) work with impoverished mothers gives instructive perspective because she examines girls' experience developmentally and psychologically in a social context. While Musick (1993) notes the necessity of both quantitative and qualitative contributions, it is research about the "true essences" that is the key to understanding and constructing the conditions for change" (p.146). The fact that in the same system some women were successful while others were not is indicative of more work to be done by people who care to make a difference.

3. Interviews with teachers and administrators who have been part of programs for pregnant girls would help researchers understand the problem from the another perspective. Their experiences could further explicate the social force that defines this

phenomenon as a problem, the public resistance they encounter in their efforts to address it, and their work with students who are successful, drop out, and continue to have children.

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APPENDICES

APPENDIX A: IRB Approval

THE UNIVERSITY OF TENNESSEE
KNOXVILLE



05/04/99

IRB # : 5684 B

Title : A Pose Hoc Study of Young Motherhood

Office of Research
404 Andy Holt Tower
Knoxville, Tennessee 37996-0140
PHONE: (423) 974-3466
FAX: (423) 974-2805
URL: <http://www.ra.utk.edu/ora>

Joines, Diane
Counseling, Deafness &
P.O. Box 1193
Talbott, TN 37877

Kronick, Dr. Robert
Counseling, Deafness &
125 Claxton Addn.
Campus

Your project listed above was reviewed. It qualified for expedited review and has been approved.

This approval is for a period ending one year from the date of this letter. Please make timely submission of renewal or prompt notification of project termination (see item #3 below).

Responsibilities of the investigator during the conduct of this project include the following:

1. To obtain prior approval from the Committee before instituting any changes in the project.
2. To retain signed consent forms from subjects for at least three years following completion of the project.
3. To submit a Form D to report changes in the project or to report termination at 12-month or less intervals.

The Committee wishes you every success in your research endeavor. This office will send you a renewal notice (Form R) on the anniversary of your approval date.

Sincerely,

Brenda Lawson
Compliances

cc:

APPENDIX B: Informed Consent

Consent Form

The Experience of Being Pregnant and Being a Mother While in High School

My doctoral dissertation is about teenagers who were pregnant in high school. An author wrote that he was stunned when he first met teens who were pregnant. He had no idea what they were like. Only the young women who are pregnant or have experienced pregnancy in their teenage years can give us the full picture of the experience.

The purpose of my study is to describe the experience of the pregnant teen in high school and the teen mother in high school. I am interested in learning about your experience from your perspective. With your help I hope to arrive at a clearer understanding.

If you agree to participate, we will talk for about 30 minutes to an hour. I will ask you to talk about your experience of being pregnant and in high school and being a mother while in high school.

There should be no risk or discomfort for you. It will be just the two of us with a chance to talk about a very important topic. It is an opportunity for me to learn and for you to tell me what you want me to know.

With your permission, we will tape our talk. I will store the tape in a locked cabinet in the College of Education at The University of Tennessee. When it has been transcribed, I will check the paper to be sure there is nothing that identifies you personally. All transcripts must be anonymous. The transcripts, called protocols, will not have names or any other information that would identify the people in the study.

When the protocol is typed and checked, I will erase the tape. The protocols will be presented to the members of my committee and to a research group. My research group has several professors and graduate students from different disciplines. We all sign confidentiality forms. If you decide you do not want me to include your information in my dissertation, it will not be included. If you decide you wish to stop at any time, you can.

If you have any questions, you may contact me at (423) 974-8799.

APPENDIX B: Informed Consent
Signature Page

Diane Joines
PO Box 1193
Talbott, TN 37877

Dr. Robert Kronick
CA125 Claxton Addition
The University of Tennessee
Knoxville, TN 37996-3400
(423) 974-8799

I understand that this research is being conducted by Diane L. Joines and Dr. Robert Kronick of the Department of Counseling, Deafness, and Human Services. I have read the description of the project and I understand the purpose. I understand that I am being asked to participate in an interview that will be recorded and transcribed. I know that I am volunteering. I know that I can stop participating at any time with no problem.

Signature

Date

Printed Name

APPENDIX C: Confidentiality Statement

RESEARCH TEAM MEMBER'S PLEDGE OF CONFIDENTIALITY

As a member of this project's research team, I understand that I will be reading transcriptions of confidential interviews. The information in these transcriptions has been revealed by research participants who participated in this project on good faith that their interviews would remain strictly confidential. I understand that I have a responsibility to honor this confidentiality agreement. I hereby agree not to share any information in these transcriptions with anyone except the primary researcher of this project, her doctoral chair, or other members of this research team. Any violation of this agreement would constitute a serious breach of ethical standards, and I pledge not to do so.

Research Team Member

Date

APPENDIX D: Demographic Data Form

Diane Joines
College of Education
The University of Tennessee Knoxville

Questions

1. How old is your child currently?_____
2. Is your child in day care or school?_____
3. Do you work?_____
4. Do you go to school?_____
5. Have you attended a post-secondary school since high school?____
6. What is your marital status?_____
7. Do you have more than one child?_____
8. If so, how old is your second child?_____
9. Do you live with your parents?_____
10. Does your child (children) live with you?_____

VITA

Diane Dungan Long Joines was born March 17, 1946. A native Knoxvillean, she attended grammar school, middle school, and high school in Knoxville. She continued her education at The University of Tennessee and graduated with honors in 1968.

After teaching Spanish and English at both middle and high school levels, along with adult classes in Spanish at a military installation, she returned to study counseling at The University of Tennessee. She earned her masters degree in counseling and continued graduate studies before returning to the work force.

After 18 years in the field as a high school counselor, she returned to The University of Tennessee to earn her EdD. She currently resides in Knoxville.