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Dedication

I have focused my professional life working with families, specifically during pregnancy, childbirth, and childrearing. I dedicate this dissertation to my family: parents, sisters, husband, daughters, and all the families who have been a part of my life.
Acknowledgements

I would like to express my gratitude to all those who have contributed to my research and dissertation. Rosanne C. Harrigan, EdD, has been my professor, mentor, and served as chairperson for this dissertation committee. She provided research expertise, support, and guidance during the journey to complete my dissertation. The members of my dissertation committee, Mary Jane Amundson, PhD, Jillian Inouye, PhD, Barbara Molina Kooker, DrPH, and Joanne E. Cooper, PhD, provided their guidance and support. I would like to acknowledge Karen Tessier, PhD(c) for her role as peer debriefer and Kathleen May, DNSc, my external auditor. Finally, I am especially grateful for the mother’s who allowed me to become involved in their lives and conduct this research during a challenging time for their family.
ABSTRACT

Adolescent pregnancy and birth rates in the United States continue to decline, however, approximately four in ten adolescent girls become pregnant before they reach 20 years old (Kirby, 2001). There is a paucity of research on the perceptions of mothers and how they relate to their young pregnant adolescents (15 years old and younger) during pregnancy. This study describes the attitudes, values, beliefs, and cultural meaning from the mothers’ perspective of the relationship with their pregnant daughters.

A descriptive design and naturalistic approach (Lincoln & Guba, 1985) was taken to allow the researcher to learn from people rather than to simply study them (Spradley, 1979). Audio taped interviews were conducted using a semi-structured interview guide. A non-random, purposive, convenience sample of five mothers of pregnant adolescents (ages 13 to 15) were recruited and interviewed when their daughters were 30 to 35 weeks gestation.

Three cultural themes emerged from the analysis: (1) mothers’ relationship with their young pregnant adolescent daughter although somewhat conflicted prior to pregnancy, draws them closer together as the pregnancy progresses focusing on caring for and meeting the needs of the pregnancy; (2) reactions of mothers to finding out about the pregnancy have qualities similar to the process of grief/loss; and (3) mothers’ advice to parents of preteens/young teens is to keep communication open and teach about sex and birth control, however, if the teen becomes pregnant, be there for her.

This study confirms previous literature and research about the relationship of mothers and daughters and adds groundbreaking new information about how mothers
relate to their young pregnant adolescents during pregnancy. This study adds to nursing science insight into changes in the mother-daughter relationship caused by pregnancy and related issues of parenting a pregnant adolescent. The notion that the mother needs to continue parenting her daughter while she is pregnant is important.

Further research needs to be done to explore the needs of mothers of young pregnant adolescent daughters. The risk status of mothers needs to be addressed, practice approaches need to be generated and developmental programs for mothers at risk may need to be created and tested.
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CHAPTER 1

INTRODUCTION

Chapter one describes the purpose and background of the study, provides a statement of the problem and its significance, articulates the conceptualization of the study and research question.

Purpose of the Study

The purpose of this study is to describe the attitudes, values, beliefs and cultural meaning from the mothers’ perspective of how they relate to their young (15 years old and younger) pregnant adolescent daughters.

Background

Adolescence is a challenging time. For the adolescent girl, it is a time where she begins to develop self-identity and independence. Her body is changing and developing into that of a woman. Pubertal changes begin as early as eight years old (Kipke, 1999). Changes in physical, psychological, social, and cognitive development occur simultaneously. These changes affect her body image, attitude and responses.

The mother observes her young daughter as she changes and grows. Mood swings, attitude changes, and habits arise that the mother may not like or understand. Stressors at this period of development cause the adolescent to develop either adaptive or maladaptive behaviors. Young adolescent girls may begin to participate in behaviors or activities that place them at risk for pregnancy. When a young adolescent becomes pregnant and decides to deliver the baby, her mother is faced with new challenges.

How do mothers perceive this time of adolescence? How do mothers relate to their
young pregnant adolescent daughters? How do they feel about their interactions with them? Is communication from the mother important? The perspective of mothers and how they relate to their young pregnant adolescent daughters is the subject of this study.

Statement of the Problem

The mother-daughter relationship, although changing from its expression earlier in a child’s life, maintains its importance as the adolescent makes her journey into womanhood. As puberty signals the transition to adulthood, young adolescents may be participating in behaviors that put them at risk to become pregnant at an early age. As this journey unfolds, the mother finds herself in a challenging new role, parenting a young pregnant adolescent. This new stress causes the relationship between mother and daughter to evolve and change. Little is known about this evolving relationship. The focus for this research is to describe the attitudes, values, beliefs, and cultural meaning from the mothers’ perspective of their relationship with their young pregnant adolescent daughters.

Adolescent Pregnancy Statistics

Adolescent pregnancy and birth rates continue to be a concern in the United States. The teenage birth rate began a long-term decline in the late 1950’s but experienced a sharp increase ending in 1991. It has decreased steadily, to an all-time lowest level. Although birth rates are declining, about four in ten adolescent girls become pregnant at least once before turning twenty years old, resulting in approximately 900,000 teen pregnancies per year (Kirby, 2001). In the United States 8,561 girls age ten to fourteen years old gave birth in 2000, a birth rate of 0.9 per 1,000 (Ventura, Mathews, & Hamilton, 2001). By 2003, the number of births to this age group had decreased to 6,661
(0.6 per 1,000), a one third decline in the birth rate (Martin et al., 2005). In 1999, the Hawai’i State Department of Health (n.d.a) reported 597 live births to adolescents under the age of 18 (3.5% of total births) including 87 live births to teens 15 years old and younger. The number of live births to adolescents under 18 years old decreased to 457 (2.5% of total births) in 2004 (Hawai’i State Department of Health, n.d.b) and births to teens 15 years and younger at 75 (Hawai’i State Department of Health, 2005). This continuing decline in teen birth rates is encouraging; however, trends in data from 1990–2002 show that young pregnant teens may not receive timely prenatal care, are more likely to deliver prematurely, have a low birthweight infant, and the mortality rate was two to three times higher than for infants of mothers twenty to forty-four years old (Menacker, Martin, MacDorman, & Ventura, 2004).

Adolescent Development

Early adolescence is considered the time period between eleven and fourteen years old, but may begin as early as ten. During early adolescence, the teen still sees authority in her parents, usually relying on her mother for advice (Resnick et al., 1997). The young adolescent perceives an external locus of control and that her parents control her future. Adolescence is described through a series of developmental tasks. They include (1) achievement of a stable identity, (2) body image, (3) sexuality, (4) personal value system, (5) vocation/career, and finally (6) independence from parents (Mercer, 1990).

Cognitive development and developmental tasks of adolescence provide insight to the period of early adolescence. Adolescents develop the ability to think logically, work with abstract ideas, and speculate. They are capable of complex reasoning and moral
judgment (Kipke, 1999). However, most of these young adolescents are not able to conceptualize how information applies to them and how they can use this information to plan for the future.

*Risk Factors that may lead to Adolescent Pregnancy*

Kirby (2001) published a comprehensive report of research findings on programs to reduce teen pregnancy. An extensive review of published literature on the antecedents of adolescent sexual behavior that increased chances of sexual risk-taking and pregnancy was included in this report. Kirby identifies the following risk factors as important antecedents of adolescent sexual behavior:

1. Community factors: disorganization with high unemployment rates and high crime rates;
2. Family factors: changes in parental marital status, mother’s and/or older sibling’s early age at first sexual experience and first birth;
3. Peer factors: peer substance use, delinquent and non-normative behavior, and sexually active peers;
4. Teen factors: smoking, alcohol, or drug use; problem behavior or delinquency; high levels of stress, depression, or suicide ideation; early and frequent dating, going steady, greater number of romantic partners, having a partner three or more years older; and history of prior sexual coercion or abuse. (p. 27)

To summarize, adolescents are influenced by their environment, community, family, and peers. Many of the risk factors identified by Kirby (2001) involve a degree of disadvantage or dysfunction which may lead to engaging in unprotected sexual activity
and result in pregnancy.

Adolescent Pregnancy

The early adolescent (age 11 to 15) is at the beginning stage of achievement of her identity and may be confused regarding identity formation (Drake, 1996). She is struggling with changes in body image and may feel self-conscious. She may test her boundaries with authority figures (such as her parents) to exert control. Relationships may be short-term, especially with the father of the baby. The adolescent is highly dependent upon her parents at this time and has not made future oriented decisions.

Rubin (1984) describes four developmental tasks of pregnancy and related how the pregnant adolescent achieves these tasks. The developmental tasks of pregnancy are (1) seeking safe passage, (2) acceptance of the pregnancy by self and others, (3) acceptance of the reality of the unborn child, and (4) acceptance of the reality of parenthood. Seeking safe passage for the early adolescent may be difficult to accomplish as she may be in denial regarding the pregnancy. She may not be able to accept the pregnancy or the reality that she is carrying a child. Furthermore, she is not emotionally ready to assume the role of parent; therefore, acceptance of the reality of parenthood is not met. Young pregnant adolescents need to be provided with adequate support based on their developmental level.

Mothers of Adolescents

The mothers of adolescents go through a change of their own. Midlife is characterized by a change in self-concept and social roles (Koski & Steinberg, 1990). Midlife concerns provide an opportunity for mothers to evaluate their life and current
identity. According to research conducted by Silverberg and Steinberg (1990) mothers of early maturing girls reported more intense midlife identity concerns.

At the same time the mother is experiencing this midlife challenge, the developing adolescent is dealing with issues of autonomy, physical changes, and new emotions. It is important for the adolescent to reach and achieve a sense of self. Identity formation for the adolescent is a process founded on evolving relationships among parents and peers (Weinmann & Newcombe, 1990). Relationships go through significant change during adolescence resulting in a renegotiation of parent-child roles and expectations (Paikoff & Brooks-Gunn, 1991).

Significance of the Study

This study is important because it provides an opportunity to obtain information about the relationship between the mother and teenage daughter who has participated in a behavior that resulted in pregnancy. Information about how the mother describes feelings and interactions with a pregnant teenage daughter from the mother's perspective is the focus. This study will provide information from the mothers' viewpoint that assists in understanding their relationship with their young pregnant adolescent daughter. This study adds to nursing science insight into changes in the mother-daughter relationship caused by the pregnancy and related issues of parenting a pregnant adolescent. No research has been done that addresses this issue.

Conceptualization of the Study

The conceptual orientation for this study consists of the concepts of culture and the relationship between a mother and a young pregnant adolescent daughter. Culture is the
perceived knowledge that mothers use to interpret their experience and generate their attitudes, values and beliefs. These concepts serve as the foundation for this study.

Culture consists of the ideas, beliefs, and knowledge that distinguish a group of people as they live their lives (Fetterman, 1998). Although behavior is not included in the definition of culture, it is an integral component. For the purpose of this study, culture encompasses being a mother and the transition to being the mother of a young pregnant adolescent. Cultural interpretation involves the ability to describe what the researcher has observed and heard into themes that reflects the values, beliefs and attitudes of the mothers’ in this study.

The relationship between a mother and adolescent daughter is an important concept. Shared identity and mutual influence are evidence of the dynamic identification process of a mother-daughter relationship (Boyd, 1990). In this study, the mothers’ perspective of how they relate to their young (15 years old and younger) pregnant adolescent daughters is explored.

Research Question

The research is guided by the question: “What is the relationship between a mother and a young pregnant adolescent daughter?”
CHAPTER 2

REVIEW OF THE LITERATURE

Chapter two presents a review of the literature. This comprehensive search of the literature was conducted using the key words “pregnant adolescent”, “mother of adolescent”, “parenting adolescents”, “mother's perceptions” and “mother-daughter relationships”. Databases used for this analysis included: CINAHL (Cumulative Index to Nursing and Allied Health Literature), PubMed, Medline, and the Humanities and Social Sciences Index for the years 1990 through 2005. Over 250 articles were reviewed.

Analysis of the Literature

The literature reveals that investigators have conducted numerous data-based studies on adolescents with risk behavior problems (Anderson, 1996; Ardelt & Day, 2002; Chen, Greenberger, Lester, Dong, & Guo, 1998; DiClemente et al., 2001; Ferrari & Olivette, 1993; Forehand, Miller, Dutra, & Chance, 1997; Jory, Xia, Freeborn, & Greer, 1997; Marta, 1997; Peterson, 1994; Rolison & Scherman, 2002; and Yancey, Siegel, & McDaniel, 2002). The issue of sexual debut and parental influence and communication about sexual behaviors is also found in the literature (Blake, Simkin, Ledsky, Perkins, & Calabrese, 2001; Doswell, Kim, Braxter, Taylor, Kitutu, & Hsu, 2003; Hutchinson, 2002; Jaecard, Dittus, & Gordon, 2000; McNeely, et al., 2002; Mesche, Bartholomae, & Zentall, 2000; O’Sullivan, Meyer-Bahlburg, & Watkins, 2001; Philliber, 2003; Sieving, McNeely, & Blum, 2000; Taris & Semin, 1997; Whitbeck, Conger, & Kao, 1993; and Yowell, 1997).

Pridham (1993) studied maternal views of early parenting experiences, and Dallas
Chen (1999) conducted a focus group for mothers of adolescent fathers to describe their view of adolescent fatherhood. Based on this information, much of what is known about adolescence is founded in behavior problems, sexual initiation, and mothers' perceptions of early child rearing issues and fatherhood.

Of the studies retrieved, only three focus on the experience and perceptions of mothers parenting an adolescent. Of these studies, one explores and describes the relationships between African American adolescent mothers and their mothers (Paskiewicz, 2001). Another study addresses mothers’ perceptions of what is important to them about parenting (Riesch, Coleman, Glowacki, & Konings, 1997). The last study addresses the experience of parenting their adolescents by Jordanian immigrant women living in California (Hattar-Pollara & Meleis, 1995). In addition, one unpublished study (Richardson, 2000) addresses the perspective of mothers and how they relate to their teenage daughters. All four of these studies are qualitative and focus on mothers’ perceptions of parenting.

*Experience of Adolescent Mothering and Grandmothering*

The research conducted by Paskiewicz (2001) provides insight into the relationship of 15 low-income, African American parenting teens (age 19 and younger) and their mothers. Separate semi-structured interviews were conducted with each adolescent and her mother when the baby was 12 months old. Four major themes emerged from the data, two symbolic themes, communication between mother and daughter and role change, and two dominant interactive themes, conflict and social isolation. The researcher reports these findings support earlier research findings that maternal support assists the teen


mother assume the mothering role.

Mother-Daughter Relationships

The mini-ethnography designed by Richardson (2000) was a pilot study to provide insight into how mothers relate to their teenage daughters. Interviews were conducted with two mothers of teenage daughters (15 and 16 years old). Four domains were discovered: Process (interaction between mother and daughter), Relationship (pattern of bonding), Strategies (ways of communicating), and Perspectives (gaining understanding and insight). Two cultural themes emerged. The first cultural theme was that communication between a mother and adolescent daughter depends upon circumstances that occur prior to the interaction as well as temperament, mood, and attitude of the mother and adolescent. The second theme was that being the mother of an adolescent daughter is challenging, with both positive and negative aspects, but is time limited and will eventually resolve if lines of communication remain open.

Understanding the Importance about Themselves and Parenting

The research conducted by Riesch et al. (1997) is directed at understanding the perceptions of parenting that are important to mothers of young adolescents (ages 11 to 14). A content analysis of written statements from 538 mothers revealed six themes: (1) differences between ideals and practices, (2) guiding principles, (3) mothers with self-doubt, (4) parenting styles, (5) stressors, and (6) communications. The investigators validated the findings of their research within the context of existing knowledge. The investigators note that this is the first known study to document what is important to them and parenting, from the mothers' perspective.
Maternal Parenting Role

Hattar-Pollara and Meleis (1995) focused their research on the maternal parenting role of thirty Jordanian immigrant women living in the United States. The four themes that emerged from the analysis were: (1) mothering through nurturing the adolescents and promoting cultural identity, (2) disciplining for cultural adherence, (3) advocacy and mediation, and (4) vigilant parenting. Because this study focuses on a specific ethnic group, the findings represent only the perceptions of Jordanian mothers. The investigators report that these mothers continuously attempted to balance the need to maintain their ethnic identity and the need to become integrated into the community in which they currently reside.

Riesch (1997) conducted a comprehensive literature review of parent-adolescent communication. The findings confirm that communication between parent and adolescent are important. Two factors influence communication, developmental tasks and family variables (inter-parental relationship, parenting styles, and gender). Parents and adolescents have conflicts and disagreements with certain topics that stimulate conflict more often than others. Finally, Riesch states that nursing research to date “has not contributed in a significant manner to generating theory or knowledge of parent and adolescent communication” (p. 124).

A search of the literature from 1990 through 2005 yielded over 250 data-based studies, however many focus on either behavior problems or early parenting experiences of teens. Of the four studies that focused on mothers’ perceptions, two addressed mothers’ perceptions of interactions with their adolescent daughter. No published
research studies were found that examine the mothers' perceptions of how they relate to their young pregnant adolescent daughters while they are pregnant.
CHAPTER 3
METHOD

Chapter three presents the methodology for conducting this study. This chapter includes the sample and setting, protection of human subjects, instrument and procedure for data collection, data analysis and management, and procedures for establishing trustworthiness of the study.

Research Design

This study used a descriptive design and naturalistic approach (Lincoln & Guba, 1985) for the research. Ethnography allows the researcher to learn from people rather than to simply study them (Spradley, 1979). This approach provides an opportunity for the researcher to describe behavioral patterns of individuals within a particular culture (Roper & Shapira, 2000). For this study, the ethnographic approach allowed the researcher to learn about mothers’ attitudes, values, and beliefs about how they relate to their young teenage daughters who are pregnant.

The design was implemented by the researcher. She has a Master of Science in Nursing (maternal-newborn focus), a Master in Public Health (Maternal/Child), and thirty years of experience working with mothers, children, and infants. She is certified by the American Nurses Credentialing Center as a Perinatal Nurse. In addition, she is married and has raised two daughters.

Sample and Setting

A non-random, purposive, convenience sample of mothers of young pregnant adolescent females was recruited for this study. Inclusion criteria were as follows:
(1) English speaking; (2) mother of pregnant adolescent of 15 years old or younger (at time of conception); (3) pregnancy is in the third trimester or at least 24 weeks gestation (on date of interview); and (4) willingness and ability to articulate the experience of being the mother of a young pregnant adolescent daughter. The 24th week of pregnancy (end of the second trimester) was selected as a criterion because by this point in the pregnancy, the adolescent has made a choice to complete the pregnancy rather than terminate it.

Participants for the sample were recruited through OB/GYN physicians, nurse practitioners, clinics that serve the pregnant adolescent population and high schools with alternative programs for pregnant teens. No specific sample size was determined prior to beginning the study, and recruitment of participants continued until thematic saturation occurred. Recruitment began in July 2003 and continued through October 2005. Recruitment of participants (N=5) ceased when it was determined that thematic saturation and redundancy of categories was reached during analysis.

The setting for data collection took place in private locations where participants felt comfortable meeting and where they believed the conversation would be confidential and not overheard by others. The actual site was selected by the participant. Two were conducted in the participant’s home, one in a private room, at a park, and in a workplace office.

Protection of Human Subjects

The study was submitted to the University of Hawai‘i Human Subjects Committee for review and was given Exemption Status (Appendix A) prior to the start of research. Informed consent and permission to audiotape each interview was obtained verbally and
in writing using the approved Agreement to Participate form. Each participant was given a copy of the Agreement to Participate. Anonymity was assured as data were coded by number and pseudonyms substituted for the real names of the participants. The transcripts, field notes, and audio tapes were placed in a secure and locked location.

Each participant was informed prior to the interview that she may refuse to answer a question or may terminate the interview at any time. During the interview, by observing behavior, facial expressions, and verbal cues, each participant was monitored for signs indicating discomfort with an interview question or topic being discussed. At no time did it appear that any of the participants became upset, and responses to all questions were made. The participants were given the researcher's phone number and asked to call if they had any questions or concerns about the study after the interview. None of the participants contacted the researcher after the interview to ask questions or request being dropped from the study.

Instrument

There were two sections to the researcher-constructed instrument. The first part included demographic information (Appendix B): age, marital status, ethnicity, education, age of pregnant daughter, number of weeks gestation at time mother was told about pregnancy, and estimated date of delivery. The second part consisted of a researcher-constructed semi-structured interview guide (Appendix C). This guide included eight interview questions and clarifying questions, if needed, to elicit information from the participants. The interview questions were used to provide structure to guide the interview process, however, after the first 3 interviews, not all questions were asked in
order, and some were not asked at all if the participant provided the data while at an earlier part of the interview. At the completion of each interview, some of the questions were reviewed for clarification and the participant was asked if she wanted to provide additional information.

Procedure

The researcher contacted participants at least three times. The initial contact occurred when the participant either called the researcher or agreed to have the researcher contact her. After determining eligibility to participate, the study was explained, and a date for the interview was set.

The researcher took steps to maintain objectivity by identifying personal biases and opinion. Because the researcher participates in the research, it is necessary to identify “personal, cultural, and professional belief systems before entering the field site” (Roper & Shapira, 2000, p. 116). Preconceived ideas were identified and documented in the researcher’s journal notes using bracketing prior to conducting the interviews.

The second contact occurred at the time of the scheduled interview. The study was again explained and the participant read and signed the Agreement to Participate. A copy was given to the participant for her records, as well as the researcher’s business card for future contact. Formal interviews were conducted to provide insight into participants’ thoughts about their relationships with their young pregnant adolescent daughters. Each interview was audio taped using a microcassette recorder and digital voice recorder. The researcher decided to use two audio recorders to assure high quality recordings and provide back-up if one failed to perform. This proved to be helpful because during two of
the interviews, there was ambient background noise making it difficult to hear what was said when transcribing, and at one interview the tape ran out before the researcher realized it needed to be turned over.

The interview was the only time the participant and researcher met together in person. During this meeting, the researcher used the process of observation and perceptively gathered information. Occasional notes were taken which were used to supplement observations and were written as field notes. Notes were actively taken during the beginning of the first interview; however, it seemed to distract the participant and was discontinued as the interview progressed. This method of taking few notes during the interview, and writing field notes immediately following the interview was done with the remainder of the interviews. Field notes contained the researcher's impressions of the interview, the setting, and other details that appeared to have significance to the study.

Following each interview, the researcher listened to the audio tape at least twice and within a month after the interview attempted to contact each participant by phone to ask if she wanted to include additional information. Messages were left for all participants asking each to return the phone call if they had additional information. None of the participants responded to these phone messages.

The audio tape recordings were transcribed verbatim and reviewed for accuracy by the researcher. After transcription of the first interview, data analysis began. The process of data analysis starts as the first data is obtained and continues to emerge with successive data collection and analysis (Lincoln & Guba, 1985). Interviews were analyzed in the
order of when they were conducted. Field notes were transcribed and used as supplemental data to support the results of the analysis.

A final contact with participants took place over the phone. All five were contacted; however one participant did not return the phone call. Four of the five participants provided feedback and confirmation that the researcher's interpretations accurately represent the responses and thoughts of the participants. An overview of the categories and themes that emerged was described. The participants who provided feedback confirmed the interpretations are representative of their relationship with their young pregnant teen.

Data Analysis Plan

The process of data analysis suggested by Roper and Shapira (2000) was followed. In order to become fully immersed into the data, the researcher conducted the interviews and listened to the audio tapes numerous times. Interview transcripts and field notes were read and reflected on over time in order to become submerged in the material obtained.

Data were manually sorted and analyzed using the constant comparison method (Dye, Schatz, Rosenberg, & Coleman, 2000; and Strauss & Corbin, 1998). Domains, pattern identification, coding, sorting, generalizing, and memoing were used to move back and forth through the data. Data were reviewed repeatedly for patterns and relationships that occur regularly based upon the research question, "What is the relationship between a mother and a young pregnant adolescent daughter?"

Each interview transcript was formatted with the text in the center of the page and line numbered. The left column was used for coding (domains, patterns, repeated phrases,
and quotes) and the right column for memoing using theoretical notes (insight into what this might mean) and methodological notes (insights and thoughts about what I am doing). Memoing is used as a reflective process as data from one interview is reviewed with all others (Roper & Shapira, 2000). Key words that seemed to represent the domains in the transcripts were underlined. In order to organize and reorganize data, different sized removable notes were used to organize domains, categories and subcategories. Data examples were color coded by participant number and interview line number.

Transcribed field notes were organized with observational notes (insights into what I am seeing) typed in the center using the left and right columns in the same manner as the interview transcripts discussed above. The data were analyzed and used to support the results of the interview analysis.

Throughout the process of abstraction, initial domains were identified, organized, and reorganized. Domains were used to categorize a broad range of phenomena and led to categories and subcategories. To further organize the data, a chart was created listing each domain, category and subcategory with supporting data color coded by participant number and line number. The results were reviewed and reflected upon to confirm the relationship between the codes, patterns and emerging themes.

The final level of analysis was the identification of cultural themes. Cultural themes are principles which reoccur in a number of domains and serve to provide cultural meaning (Spradley, 1979). This systematic review allowed for reflexive discovery of cultural themes and insights (emic view) gained as to how mothers relate to their young pregnant adolescent daughters.
During the process of analysis, the researcher met several times with a peer debriefer, a pediatric nurse and PhD candidate who had conducted a qualitative study. Peer debriefing is used to establish credibility and dependability of data analysis. Lincoln & Guba (1985) describe peer debriefing as having four general purposes: (1) "the process helps keep the inquirer ‘honest’. . . . biases are probed, meanings explored, the basis of interpretations clarified". . . . (2) "provides an opportunity to test working hypothesis that may be emerging". . . . (3) "Provides the opportunity to develop and initially test next steps in emerging methodological design". . . . (4) "provide the inquirer an opportunity for catharsis, thereby clearing the mind of emotions and feelings that may be clouding good judgment or preventing emergence of sensible next steps" (p. 308). In addition, the peer debriefer coded some of the data with the researcher. This established dependability in the data coding. The peer debriefer also assisted the researcher in validating themes identified in the transcripts. Meetings were also held with the chair of the committee at least every other week during the process of analysis to discuss domain, category, and theme clarification as major themes emerged.

The process of interviewing was stopped when saturation of data occurred. After analyzing three interviews, no new categories were identified and it appeared that saturation had occurred. This was confirmed when data from two successive interviews revealed no new categories or themes. After consulting with the chair of the committee and peer debriefer, the members of the committee were consulted and agreement was made that the process of interviewing could be stopped.
**Member check.** Member checking summarizes the content of the interview and requests agreement, which may include corrections of data collected and/or additional data (Lincoln & Guba, 1985). The purpose of member checking is to provide the participant opportunities to correct misperceptions or inaccurate interpretations by the researcher.

Member checking was done during data collection at the time of the interview session and at the follow-up phone contact. At the time of the interview, member checks were done to clarify the meaning of responses to the satisfaction of the participant. Each participant was additionally given the opportunity to add or clarify information about a month following the interview. None of the participants provided further information. After data analysis, member checking was used to verify that the identified themes were actually representative of the group of participants. This took place over the phone with four of the five participants who provided feedback and confirmation that the researcher's interpretations accurately represented the responses and thoughts of the participants.

**External audit.** An external audit provides assurance that both dependability and confirmability are met (Lincoln & Guba, 1985). An external auditor with experience in qualitative design was selected and hired to perform the audit. The researcher and external auditor maintained contact by phone and e-mail to discuss the research, data collection and analysis. After completion of data analysis, the auditor was given the following: (1) data collection methods and procedures, (2) data analysis plan, (3) interview guide, (4) interview audio tapes, (5) description of the sample, (6) code book which guided data analysis, (7) a typed verbatim transcript copy of each interview,
(8) transcript of field notes with coding noted, (9) journal notes that supported data, and (10) the compiled results of coding. A report of the findings of the external auditor is found in Appendix D.

**Trustworthiness**

The researcher's personal biases and opinion were identified prior to beginning the interview process in order to maintain objectivity. Bracketing was used to identify these preconceived ideas or concepts. This allowed an emic view (insider point of view) to be elicited from participants.

The researcher used four measures to ensure trustworthiness of this research: credibility, dependability, confirmability, and transferability (Lincoln & Guba, 1985). Credibility was established through systematic collection and analysis of the data, followed by member checks. After transcription of the interviews, each participant was contacted to obtain feedback on the results of the analysis. The participants were given the opportunity to review the overall findings and validate them to be representative of their experiences.

The participants were asked to verify the cultural themes derived from their experiences, supporting dependability and confirmability of the analysis. To document dependability confirmability, an audit trail was provided as evidence of the thought process that led to the cultural themes and conclusions. To support dependability and credibility, all materials (transcripts, field notes, and detailed analysis notes) were submitted for audit. Transferability refers to the probability that the findings will be meaningful to others in a similar situation (Lincoln & Guba, 1985).
The purpose of this study is to gain insight into the perspective of how mothers relate to their young pregnant adolescent daughters. Transferability may be addressed as the study findings are read and evaluated to have meaning to other by researchers and mothers of pregnant adolescent daughters.
CHAPTER 4

RESULTS

Chapter four presents the results of this study describing the relationship between mothers' and young pregnant adolescents from the mothers' perspective. This chapter includes the description of the sample and demographics, the domains, categories, and subcategories identified through a thick description of the data, and cultural themes identified in this study.

Description of the Sample and Demographics

Five mothers (N=5) were interviewed for this study. Table 1 contains the mother’s pseudonym, age, daughter’s age at conception, gestational weeks when the mother learned about the pregnancy, and the adolescent’s gestation at the time of the interview.

Table 1

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Daughter’s age</th>
<th>Mother learned about pregnancy</th>
<th>Gestational weeks at interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>37</td>
<td>15</td>
<td>4 weeks</td>
<td>34 weeks</td>
</tr>
<tr>
<td>Mary</td>
<td>41</td>
<td>13</td>
<td>20 weeks</td>
<td>35 weeks</td>
</tr>
<tr>
<td>Grace</td>
<td>42</td>
<td>14</td>
<td>20 weeks</td>
<td>30 weeks</td>
</tr>
<tr>
<td>Anne</td>
<td>42</td>
<td>15</td>
<td>8 weeks</td>
<td>34 weeks</td>
</tr>
<tr>
<td>Kim</td>
<td>46</td>
<td>15</td>
<td>8 weeks</td>
<td>31 weeks</td>
</tr>
</tbody>
</table>
The mothers ranged in age from 37 to 46 years old. The age range of the pregnant adolescents was 13 to 15 years old (at time of conception). During the pregnancy, three of the adolescents celebrated a birthday, but were at least 30 weeks gestation at that time.

Finding out about the pregnancy occurred over a broad range of time. One teen told her mother when she first suspected she was pregnant around her first missed period (4 weeks). Two other mothers suspected pregnancy at around 8 weeks (2 months), and the two mothers of the youngest teens (age 13 and 14) did not learn about the pregnancy until 20 weeks (5 months) gestation. At the time of the interview, all teens were in their third trimester of pregnancy and between 30 and 35 weeks gestation.

Other information shared by the participants includes ethnicity, marital status, and educational level. Three of the participants reported their ethnicity as part Hawai’ian, one as Caucasian, and one as Asian. All five participants completed high school. Three mothers are married, one is separated, and one is divorced. None of the pregnant adolescent daughters are married, and all five are currently enrolled in school (1 in eighth grade, 2 in ninth grade, 1 in tenth grade, and 1 in eleventh grade). Four of the participants have other daughters at home. One mother, Anne, has experience with teen pregnancy as her 17 year old daughter has a 15 month old and 3 month old baby.

During the interview process, all participants voluntarily shared information about their work status, family support system, and involvement of the daughter’s boyfriend during the pregnancy. All five mothers work at least one job and indicate they have adequate family support. Three of the pregnant teens continue to have a relationship with the father of the baby. One teen has a new boyfriend who is not the father of the baby, but
he and his family have become “very attached” according to the participant and look forward to being involved after the baby is born. The father of the youngest teen is not currently involved, but has asked if he can see the baby after birth.

Domains and Categories

The results of this data analysis answered the research question, “What is the relationship between a mother and a young pregnant adolescent daughter?” The data were organized into basic domains for pattern identification, coding, sorting, and generalizing. Data were reviewed repeatedly for patterns and four domains are discovered in this study: Relationship (pattern of response and interaction), Process (change or transition), Perspectives (gaining understanding or insight), and Strategies (ways to meet goals).

Following are the domains, categories, and subcategories.

Relationship: Pattern of Response and Interaction

The categories identified in the domain Relationship: Pattern of response and interaction were: conflicted relationship prior to pregnancy, finding out about the pregnancy, and allowing regression (Appendix E).

Conflicted relationship prior to pregnancy. This category, conflicted relationship prior to pregnancy, was described by all the participants. They shared that their adolescent daughter wanted to be independent and when limits were set regarding activities conflict occurred. Grace describes her daughter as a “typical teenager, never listens, cuts from school, needs to be told what to do all the time.” Grace describes their relationship as turbulent, “Ya know, with the teenager, she’d get angry, we’d get angry and she’d just go in her room.” Mary says, “she was little bit hot head...like she always want[s] to go with
her friends and stuff...I stopped her and then I would take her myself...sometimes she wouldn’t come home.” Kim thinks her daughter was not telling her the truth when she asked about her after school activities. Anne felt she had no control over her daughter’s activities, “Like, I wish they wouldn’t have sex at a young age, but nowadays, you know, kids are gonna do it whether you say no [or not].” All five of the participants stated there was conflict in their relationship with their daughter prior to pregnancy.

Finding out about the pregnancy. This category, finding out about the pregnancy, includes three subcategories: initial reaction, questioning her observations, and dealing with the situation.

When asked about the initial reaction to finding out her daughter was pregnant, all but one mother had the same reaction – shock, anger, disappointment, and sadness. Both Mary and Grace learned about the pregnancy late (at 5 months) and stated they “had no idea” she was pregnant. Jane found it difficult to relate to her daughter after learning about the pregnancy and responded, “Oh, I didn’t speak to her for the first couple of weeks ‘cause all I wanted to say was mean and nasty things to her and so we didn’t talk.” Kim told her daughter, “I’m hurt, but the hurt that I’m feeling right now is you didn’t come to me and tell me about it.” Four of the five participants expressed their initial reaction to the pregnancy was shock, anger, disappointment, and sadness. Anne, because she had previous experience with teenage pregnancy, reacted differently.

The subcategory, questioning her observations, was evident with three of the participants. Questioning their observations occurred in two areas, observations related to having a boyfriend and identifying they did not notice signs of pregnancy. Grace said,
“Yea, I just didn’t pick up on that…and I really tried to pay attention. We really tried to pay attention to her because ya know, she was the rascal one out of the three [kids].” Mary stated she didn’t know her daughter had a boyfriend and never suspected she had engaged in sex. She shared her dismay, “So, I can’t really tell [she was pregnant] until after I found out when she was like five months, that’s when her stomach started to grow.” Despite attempting to monitor their daughter’s relationships and activities, two participants did not know she had a boyfriend or that she was engaging in sexual activities. Once they learned about the pregnancy, they questioned their ability to notice signs of pregnancy.

The last subcategory, dealing with the situation, provides insight into how the participants dealt with their reactions to the pregnancy. Mary shared that she had not discussed birth control with her thirteen year old daughter because “I didn’t want her to think ‘it’s okay’ [to be sexually active]” and said that since learning about the pregnancy at 5 months, “it’s a hard situation” for both of them. Grace expressed, “It’s hard because she is the baby…our baby is having a baby.” Anne, on the other hand, was the only mother who stated she was “happy before it [pregnancy] happened.” She describes the reaction she gets from others, “I’m like excited for my baby who’s like 15 years and having a baby and they’re like, ‘she’s only 15!’” Anne finds herself dealing with other people’s reactions which cause her to be upset. All participants stated they found it difficult to deal with the pregnancy.

*Allowing regression.* This category, allowing regression, has two subcategories: enable dependency and reduced expectations. Three of the participants brought up
responses that show they allow their daughters to regress from their pre-pregnancy independence. Mary works at night and sleeps during the day. She states, “She used to sleep in her own room, but now that she’s pregnant, she’s with me all day, and then she sleeps with me all day in bed and yea, she’s constantly there. I think she’s like probably a little bit afraid.” Grace states that after her daughter gets home from school, “…she’ll call me every day, almost every hour until I get home from work since we found out that she’s been pregnant.” Jane finds herself responding to her daughter’s request, “Mommy, my back is sore, can you rub it? Mom, my nose is itchy, can you scratch it?” Three of the participants indicate their daughters show signs of regression in their behavior; whereas they were independent prior to pregnancy, now have become more dependent upon their mother as the pregnancy progresses.

Reducing expectations is the second subcategory for the category allowing regression. When Grace asks her daughter to complete an expected household task, “did you take care of that?” The response she gets is, “Oh, I’m gonna do it.” Grace then asks, “Do you want me to do it?” indicating she has lowered her expectations about when tasks are completed and intends to complete the task herself. Anne wants her daughter to live at home during pregnancy and after birth so her daughter doesn’t have to do anything but care for the baby. Normal household tasks and expectations are reduced due to the pregnancy.

*Process: Change or Transition*

The categories in the domain Process: Change or transition were: change in the relationship, parenting issues, caregiver, and expectations about school (Appendix F).
Change in the relationship. This category, change in the relationship, has three subcategories: closer as pregnancy progressed, talk to each other more, and opening up to each other. For all participants, the relationship improved as the pregnancy progressed. Grace expressed this as affecting the entire family, “Our relationship’s better than it’s ever been. Really. I think we’ve all grown. Our entire household has grown because of this.”

All participants said they talk to their daughters more. Mary comments that before the pregnancy, they “could talk to each other, but I kinda see the change that’s why [we talk more] now.” Grace summarized the change this way, “We talk, but after we found out [about the pregnancy] the relationship’s a hundred percent times better.” She later emphasized, “We’re more patient with her ‘cause, ya know, we can actually sit and we can talk without yelling at her....We’ll sit down, we’ll talk about it. I think things are more open, more open. Doors open all the time. We make sure of it, ya know, we keep that door open.”

Opening up to each other occurred as participants began to see the line of communication open and developed a ‘give and take’ response. Jane gave an example of when her daughter stopped talking to her because of a misunderstanding. Jane decided that “instead of reacting to it, I just let her not talk to me.” She said it took a few weeks, but her daughter came to her one day and said, “I forgive you.” She feels that because she did not react and allowed her daughter time to work through the issue, they “moved past it.” Grace says that they are much more open about both past and present concerns, “now she tells us everything...anything. What she did, if she had cut out from school, things
like that. All these little secrets are coming out. Which is pretty neat...she can share all that now.” Kim explained how her daughter finally opened up and talked openly about how she planned the opportunity to engage sexual activities. For all five participants, the relationship with their daughters has become closer as the pregnancy progresses; they talk to each other more, and opened up to each other.

**Parenting issues.** This category, parenting issues, also includes three subcategories: take over, expect daughter to grow up, and dealing with moods. Taking over includes making decisions about who is going to take care of the needs of the pregnant daughter and baby, as well as changing their lives to accommodate the pregnancy. Anne states that from her experience she sees “most grandparents end up taking responsibility and start taking care of the kids [grandchild], so the kid can be a kid again.” All the participants stated that they took responsibility for making sure their daughter thought about all the issues related to pregnancy and care of the baby. One family decided to adopt the baby, and mom will change her work schedule to accommodate baby care. Another participant goes to all doctor appointments because she feels the doctor is not answering questions or talking to her daughter because she is so young.

These mothers expect their daughters to grow up and take responsibility for their actions. When Jane learned her daughter wanted to keep the baby she said, “Well, you wanna make a grown up decision, you be a grown up. You’ll figure out what you need to do about school. You figure out how you’re gonna get medical for the baby ‘cause you’re covered under my medical, but the baby won’t be...you go get assistance with baby food and all that stuff.” Later when her daughter complained about the aches and pains of
pregnancy, she said, “Hey, don’t look at me, I didn’t get you pregnant.” Grace says, “We try to remind her that, ya know, she’s an adult, she’s gonna be a mom. So you can see her change and be more responsible, more aware.” She shared that prior to pregnancy, she had started her daughter on the birth control pills and when she asked “What happened?” she was told, “I missed a few times.” So Grace said, “Well, that’s all it takes, ya know, I told you, you needed to be responsible.” Anne says, “There’s a time when, ya know, you can hold their hand and then there’s sometime ‘you think you can go on your own?’ ‘cause mom gotta go to work, or let me know what I need to do.” She does feel her daughter takes responsibility, and although she doesn’t want her to move away from home, said, “you gotta let your kids grow and if it’s better, best for them, then you gotta let go, but just to let them know, ‘I’m here if you guys need me.’” Kim encourages her daughter, “you gotta keep yourself healthy and you gotta stop being this little teenage girl already. You’re gonna be a mother…act like parents, parents to be.” Kim is taking a proactive approach regarding family planning after the birth. She is already discussing birth control options and encourages her daughter to plan ahead, get on birth control after delivery so a second pregnancy does not occur. She also reminds her daughter that “it’s not gonna be easy [being a parent]. For the rest of your life until that baby’s 18 years old…you’re gonna have to give as much love as you can, like I did with you kids….Don’t turn your back on your kids.”

Dealing with moods involves helping to create a better atmosphere for everyone. Jane says that both she and her daughter are “kinda moody” and that has not changed since the pregnancy. To deal with this, they joke around with each other and try to be
nice. Grace noticed the hormonal changes of pregnancy have affected her daughter’s response to her boyfriend. She says her daughter “gets really grouchy with him, not anybody else, just him. And he cooks for her, ya know, he’ll do her laundry, just things to help her so she doesn’t have to do anything and she forgets to say ‘thank you’…he’s hoping it won’t last through the whole pregnancy…we need to remind her to say “Thank you. I appreciate you”.

Caregiver. The category, caregiver, has three subcategories: keep doctors appointments, learn about pregnancy, and prepare for baby. All these subcategories revolve around being together and doing things together related to the pregnancy. In order to make sure the adolescent keeps her doctor’s appointments, all the participants either provided transportation or arranged for transportation and attended the visits or sent another family member. Kim shared that she contacted her daughter’s boyfriend’s family and explained, “All I need is you guys support ‘cause I can’t be there taking her doctors and stuff to because I work and I work til 5 o’clock. By the time I get off of work I can’t get her to the doctors. So they said, ‘Oh, we can help you with that by taking her doctors appointment.’”

In order to keep updated on what is happening with the pregnancy, the two mothers of the youngest daughters took prenatal classes together. Mary shared, “I kinda just get afraid because, like I heard stories about, ya know, how the cord wrap around the baby’s neck and that’s why we took the stork class too because, ya know, I heard about like the SIDS and stuff and I’ve never heard about all those stuffs before and so I told her it’s been like thirteen, fourteen years since I had her, so, I have to learn all this stuff.” Kim
encouraged her daughter to take a class, but she did not follow through. Two of the mothers did not discuss this option.

Preparing for the baby seems to be the most enjoyable aspect of this category. Jane said she is looking forward to being a grandma, “I get to buy the cute stuff! The parents get to worry about the diapers, the diaper wipes, the milk. I get to buy the toys. So, I’m gonna have fun doing that.” All participants are looking forward to purchasing items for the baby and preparing the room. They want to be involved in raising the baby. Grace said, “We painted her room. My sons painted her room. Dad and my brother, have, ya know, redone her floors, put up wall paper, boarders, put the crib together. All these things that everybody’s helping with or buying to help, ya know, yeah, it’s been fun.”

*Expectations about school.* This category describes the mothers’ expectations about school completion. At the time of the interview all teens were either in school or had a tutor. It is the expectation of the mothers that the daughters will complete school, either by taking the GED (General Education Development) or finishing high school. Two mothers mentioned they expect their daughters to go to college. All mothers are making accommodations to help with baby so this goal can be accomplished. Mary, whose daughter is in eighth grade, picks up the school work once or twice a week to bring home. She says for right now, “I’m just trying to make her pass to ninth [grade].” She expects her daughter will return to regular school after delivery. Jane’s daughter has decided to drop out of school and take the GED, while Kim’s daughter who is the same age is trying to stay in school long enough (before baby is born) to finish her college prep class. Three of the teens are involved in the Graduation, Reality, and Dual Skills (GRADS) program at
their local high school. This program offers classes allowing the teen can continue her high school education and develop parenting skills concurrently. Many of the programs offer child care services at the school site.

*Perspectives: Gaining Understanding or Insight*

The category identified in the domain Perspectives: Gaining understanding or insight is mothers’ adjustment to pregnancy (Appendix G).

*Mothers’ adjustment to pregnancy.* The category, mothers’ adjustment to pregnancy, has four subcategories: adjustment takes time, acknowledgement of deception, acceptance, and change in interaction. Jane said it took time for her to adjust. “I’d say it took a good two weeks before I could sit down and say something nice...and maybe about a month before I could actually do anything without having that [the pregnancy] in the forefront of my mind, ya know, without it pounding at my brain, ‘What am I gonna do?’” She eventually resigned herself to the pregnancy. Mary found adjustment difficult because she learned about the pregnancy late (5 months), and stated, “I guess it’s like if it’s gonna happen, it’s gonna happen.” After the initial shock, Grace reflects, “I think both by husband and I feel real blessed. There’s a reason why the baby’s coming, ya know, and we deserve a blessing.”

Acknowledgement of deception was necessary for three of the participants. They found out they had been deceived because their daughters hid the pregnancy from them. Mary acknowledged that her daughter hid her pregnancy for five months. She found out her daughter was pregnant after an injury at school occurred and x-rays were needed. When asked the routine question about pregnancy, the daughter said, “no”. A week later
when the mom told her more x-rays were needed; she said she wasn't going because she missed her period. Grace did not suspect her daughter was pregnant because she asked every month “Who has their period?” and got a response “it's me” every month from her daughter. Her daughter eventually confided in an older sister and together they told Grace when she was five months pregnant. Grace thought her daughter hid her pregnancy because she was afraid of the response she would get. Kim thought she observed signs of pregnancy in her daughter. When she confronted her, she denied she was pregnant. Kim responded to her daughter saying, “Don’t hide it, ‘cause the more you hide it, the harder it is for you.” Kim believed her daughter did not tell her about the pregnancy because “she felt really scared. She was scared, you know, she thought that I would start shouting.”

Three participants acknowledged their daughter hid the pregnancy from them and none indicated they responded by yelling or shouting.

Acceptance is the third subcategory in this domain. All the participants choose to accept the pregnancy and provide physical, financial, and emotional support to their daughter. Jane decided to be happy and to have fun and states that “things are good.” Grace said, “We’re quite excited. We don’t care what people think. We’re happy.” Anne loves children and stated that she raised her children to love children, so when faced with this pregnancy, she stated, “It’s a blessing...I should not care what other people think.” One participant’s daughter initially decided to have an abortion, however changed her mind. This mother did not want her daughter to have an abortion so she accepted the pregnancy and decided then to do what she could to help her daughter. Kim showed her acceptance by stating, “There’s a lot of teenagers that goes through this and I guess I’m
one of the parents that has to go through it." All five participants have accepted the pregnancy and made plans for the arrival of the baby.

The final subcategory, change in interaction occurred after pregnancy was confirmed. The interactions now focus on the pregnancy and questions related to pregnancy. Jane shared a conversation she had with her daughter. “She’d ask me if it’s supposed to feel like that, and did her back hurt, is her back supposed to hurt? And ‘are all babies wrinkled?’ ‘Am I gonna have an ugly baby?’ I said, ‘No, you’re not!’ She said, ‘But all babies look funky and wrinkled.’ So I showed her, her baby pictures and her sister’s baby pictures and said, ‘see, there were two cute one’s’ and she said, ‘that’s because we’re special’ I’m like, ‘Yeah!’” All participants stated that since learning about the pregnancy, the focus of their interactions is on questions and concerns about the pregnancy.

**Strategies: Ways to Meet Goals**

The categories identified in the domain Strategies: Ways to meet goals were: monitor activities prior to pregnancy, dealing with the pregnancy, unexpected worries, advice to parents of non-pregnant pre-teens, and advice to parents of a pregnant teen (Appendix H).

**Monitor activities prior to pregnancy.** This category, monitor activities prior to pregnancy, includes three subcategories: being involved, keeping track, and taking action. All the participants stated they were involved with their daughter and monitored activities prior to pregnancy. One mom was proud that her daughter played volleyball, which gave her an extracurricular activity after school. Four of the participants discussed sex, using
protection, and different birth control methods with their daughters prior to pregnancy. Kim shared, “I told my daughter, ‘If you guys think that you sexually active, let me know, ya know, ‘cause girls do go through that and if you are sexually active, that’s the best thing to do, is get some contraceptive.’”

Two of the participants developed strategies to keep track of their daughters’ menstrual periods. Grace suspected her daughter was likely to engage in sexual activities. She said, “For some reason I know I need to put her on, so I did, last year, I put her on the pill….If they wanna have sex, they’re gonna go do it. They’ll sneak out. They’ll cut out. They’ll do whatever it takes. So, I, we thought we should, ya know, do something. I mean, ya know, the pill. It seemed like a great idea at the time.” Kim monitored the use of menstrual pad packages to track her daughter’s period and noticed “when the pads didn’t go down” that her daughter missed her period.

Two of the participants took an active role in verifying the pregnancy by requesting a pregnancy test be done. Both mothers had taken their daughter to see the doctor for another reason, but wanted a pregnancy test done before diagnostic tests or medications were given. Mary asked for the test because her daughter needed x-rays repeated and had confided that she missed her period. Kim suspected her daughter was pregnant. She explained to her daughter, “I had a feeling because, ya know, throwing up, morning sickness, you were getting it in the morning and then you’d come home, you’d sleep all night, then you’d start craving for this and you want that, ya know, and I said that was all the symptoms. It was right there in front of me.”
Dealing with the pregnancy. This category, dealing with the pregnancy, has two subcategories: discussing options and making decisions. Discussing options was done by four of the five participants. Jane said, "I discussed whatever I could think of" related to abortion, giving up the baby for adoption, and keeping the baby. Mary said she discussed options like, "abortion and stuff, but I don't know, I don't feel right with that." Once the discussion about options took place, making decisions followed. For two of the participants, the decision to have the baby was made because it was too late to terminate the pregnancy; however choosing to keep the baby or give it up for adoption became the topic of discussion. When asked by her other children, "What are we gonna do?" Grace said, "It's not our choice. It's not our body. It's not our choice. We need to let her decide what she wants to do." Kim told her daughter, "I just want you to make your own choice. I'm not gonna be the one to choose for you to either abort the baby or have it. It's up to you." Jane said her daughter and boyfriend had decided to either keep the baby or give it up for adoption, but because they learned about the pregnancy so early, she said, "Well, don't decide now, you have some time to at least think about it."

Unexpected worries. This category, unexpected worries, has three subcategories: problems with the pregnancy or baby, dealing with problems, and planning ahead. Four of the five participants experienced multiple trips to the doctor or hospital for pregnancy complications. All five experienced some problems during the pregnancy. Two of the teens were hospitalized for pregnancy complications, one experienced multiple trips to the emergency room, and one had symptoms of preterm labor which did not need hospitalization. All the participants stated this caused them to be stressed.
For Kim, her daughter’s baby has a serious heart condition and doctors have discussed intrauterine surgery. She relates how she responded, “I told them ‘No.’” The reason why is because I can lose both of um, and I, you know, I’d rather my daughter deliver the baby, and then the baby has the surgery and then my daughter can get herself healthy to take care of the baby... because if both of them, ya know, maybe one survives during the surgery... and, I said, ‘It’s still gonna be either way, no matter what, I’m still gonna go through this, but I just wanna go through the whole thing. Have the baby and then have the surgery done.’”

To help deal with the concerns, two of the participants took childbirth preparation classes with their daughters. They felt these classes would decrease their stress and anxiety and provide updated information for both of them. Two of the participants found that their daughters did not contact them when they had a problem saying, “‘cause I didn’t want to worry you” and “Well Mom, I didn’t want to bother you at work.” All the participants provided support and expressed words of encouragement to their daughter. Kim told her daughter, “It’s not hard, you can do it.” She also changed her work schedule and took time off to be with her daughter and is saving vacation time to use after the baby is born.

Planning ahead involves how to provide medical insurance and services for the baby. Two participants stated they had been advised by their medical insurance company that in order for the baby to be covered under their insurance, they would need to either adopt the baby or be named guardian. Both families have decided to take this option, one will adopt and the other will take guardianship. For the family adopting, they will assume
full responsibility and raise the baby while the other family expects the teen to care for
and parent the baby. All participants are aware of services available to them from local,
state, and national government agencies.

Advice to parents of non-pregnant pre-teens. This category, advice to parents of
non-pregnant preteens, has three subcategories: unsure about giving advice, keep line of
communication open, and teach about sex and birth control.

When asked about giving advice to parents of non-pregnant teens, Jane said, “I
don’t know what would have helped me... looking back as being a kid, things haven’t
changed that much. When I was that age, I thought I was invincible, I could do anything
and there wouldn’t be consequences and, I don’t know, what can you do?” Anne said,
“I’m actually the worst person to get advice. I really don’t have because if I had good
advice to other parents, maybe my daughter wouldn’t be pregnant, but I’m like, like I
said, I don’t wanna say that cause I happy with my situation.” The participants expressed
they were not sure about giving advice to other parents.

Keeping the line of communication open is an important aspect of advice to parents
of non-pregnant pre-teens. All the participants encourage parents to keep communication
open. Grace said, “Be patient, ya know, that’s the key I think. You need to be patient,
loving, understanding, and no matter what they tell you, don’t jump on them, ya know,
‘cause then they step back. You’re gonna come screaming and yelling or get angry,
they’re not gonna tell you anything. They’re not gonna tell you anything and you don’t
want that.” Anne said it helps to keep an open relationship, and open door to talk, talk to
her every day.
Teaching about sex and birth control is important. Mary feels that teaching about birth control is different for every parent, but talking about it is important. Kim would encourage parents to talk to them before they become sexually active. She suggested they start talking about birth control at age 12, and if they are thinking about becoming sexually active, to get help, go to the doctor with them and get protection. Grace wants parents to “Pay attention and pay attention.”

Advice to parents of a pregnant teen. This category, advice to parents of a pregnant teen, has two subcategories: share your experience and be there for your child. All participants felt they had some advice or words of encouragement to give to parents of pregnant teens. Jane said to “Tell her she’s not alone. There’s someone who knows exactly how she feels and believe it or not after awhile you’ll be happy too.” Jane also said that although she taught her daughter about sex and its consequences, she said, “It just didn’t work, ya know, they’re just gonna do what they’re gonna do.” Anne shared that her advice is to talk to your daughter about boys, sex, pregnancy and diseases before she gets her first period. Anne said she trusted her daughter. She would advise parents not to put too much trust in their daughter. Kim said, “You know you have a lot of working parents. Especially women now…everything is work this, work that and when you got teenagers, especially girls, ya know, you don’t really think about what’s gonna happen until it’s too late.”

The participants stated that being there for their child was very important. Anne said, “I believe, at least, if my baby is gonna have a baby, she has a mom, while I’m here, to help be with her, be by her side, help her.” She also said, “You should be there for
them, for your child, and the grandchild. Think positive instead of always looking at the negative stuff. You can always go back to school. You can still get a great job...you can be anything you want...You can give your child the strength to become something if you feed them positive stuff...the more support they get, the more positive mom’s they will be.”

Cultural Themes

The final level of analysis is the identification of cultural themes. Cultural themes are principles which recur in a number of domains and serve to provide cultural meaning (Spradley, 1979). This study views culture as it encompasses being a mother and the transition to becoming the mother of a young pregnant adolescent. The culture of being a mother includes values, attitudes, and beliefs.

Following are the three cultural themes identified in this study and subsequently verified by the participants:

Mothers’ relationship with their young pregnant adolescent daughter although somewhat conflicted prior to pregnancy, draws them closer together as the pregnancy progresses focusing on caring for and meeting the needs of the pregnancy. The participants acknowledge that the period of time known as adolescence is difficult and the relationship between the mother and daughter is conflicted. Jane reflected on her relationship with her daughter, “It depends on the day. Sometimes we were best friends, sometimes we hated each other. Couldn’t really figure out why and I guess it started maybe when she was 15 or 14, she thought she was 25 and she could do whatever she wanted and so me saying ‘no’, of course, that didn’t fly too well with her...when things
were good, I thought they were good. She had a different perspective I’d find out later.”

After the pregnancy is accepted, and as it progresses, they experience changes in the relationship that draw them closer to their daughters. Anne said, “I think it drawed us closer, ya know, there’s more to bond with.” Anne shared “there’s more to talk about…now there’s more connection ‘cause they gonna become a mom.”

They develop and use strategies that focus on caring for their daughters, answering their questions, and meeting the needs of the pregnancy.

*Reactions of mothers’ to finding out about the pregnancy have qualities similar to the process of grief/loss.* The participants’ description of their reaction to the pregnancy has similarities to the grief process. They expressed shock, anger, denial, questioning why and eventually acceptance. Grace reacted to the news, “I was just in shock. She was afraid of my reaction; I guess…I did express every feeling I had. I told her I was disappointed. I told her I was hurt. I told her I was angry and then, I told her I was really, really sad.”

Participants agreed that the process of acceptance takes time and does not happen at the same time for everyone. Jane said it took time for her to adjust. She went through the stages, “shock, denial, going through all those stages.” She eventually accepted the pregnancy, “I still wasn’t completely happy about it, but ‘Hey, what can you do?’ You have to either just be miserable and you’re miserable alone or be happy and everybody’s happy, right? So, I decided to be happy.” For these participants, the process occurred relatively rapidly, depending on the time between finding out about the pregnancy and when acceptance was reached, which occurred during the pregnancy.
Mothers' advice to parents of preteens/young teens is to keep communication open and teach about sex and birth control, however, if the teen becomes pregnant, be there for her. The participants conveyed the importance of communication with young adolescent daughters.

They emphasize that teaching about sex and birth control provides information to help them protect against pregnancy, however the teen may become pregnant despite open communication and knowledge about protection. If this occurs, it is very important that the mother be there to support her daughter. Jane said, “...just accept it and be happy and do the best you can. And that’s what we’ve decided to do with this baby. We’re just gonna do the best we can.”
Chapter five presents a discussion of the findings of the study related to current literature. The major categories of themes will be used to frame the discussion. This chapter also includes limitations, significance of the study and implications, and recommendations for future research.

This study describes the attitudes, values, beliefs and cultural meaning generated from the mothers’ perspective of how they relate to their young (15 years old and younger) pregnant adolescent daughters. When asked to describe their perceptions, the participants provided data that were organized into basic domains for pattern identification coding, sorting, and generalizing. Data were reviewed repeatedly for patterns and four domains emerged: Relationship (pattern of response and interaction), Process (change or transition), Perspectives (gaining understanding or insight), and Strategies (ways to meet goals).

*Relationship: Pattern of Response and Interaction*

The relationship between mothers and young pregnant adolescent daughters was described by the participants as conflicted prior to pregnancy. They describe the relationship as turbulent, with the adolescent seeking to be independent, challenging the limits set by parents, and exhibiting risk behaviors. In other words, the relationship between these mothers and daughters prior to pregnancy appeared to be similar to what would be expected between any adolescent and her mother within this age group.

A large increase in the published literature about parent-adolescent relationships
began in the 1980s. Holmbeck (1996) summarizes fifteen integrative reviews of the literature on parent-child relationships during the transition to adolescence. The topics addressed in this extensive review include: (1) storm and stress theory and the incidence of parent-adolescent conflict, (2) emotional distance and temporary perturbations in family relationships, (3) relational continuity and authoritative parenting, and (4) reciprocity of causality between adolescent development and family relationships. The process of transition is the central focus of the literature reviewed by Holmbeck. Much of the literature reviewed details the family changes that occur during the transition to adolescence. The period of early adolescence is credited with exhibiting emotional distance and mild disruption in family relationships, however, relatively little is known about the process that occurs as a result of this transition (Holmbeck).

Learning about the pregnancy included the responses of shock, anger and disappointment, followed by questioning how the signs that led up to the pregnancy were missed, and finally dealing with the situation. The participants allowed their daughters to regress by enabling dependency and reducing expectations in adolescents who previously sought or functioned with more independence. These perceptions are supported by the conceptualization of this study and confirmed in the literature (Paskiewicz, 2001).

Process: Change or Transition

The process of parenting an adolescent is well documented in the literature. This study adds to the literature confirming this concept. However, the perceptions of mothers and the process of parenting a pregnant adolescent during the pregnancy are not found in the literature. The process of change and transition in the relationship between the mother
and daughter draws them closer together as the pregnancy progresses; they talk more and
open up to each other. The notion that the mother needs to continue parenting her
daughter during pregnancy is important. Parenting includes care giving and taking on
responsibilities so their daughter can continue to grow up but at the same time, expecting
her daughter to take responsibility for her actions and to complete school. These findings
support the study by Paskiewicz (2001). In addition, Dallas & Chen (1999) studied how
mothers of adolescent fathers view adolescent fatherhood and identified that the
adolescent father needs continued parenting. Needing continued parenting is confirmed in
this study. This is the first study of mothers’ perceptions regarding their young pregnant
adolescent daughters and parenting concerns during pregnancy.

**Perspectives: Gaining Understanding or Insight**

Mothers’ gain understanding and insight assisting their daughters adjust to the
pregnancy. This is a process that occurs over time. Initial reactions these participants had
to the pregnancy included shock, denial, anger, and resignation. In addition, the
pregnancy was hidden from three of the mothers. These mothers discussed that
acknowledgment of deception had to be accomplished before they accepted the
pregnancy. The response and adjustment to pregnancy described in the present study is a
process similar to that of grief and loss (Kübler-Ross & Kessler, 2005) and grief work,
the process of letting go of a role or identity that is not compatible with the evolving
maternal role (Rubin, 1984).

*Grief and loss.* Kübler-Ross & Kessler (2005) describe the process of grief and loss
from the perspective of death and dying or loss of a loved one. The information presented
here can be applied symbolically to this study rather than literally since this study is not about death and dying.

There are five stages of grief: (1) denial, (2) anger, (3) bargaining, (4) depression, and (5) acceptance. Denial, the initial response, may cause the person to be “paralyzed with shock or blanketed with numbness” (Kübler-Ross & Kessler, p. 8). Anger is the next stage and may occur prior to sadness and hurt because you “didn’t see this coming and when you did, nothing could stop it” (Kübler-Ross & Kessler, p. 11). Bargaining and guilt cause the person to wonder how they could have done things differently to avoid the situation. Depression is “the appropriate response to a great loss” (Kübler-Ross & Kessler, p. 21). And finally, acceptance eventually occurs, and although the reality of the situation is not liked, it becomes “the new norm with which we must learn to live” (Kübler-Ross & Kessler, p. 25). The mothers in this study exhibited similar responses to the pregnancy of their adolescent daughters. This notion confirms previous research (Paskiewicz, 2001).

Grief work. Grief work is the process of letting go of a role or identity that is no longer compatible with the evolving maternal role (Rubin, 1984). The mothers in this study went thorough a process of changing their role as a mother. Their role as mothers of normal adolescent daughters ended when the pregnancy was discovered. This change in role affected their current way of life. “Giving up current life-style also entails grief work” (Mercer, 1995, p. 59). The concepts related to grief work are identified in this study and add support to the literature.
Strategies: Ways to Meet Goals

To meet goals, participants in this study took action. Prior to pregnancy all participants attempted to monitor the activities of their adolescent daughter before she became pregnant. Different strategies were used; four of the five discussed birth control options and encouraged their daughter to come to them if they thought they needed protection. One determined that her daughter would need protection, so she put her on birth control pills. Two mothers kept track of their daughter’s menstrual periods, and all but one of the participants watched for possible signs of pregnancy. Monitoring activities may be a normal behavior for mothers, but there needs to be further exploration of this notion that is not discussed in the literature.

Once pregnancy was identified, these mothers’ continued using strategies as the pregnancy progressed. Mothers’ provided information about options once the pregnancy was discovered and all but one participant allowed the pregnant daughter to make the final decision about whether to terminate, keep, or give baby for adoption. The findings of this study add new insight to current literature.

This study identified concerns of mothers’ regarding complications of pregnancy or fetal complications that are not described in the literature. The literature describes pregnancy outcomes for young adolescents, including preterm labor, low birthweight, and increased infant mortality rates (DuPlessis, Bell, & Richards, 1997; Elfenbein & Felice, 2003; Gilbert, Jandial, Field, Bigelow, & Danielsen, 2004), but have not addressed how the mothers’ of these pregnant adolescents are affected and how they react. This study has identified a new notion related to mothers’ concerns about their young pregnant
adolescent.

When asked about giving advice to parents of non-pregnant teens, they were unsure, wondering if their experience would be helpful to someone whose daughter is not pregnant, however all said that sharing the experience would be appropriate with other mothers experiencing teen pregnancy. All the mothers stated they would recommend that lines of communication be kept open, to teach about birth control, and to be there to support your child. The findings are consistent with recommendations in the literature about sexual debut and sexual risk behavior (Doswell et al., 2003; Jaccard et al., 2000; McNeely et al., 2002; and Sieving et al., 2005).

Cultural Themes

Three cultural themes emerged from the data of this study. The first cultural theme is mothers’ relationship with their young pregnant adolescent daughter although somewhat conflicted prior to pregnancy, draws them closer together as the pregnancy progresses focusing on caring for and meeting the needs of the pregnancy. This theme affirms the literature regarding studies done with pregnant or parenting adolescents; however this provides new insight into mothers’ perceptions of their relationship and parenting young pregnant adolescents.

The second cultural theme identifies that reactions of mothers’ to finding out about the pregnancy have qualities similar to the process of grief/loss. These mothers’ had dreams and expectations for their child’s future. They have suffered the loss of mothering their child as they had envisioned and are now in a situation they had not anticipated. Working through the process of loss is another aspect of the culture of becoming a
mother. The grief and grieving process (Kübler-Ross & Kessler, 2005) and grief work (Rubin, 1984) are well published in the literature, and this theme has been identified by Paskiewicz (2001); therefore this study provides additional confirmation of the notion.

The third cultural theme is that mothers' advice to parents of preteens/young teens is to keep communication open and teach about sex and birth control, however, if the teen becomes pregnant, be there for her. Communication and support are key factors in understanding family dynamics (Riesch, 1997; Riesch et al., 1997). This theme supports the current literature.

Limitations

There are limitations to this study. This is a qualitative ethnography with a small non-random sample (N=5) and cannot be generalized to the entire population. The sample was not significantly diverse as only three ethnic groups (part Hawai'ian, Caucasian, and Asian) were represented. If the sample were larger and ethnically more diverse, the results may have been different.

The participant observation methodology also had limitations. Because the researcher is the instrument in ethnographic studies, researcher biases may be a limitation due to the subjective nature of the method. In order to address this, an external auditor reviewed all the research materials and provided written feedback regarding the findings of the audit (Appendix D). The researcher maintained objectivity by identifying personal biases, opinions and preconceived ideas prior to and throughout the study. Bracketing was done in the researcher's journal.

The participants selected the site for the interview, and although the researcher
stated she would come to the home, three participants selected a site other than their home (private room, park, workplace office). Observations in the home setting of participants may have provided further insight into the mothers’ perspective of how they relate to their pregnant adolescent.

Significance of the Study and Practice Implications

This study provided insight into how mothers relate to their young pregnant adolescent daughter. Four domains were identified, Relationship (pattern of response and interaction), Process (change or transition), Perspectives (gaining understanding or insight, and Strategies (ways to meet goals). Three cultural themes emerged from the data:

1. Mothers’ relationship with their young pregnant adolescent daughter although somewhat conflicted prior to pregnancy, draws them closer together as the pregnancy progresses focusing on caring for and meeting the needs of the pregnancy.

2. Reactions of mothers’ to finding out about the pregnancy have qualities similar to the process of grief/loss.

3. Mothers’ advice to parents of preteens/young teens is to keep communication open and teach about sex and birth control, however, if the teen becomes pregnant, be there for her.

This study confirms current literature about mothers’ perceptions of their relationship with adolescents prior to pregnancy. Mothers’ go through a process of change and transition during which time they continue to parent their adolescents. The perception
of the process of parenting an adolescent during pregnancy has not been previously reported in the literature. This study adds additional insight into current literature regarding strategies to meet goals during pregnancy and generates new information about how mothers' perceive and relate to pregnancy complications. The cultural themes are validated by the participants and confirm current literature.

The insights gained from this study have contributed to the development of a conceptual framework that can be used to develop a quantitative tool for future research about the perceptions of mothers' of young pregnant adolescents. The information can be used to increase awareness of nurses and other health care practitioners about the concerns and responses of the mothers of young pregnant clients. This study enlarges the contributions of nursing to the theoretical literature about parenting pregnant adolescents and provides a basis for further development of studies in this area of research.

Recommendations for Future Research

Further research is recommended to explore the needs of mothers of young pregnant adolescent daughters. It is not known if the needs of mothers are being met. The risk status of mothers’ needs to be addressed, practice approaches need to be generated, and developmental programs for high risk parents may need to be created and tested.

This study focused on the mothers’ perspectives and generated insight into the process they experience as their young daughter experiences pregnancy. Findings from this study can be used to develop a quantitative tool to see if different mothers go through the same process when their young adolescent daughter is pregnant. The tool will be designed to test and systematically develop interventions to support mothers and families
of young pregnant adolescents. The tool should be validated and administered in a culturally diverse population.

It is not known if mothers’ of young pregnant adolescents are at risk. They have taken on new responsibilities and changed their lives. Their needs should be assessed and evaluated for risk factors and they should be consulted as to how support can be designed. The conceptual framework that is generated from this research can be used to develop a quantitative study. A study using repeated measures design, and administered to mothers’ who have taken responsibility to raise their young pregnant adolescent and her child would be used to affirm the hypothesis that these mothers’ are at high risk.

Summary and Conclusion

Although adolescent pregnancy and birth rates in the United States continue to decline a significant number of adolescent girls become pregnant before they reach the age of twenty (Kirby, 2001). There is very little published research on the perceptions of mothers and how they relate to their young pregnant adolescents (15 years old and younger) during pregnancy. This study provides insight into the attitudes, values, beliefs, and cultural meaning from the mothers’ perspective of the relationship with their pregnant daughters.

The descriptive design and naturalistic approach (Lincoln & Guba, 1985) allowed the researcher to learn from mothers’ their perceptions about their relationship with young pregnant adolescents. A non-random, purposive, convenience sample of five mothers of pregnant adolescents (ages 13 to 15) were recruited and interviewed, using a semi-structured interview guide, when their daughters were 30 to 35 weeks gestation.
The constant comparison method (Dye et al., 2000; Strauss & Corbin, 1998) was used to manually sort and analyze the data. Three cultural themes emerged from the analysis: (1) mothers’ relationship with their young pregnant adolescent daughter although somewhat conflicted prior to pregnancy, draws them closer together as the pregnancy progresses focusing on caring for and meeting the needs of the pregnancy; (2) reactions of mothers’ to finding out about the pregnancy have qualities similar to the process of grief/loss; and (3) mothers’ advice to parents of preteens/young teens is to keep communication open and teach about sex and birth control, however, if the teen becomes pregnant, be there for her.

This study enlarges the contribution of nursing research to the theoretical literature. It confirms previous literature and research about the relationship of mothers and daughters. The perceptions of mothers’ and the process of parenting during adolescent pregnancy are not found in the literature; therefore this study adds groundbreaking new information about how mothers relate to their young pregnant adolescents during pregnancy. The notion that the mother needs to continue parenting her daughter while she is pregnant is important. Further research needs to be done to explore the needs of mothers of young pregnant adolescent daughters. The risk status of mothers needs to be addressed, practice approaches need to be generated and developmental programs for mothers at risk may need to be created and tested.
References


Theory Construction and Testing, 7(2), 56-60.


Richardson, K. K. (2000). Description of the perspective of mothers and how they relate to their teenage daughters: A mini-ethnography. Unpublished manuscript, University of Hawai‘i at Manoa.


Appendix A

IRB Exemption from University of Hawai‘i

**Protection of Human Subjects**

**Assurance Identification/IRB Certification/Declaration of Exemption (Common Rule)**

<table>
<thead>
<tr>
<th>1. Request Type</th>
<th>2. Type of Mechanism</th>
<th>3. Name of Federal Department or Agency and, if known, Application or Proposal Identification No.</th>
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<td>ORIGINAL</td>
<td>GRANT</td>
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<tr>
<td>CONTINUATION</td>
<td>CONTRACT</td>
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<tr>
<td>EXEMPTION</td>
<td>COOPERATIVE AGREEMENT</td>
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<tr>
<td>OTHER</td>
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</table>

4. Title of Application or Activity

"Mother's Perspective of How They Relate to Their Young Pregnant Adolescents: An Ethnography"

5. Name of Principal Investigator, Program Director, Fellow, or Other

Karon Richardson

6. Assurance Status of this Project (Respond to one of the following)

- [X] This Assurance, on file with Department of Health and Human Services, covers this activity:
  - Assurance Identification No.: [Redacted]
  - Expiration Date: 10/15/2006
  - IRB Registration No.: [Redacted]

- [ ] This Assurance, on file with [agency/department], covers this activity:
  - Assurance No.: [Redacted]
  - Expiration Date: [Redacted]
  - IRB Registration/IRB Certification No.: [Redacted]

- [ ] No assurance has been filed for this institution. This institution declares that it will provide an Assurance and Certification of IRB review and approval upon request.

- [X] Exemption Status: Human subjects are involved, but this activity qualifies for exemption under Section 101(b), paragraph ___.

7. Certification of IRB Review (Respond to one of the following if you have an Assurance on file)

- [ ] This activity has been reviewed and approved by the IRB in accordance with the Common Rule and any other governing regulations.
  - [ ] Full IRB Review on [date of IRB meeting]
  - [ ] Expedited Review on [date of IRB meeting]

- [ ] If less than one year approval, provide expiration date ___.

- [ ] This activity contains multiple projects, some of which have not been reviewed. The IRB has granted approval on condition that all projects covered by the Common Rule will be reviewed and approved before they are initiated.

8. Comments

CHS #123456

9. The official signing below certifies that the information provided above is correct and that, as required, future reviews will be performed until study closure and certification will be provided.

10. Name and Address of Institution
    University of Hawai‘i at Manoa
    2444 Dole Street, Friedman Hall
    Honolulu, HI 96822

11. Phone No. (with area code) (808) 956-5907
    Fax No. (with area code) (808) 956-3554

12. Email: doc@hawaii.edu

13. Name of Official
    Compliance Officer
    William H. Dendle

14. Date
    July 2, 2003

15. Title
    Compliance Officer

Public reporting burden for this collection of information is estimated to average less than one hour per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to OMB Clearance Officer, Room 353 200 Independence Avenue, S.W., Washington, DC 20503. Do not return the completed form to this address.
Appendix B

DEMOGRAPHIC INFORMATION FORM

1. I am _______ years old.

2. I am (Please check one)
   _____ Single, never been married
   _____ Married but separated
   _____ Widowed
   _____ Married
   _____ Divorced

3. I am (Please check one)
   _____ African-American
   _____ Part Hawaiian
   _____ Anglo/Caucasian/White non-Hispanic
   _____ Native American/Indian
   _____ Other (Please write in) _________________________

4. I have finished _______ (# of years) of school

5. My pregnant teenage daughter is _______ years old. I also have _______ other daughters, ages: _______, _______, _______ currently living in my home.

6. How many weeks pregnant was your daughter when you were told or learned about the pregnancy? _______

7. What is the estimated due date for the baby? _______
Appendix C

SEMI-STRUCTURED INTERVIEW GUIDE

1. How was your relationship with your daughter before she became pregnant?

2. What was it like when you found out your daughter was pregnant?

3. What type of relationship do you have with your daughter now?

4. Describe what a typical interaction with your pregnant teenage daughter is like.

5. How does the interaction make you feel?

6. What challenges do you experience?

7. How do you deal with challenges?

8. What advice would you give to parents of pre-teen daughters?

9. Related questions to help participant clarify or explain / expand on their comments. For example, "What happened when you said that?" or "Tell me more about what that means to you?"
Appendix D

External Audit Report

Dr. Kathleen M. May, DNSc, APRN, BC
The University of Arizona College of Nursing
PO Box 210203
Tucson Arizona 85721-0203

December 14, 2005

Karol Richardson, PhD(c), APRN-BC
Instructor, Department of Nursing
University of Hawai’i Manoa
2528 McCarthy Mall Webster Hall 320
Honolulu, Hawai’i 96822

Dear Karol,
Since receiving your materials for external audit, it has been helpful to communicate several times by e-mail and telephone to discuss your research, especially your data collection and analysis. I am in the process of completing the audit and writing questions and recommendations for your consideration. This is a brief record of the points we have discussed:

1. Method:

The design, data collection procedure, and analytic method were appropriate for the purpose of your study. In listening to the audiotaped interviews and comparing them with the transcripts, I can confirm the accuracy of your transcripts. I also can say that you interacted well with participants in establishing rapport, trying to use mostly open-ended question to elicit responses, and using a non-judgmental approach that usually enhances participants' willingness to disclose data. You documented and we discussed your assurance of protection of human subjects and what it has entailed. Your Journal notes support documentation of the process. Your coding was clear, as were your observational, methodological, and theoretical notes in the margins of the transcripts. We discussed removing all names from transcripts, to protect identities. Your member checks, as you reported them, confirmed your findings and support the confirmability of the study product. As you indicated in your methodological notes, you occasionally could have potentially strengthened the data by following up on some comments that were left as the interview questioning proceeded. As we discussed, there were some leading comments and questions that might have influenced the participant. We agreed that this is an area to review for future research. We all learn from our interviewing techniques and try to apply the insights in future interviewing. In more extensive recommendations I will give specific reference to statements to review.
2. Results of Data Analysis:

In general, your coding for domains, categories, and subcategories has been consistent with definitions, with data, and with examples of data used in listing of categories and subcategories. You document well the supporting data for categories and subcategories. I have a few questions about some lines of interview data not coded and the fit of some data with a particular category or subcategory. But I have not found this to be a major issue and I can confirm the accuracy of most coding and your conclusions. I will send more specific reference to data to review, and we can discuss questions. The cultural themes you identified are important and are consistent with the data and the results of data analysis.

I hope this brief summary is helpful. I will be sending more specific feedback. It has been good to discuss the points we have addressed by telephone. If you, Dr. Harrigan, or your dissertation committee members have questions, please feel free to let me know.

Looking forward to talking with you soon,
Kathleen M. May, DNSc, APRN, BC
Clinical Associate Professor
(520) 626-3071
Appendix E

Taxonomy for the Domain, Relationship: Pattern of Response and Interaction

<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
<th>Examples of Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conflicted relationship</td>
<td>Best Friends, Hated each other, “Couldn’t figure out why”</td>
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<tr>
<td>prior to pregnancy</td>
<td>Wants to be grown—up, thought she was older than chronological age, Mom says “no” [leads to] conflict Conflicting perspectives</td>
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<td></td>
<td>Hot head, Wants to be with friends, Wants to be independent, Wouldn’t come home Mom “stopped her” [from activities &amp; going out]</td>
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<tr>
<td></td>
<td>“Typical teenager, never listens, cuts from school, needs to be told what to do all the time”</td>
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<tr>
<td></td>
<td>“She’d get angry, we’d get angry…and she’d just go in her room” [leave]</td>
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<tr>
<td></td>
<td>No control over her activities. “Like, I wish they wouldn’t have sex at a young age, but nowadays, ya know kids are gonna do it whether you say no.”</td>
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<td></td>
<td>“I haven’t been personally a great mom. I’m not strict like I should be.”</td>
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<td></td>
<td>“It was okay. We um talked and stuff like that…”</td>
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<tr>
<td></td>
<td>Not telling the truth about after school activities</td>
<td></td>
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<tr>
<td>Finding out about the pregnancy</td>
<td>Silence “didn’t speak to her for first couple of weeks”</td>
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<tr>
<td>Initial reaction</td>
<td>Angry, really angry, Kept distance</td>
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<td></td>
<td>Had no idea [about pregnant], “I didn’t know”</td>
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<tr>
<td>Category</td>
<td>Subcategory</td>
<td>Examples of Data</td>
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<tr>
<td>Questioning her</td>
<td>Observations</td>
<td>“Sad, really sad; disappointed; angry “all at the same time””; I cried and cried, Shock, Expressed [my feelings] disappointed, hurt, angry, really, really sad Emotional [went through] “every emotion you could possibly think of…”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Oh Mom, I thought you would be so mad at me and upset.” Mom, “I am inside, you know, I am upset because you are still young, but you should’ve come to me and talk to me about it.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“I’m hurt, but the hurt that I’m feeling right now is…you didn’t come to me and tell me about it.”</td>
</tr>
<tr>
<td>Dealing with</td>
<td>Situation</td>
<td>“I can’t really tell” Didn’t notice signs of pregnancy Didn’t know she was in a relationship with a boy No clue that she was pregnant – “we really tried to pay attention”; “she was the rascal one out of three”</td>
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<tr>
<td></td>
<td></td>
<td>Mom didn’t know she was in a sexual relationship Not ready to be a grandma, preferred to be older Five months pregnant at diagnosis, Hard situation (right now) for both [mom and teen] Didn’t teach about birth control because didn’t want her to think “its okay” [to be sexually active] It’s hard – “she is the baby…our baby is having a baby”, Five months pregnant at time of diagnosis “I was happy before it happened” accepted pregnancy. Mom excited about pregnancy, conflicted response from others around her – “she’s only 15”</td>
</tr>
<tr>
<td>Category</td>
<td>Subcategory</td>
<td>Examples of Data</td>
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<tr>
<td>Allowing regression</td>
<td>Enable dependency</td>
<td>More dependent on mom – always asks mom to rub her back, tummy, scratch and itch</td>
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<td></td>
<td></td>
<td>Sleeps with mom, Constantly with mom – “I think she’s like probably a little bit afraid”, She’s with me all the time</td>
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<td></td>
<td></td>
<td>Calls mom all the time. “…she’ll call me every day, almost every hour until I get home from work.”</td>
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<tr>
<td>Reduced expectations</td>
<td>Procrastination to get things done, typical teen response “I’m gonna do it.”</td>
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<tr>
<td></td>
<td>Patience [mom] – but doesn’t expect teen to do things on her own</td>
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<tr>
<td></td>
<td>Wants daughter to live at home while pregnant and after birth so she can be around grandchild</td>
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</tbody>
</table>
## Appendix F

### Taxonomy for the Domain, Process: Change or Transition

<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
<th>Examples of Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in the relationship</td>
<td>Closer as pregnancy progressed</td>
<td>Relationship improved as pregnancy progressed</td>
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<td>Close relationship</td>
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<td></td>
<td>Relationship good closer because of pregnancy</td>
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<td>Relationship better – “Our relationship’s better than it’s ever been. Really. I think we’ve all grown. Our entire household has grown because of this.”</td>
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<td>Closer, “I think it drawed us closer” Bonded together</td>
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<td>Talk to each other more</td>
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<td>Talked (before) - but now sees change, different since became pregnant</td>
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<td>“We talk, but after we found out the relationship’s a hundred percent times better.”, We talk all the time</td>
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<td>Now...sit and talk, more open</td>
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<td>“Doors open all the time, We make sure of it...we keep that door open.”</td>
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<td>Our relationships great as parents...we’re more patient with her, we can actually sit and talk without yelling at her</td>
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<td>Talk more “there’s more connection cause they gonna become a mom”</td>
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<tr>
<td>Opening up to each other</td>
<td>Example of difficult time, mom didn’t react, moved on</td>
<td>Give and take</td>
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<tr>
<td>Category</td>
<td>Subcategory</td>
<td>Examples of Data</td>
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<tr>
<td>Parenting issues</td>
<td>Take over</td>
<td>“So you can see her change and be more responsible, more aware”</td>
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<td>Open communication about past and present concerns – “Tells us everything...all those little secrets are coming out...she can share all of that now”</td>
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<td>She finally opened up – talked openly about how she got pregnant</td>
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<td>Decision making “normal stuff” related to baby - “who’s gonna take care of the baby”</td>
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<td>Parents will adopt baby</td>
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<td>Mom changed work schedule to be home earlier to care for baby after born</td>
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<td>Identified trend that grandparents take over – “most grandparents they see, they end up taking responsibility and start taking care of the kids, so the kid can be a kid again.”</td>
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<td>Understands importance of teens taking responsibility but concerned their questions are not being answered</td>
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<td>Expect daughter to</td>
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<td>Be a grown-up, “well, you wanna make a grown-up decision, you be a grown-up”, Figure it out</td>
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<td>grow up</td>
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<td>Response to complaints - take responsibility “I didn’t get you pregnant”</td>
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<td>Remind her “she’s an adult, gonna be a mom”</td>
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<td>Teen will care for baby</td>
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</table>
On pill – asked “What happened” she said, “I missed a few times.” I said, “Well that’s all it takes, ya know, I told you, you needed to be responsible.”

Let her be responsible “there’s a time when ya know, you can hold their hand and then there’s sometime ‘You think you can go on your own?’ ‘cause mom gotta go to work or let me know what I need to do.

Prepare for future – pampered versus not pampered “no worries”, “she on her own doing things” Teen taking responsibility

Let go, accept if daughter wants to leave home “you gotta let your kids grow and if it’s better, best for them, then you gotta let go, but just to let them know ‘I’m here if you guys need me’”

“You gotta keep yourself healthy and you gotta stop being this little teenage girl already. You’re gonna be a mother…act like parents, parents to be.”

Plan ahead, get on birth control after delivery so don’t get pregnant again, discussed methods – being proactive to prevent a repeat pregnancy

Take responsibility…lasts a long time (18 years), “it’s not gonna be easy”, “Give as much love as you can…don’t turn your back on your kids”

I told her, “if you like sex then you know whatcha supposed to do. You were supposed to have come to mom, should have talked to me and then we could’ve gotten protection you know, that’s simple, ya know, it’s not hard.”
<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
<th>Examples of Data</th>
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</thead>
</table>
| Dealing with moods |                   | “Grouchy” due to hormones – only with boyfriend  
Hormones – no patience, happy versus sad then  
angry, emotional, Hormonal changes and being  
grouchy is no excuse to have poor manners  
Moody relationship (both moody), no different from  
prior to pregnancy, jokes around [with daughter] |
| Caregiver          | Keep doctors      | Take her to doctor  
Take her to the doctor [mother or father goes]  
Mom and boyfriend’s family provide transportation  
to appointments, “All I need is you guys support  
‘cause I can’t be there taking her doctors and stuff to  
because I work and I work til 5 o’clock. By the time  
I get off of work I can’t get her to the doctors. So  
they said, ‘Oh, we can help you with that by taking  
her doctors appointment.’” |
|                    | appointments      |                                                                                                                                                                                                                  |
| Learn about        |                   | Took [prenatal] class together  
Enrolled in [prenatal] class together  
Wanted her to take a Lamaze class (she did not)  
“I kinda just get afraid because, like I heard stories  
about, ya know, how the cord wrap around the  
baby’s neck and that’s why we took the stork class  
too because, ya know, I heard about like the SIDS  
and stuff and I’ve never heard about all those stuffs  
before and so I told her it’s been like thirteen,  
fourteen years since I had her, so, I have to learn all  
this stuff.” |
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<tr>
<th>Category</th>
<th>Subcategory</th>
<th>Examples of Data</th>
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<tbody>
<tr>
<td></td>
<td><strong>Prepare for baby</strong></td>
<td>Looking forward to being grandma – “I get to buy the cute stuff”, Will help with baby, Purchase baby items</td>
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<td>Mom will be at delivery</td>
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<td>Prepare for baby – paint room, floor, wallpaper and boarders, crib, buy baby things</td>
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<td></td>
<td>Wants to be involved in raising grandchild. Hopes it will work out this time (other daughters moved out of home)</td>
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<td><strong>Expectations</strong></td>
<td>School issues – drop out of school, take GED</td>
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<td>about school</td>
<td>Stays home from school – mom picks up school work 1-2 times a week</td>
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<td>Finish this school year (eighth grade), pass to ninth Continue education, return to school after delivery – “want her to finish her education”</td>
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<td>Finish high school, go to college, get a degree</td>
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<td>GRADS program – takes initiative to do school work</td>
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<td>In school (9th grade) at school with GRADS program Move in with boyfriend’s family to be closer to school GRADS program</td>
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<td>Wants to stay in school (at least one more week) to finish college prep work</td>
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<td>Mom wants her to finish school. Teen knows she can bring baby to school. Mom wants to help with baby</td>
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### Appendix G

**Taxonomy for the Domain, Perspectives: Gaining Understanding or Insight**

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<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
<th>Examples of Data</th>
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</thead>
<tbody>
<tr>
<td>Mothers’ adjustment to pregnancy</td>
<td>Adjustment takes</td>
<td>Resigned to kid’s decision to keep baby “What can you do?”</td>
</tr>
<tr>
<td></td>
<td>time</td>
<td>Time helps – “I had a little more time to absorb”</td>
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<td>Not happy – resigned to pregnancy (took about 1 month)</td>
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<td>Miserable or happy, decided to be happy</td>
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<td>Go through stages “It was just me going through all those stages…”</td>
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<td>Takes time to adjust (2 weeks to 1 month)</td>
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<td>Takes time - “…maybe about two months to just be happy about it and rub her tummy and “mommy, my back is sore” and not saying something like “so what, I don’t care”</td>
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<td>Worry “on forefront of mind”, “pounding on brain”, “What am I gonna do?”</td>
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<td>Resigned to situation. “I guess it’s like if it’s gonna happen, it’s gonna happen”</td>
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<td>After initial shock, happy now – “both my husband and I feel real blessed…we deserve a blessing”</td>
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<td>Acknowledgment of deception</td>
<td>Tried to keep it</td>
<td>Tried to keep it [pregnancy] from me “I think she was scared”</td>
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<td></td>
<td>[pregnancy] from me</td>
<td>Teen denied being pregnant (when asked prior to x-ray)</td>
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<tr>
<td>Categories</td>
<td>Subcategories</td>
<td>Examples of Data</td>
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<td>Told mom missed period (when need for 2\textsuperscript{nd} x-ray occurred)</td>
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<td>Teen told older sister then both told mom – “she was afraid (pause) of my reaction I guess”</td>
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<td>Hid pregnancy [till 20 weeks], confided in older sister then went to mom. Didn’t tell her father at same time</td>
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<td>Pretended she had her period</td>
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<td>Hid her pregnancy</td>
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<td>Denied when asked by mom if pregnant</td>
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<td>Mom tried to get her to admit to pregnancy. “Don’t hide it, cause the more you hide it, the harder it is for you.”</td>
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<td>Didn’t tell mom about pregnancy because she was scared. “…she felt really scared. She was scared, you know, she thought that I would start shouting.”</td>
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<td>Acceptance</td>
<td>Be happy, have fun, “Things are good”</td>
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<td>“We’re quite excited…everybody’s so excited”</td>
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<td>We don’t care what people think, we’re happy</td>
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<td>Loves kids – raised her children to love kids also “It’s a blessing…I should not care what other people think and follow what I taught them [her kids].”</td>
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<tr>
<td></td>
<td>I’m excited</td>
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<tr>
<td>Change in interaction</td>
<td></td>
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<td>Teen first decided to abort, changed mind and decided to keep pregnancy. Mom happy, didn’t want her to abort</td>
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<tr>
<td>Resigned to situation “… there’s a lot of teenagers that goes through this and I guess I’m one of the parents that has to go through it.”</td>
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<tr>
<td>Mom told teen – “Don’t be embarrassed about something like this ‘cause it does happen to a lot of teenagers. You’re not the first and you’re not the last.”</td>
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<tr>
<td>Asks mom questions about pregnancy/baby</td>
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<td>Mom answers questions, [Teen] asks lots of questions</td>
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<td>Interaction focuses on needs of pregnant teen</td>
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<tr>
<td>Interactions focus on pregnancy concerns and complications of baby, [daughter] asks lots of questions</td>
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<td>Mom answers questions, provides support</td>
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<td>After decided to keep baby, was more open to mom and began to ask lots of pregnancy questions</td>
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<td>“She’d ask me if it’s supposed to feel like that, and did her back hurt, is her back supposed to hurt? And ‘are all babies wrinkled?’ ‘Am I gonna have an ugly baby?’ I said, ‘No, you’re not!’ She said, ‘But all babies look funky and wrinkled.’ So I showed her, her baby pictures and her sister’s baby pictures and said, ‘see, there were two cute one’s’ and she said, ‘that’s because we’re special’ I’m like, ‘Yeah!’”</td>
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Appendix H

Taxonomy for the Domain, Strategies: Ways to Meet Goals

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<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
<th>Examples of Data</th>
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<tbody>
<tr>
<td>Monitor activities prior to pregnancy</td>
<td>Being involved</td>
<td>Discussed sex and protection. Thought she was aware of after school activities — volleyball practice.</td>
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<td>Discussed “if you guys think that you sexually active, let me know” and will get on contraceptive.</td>
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<td>Keeping track</td>
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<td>Put her on the pill to prevent it [pregnancy], “For some reason I know I need to put her on, so I did, last year, I put her on the pill....If they wanna have sex, they’re gonna go do it. They’ll sneak out. They’ll cut out. They’ll do whatever it takes. So, I, we thought we should, ya know, do something. I mean, ya know, the pill. It seemed like a great idea at the time.”</td>
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<td>Monitored use of pads to track menstrual periods — noticed “when the pads didn’t go down.”</td>
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<td>Taking action</td>
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<td>Mom requested pregnancy test.</td>
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<td>Mom suspected pregnancy, asked repeatedly if she was pregnant. Mom’s instincts told her daughter was pregnant. Mom asked for pregnancy test to be done.</td>
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<td>Discussed symptoms she noticed with teen after got results of pregnancy test back - “I had a feeling because, ya know, throwing up, morning sickness, you were getting it in the morning and then you’d come home, you’d sleep all night, then you’d start craving for this and you want that, ya know, and I said that was all the symptoms. It was right there in front of me.”</td>
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<tr>
<td>Categories</td>
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<td>Examples of Data</td>
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<tr>
<td>Dealing with the pregnancy</td>
<td>Discussing options</td>
<td>Discussed options “whatever I could think of”</td>
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<td>Options “…like abortion and stuff, but I don’t know, I don’t feel right with that”</td>
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<td>Too late (found out at 5 months gestation)</td>
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<td>“Well, don’t decide now, you have some time to at least think about it.”</td>
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<td>Making decisions</td>
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<td>Take time to decide (mother knew early in pregnancy)</td>
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<td></td>
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<td>Too late (5 months gestation at diagnosis of pregnancy)</td>
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<td>“What are we gonna do?” That was the question from the other two kids...“That’s not our choice to make. “What is she gonna do and what does she want from us?” is what we, I told her, and my husband agreed and they were quite surprised. They were thinking we were going to do the whole abortion thing.</td>
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<td>“The baby gets pregnant, it’s like, “Ok, what are we gonna do?”’”</td>
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<td>“It’s not our choice. It’s not our body. It’s not our choice. We need to let her decide what she wants to do.”</td>
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<td>Let her decide – “I think because I’m older, ya know, I just realized “hey, it’s not me, It’s her.”</td>
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<td>You’ve gotta give her that choice.</td>
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<td>Told daughter to make choice “to either abort the baby or have it. It’s up to you …?”</td>
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<td>Examples of Data</td>
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<tr>
<td>Unexpected worries</td>
<td>Problems with pregnancy or baby</td>
<td>Hospitalized – pregnancy complication</td>
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<td>Complaints – “I’m so sore”</td>
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<td>Worried about potential complications</td>
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<td>Hard Pregnancy – “gone to emergency like every other week.” Pains, tired, fainted from dehydration, eats all the time</td>
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<td>Stress due to physical changes – been to ER 4 – 5 times for nose bleed, underweight, can’t keep weight on</td>
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<td>Concern over health of daughter and baby. “main thing they healthy...that’s my main, main concern.”</td>
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<td>Hospitalized at 34 weeks – preterm labor</td>
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<td>Concerned – may have preterm labor symptoms</td>
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<td>Mom very concerned for the health of her daughter and the baby. “Now it’s [baby’s heart problem] a really heavy on my shoulders...”</td>
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<td>Re: intrauterine surgery – “I told them ‘No.’ The reason why is because I can lose both of um, and I, you know, I’d rather my daughter deliver the baby, and then the baby has the surgery and then my daughter can get herself healthy to take care of the baby...because if both of them, ya know, maybe one survives during the surgery...and, I said, ‘It’s still gonna be either way, no matter what, I’m still gonna go through this, but I just wanna go through the whole thing. Have the baby and then have the surgery done.”</td>
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<td>Categories</td>
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<td>Examples of Data</td>
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<tr>
<td>Dealing with problems</td>
<td>Took classes to decrease concern over potential complications “I have to learn this stuff”</td>
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<td>If [teen] doesn’t call, mom knows something’s wrong – “then I’ll call and say “What are you doing?” and she goes “I’m not feeling well”, “Why didn’t you call and tell me that?” “Cause I didn’t want to worry you.”</td>
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<td>Encourage her. “Oh, Mom, but it’s so hard.” “I said, ‘It’s not hard, you can do it.’”</td>
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<td></td>
<td>Changed work schedule, took time off to be with daughter</td>
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<td>Saving vacation time to use after birth to help with baby</td>
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<td>Provide support, be there. Treat as an adult, asked “How are you handling this?” Give positive feedback regarding medical professionals</td>
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<td>Interaction focuses on potential pregnancy complications and mom suggests to make appointment or go to hospital</td>
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<td>Have a family meeting – make sure they understand their responsibility [due to complications related to baby]</td>
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<td>Tell daughter to have positive attitude, give words of encouragement, have faith, pray every day “I just there to support her”</td>
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<td>Didn’t call mom when thought in preterm labor because, “Well, Mom, you know I don’t wanna bother you at work.”</td>
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<td>Categories</td>
<td>Subcategories</td>
<td>Examples of Data</td>
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<tr>
<td>Planning ahead</td>
<td>Medical insurance for baby</td>
<td>Parents will provide medical coverage – will adopt baby</td>
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<td>For medical coverage purposes, parents are taking guardianship of baby</td>
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<td>Use the services - Welfare, WIC, public health nurses, and group services</td>
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<td>Knows welfare system</td>
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<td>Knows about resources, WIC</td>
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<tr>
<td>Advice to parents of non-pregnant pre-teens</td>
<td>Unsure about giving advice</td>
<td>Don't know if hearing from someone else would help or not.</td>
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<td>Things haven’t changes [from when mom was a teenager]. At that age [15] I [mom] thought I was invincible</td>
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<td>No thought of consequences or don’t consider consequences</td>
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<td>“I don’t know”</td>
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<td>“I’m actually the worst person to get advice. I really don’t have because if I had good advice to other parents, maybe my daughter wouldn’t be pregnant, but I’m like, like I said, I don’t really wanna say that cause I happy with my situation.”</td>
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<td>Keep line of communication open</td>
<td>Talk to your kids, Keep communication open</td>
<td>Be patient, loving, understanding and no matter what they tell you, don’t jump on them</td>
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<td>Teens won’t talk if get or expect a negative response; negative response leads to no discussion</td>
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<td>It’s not enough to track when her period is — “…I thought I was because I checked to make sure she had her period. She was smart. She’d have the pads wrapped up...I thought I was on it, but I shoulda known, ya know. I should’ve checked.”</td>
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<td>Open relationship. Open door to talk.</td>
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<td>Talk to her every day</td>
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<td>Talk, get help. You don’t know if she’s sexually active or has a boyfriend</td>
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<td>Teach about sex and birth control</td>
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<td>“Talk...first thing is like birth control”</td>
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<td>“Put on birth control...but I don’t know, cause its kinda different for every parent”</td>
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<td>Pay attention and pay attention</td>
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<td>Don’t want to put her 14 year old (younger daughter on birth control) not sure if sexually active</td>
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<td>“I’m not for abortion”</td>
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<td>Talk to the kids now – before they become sexually active. Start at age 12</td>
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<td>If they are sexually active – get help, go to doctor, get protection</td>
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<td>Advice to parents of a pregnant teen</td>
<td>Share your experience</td>
<td>Someone knows how you feel, eventually you’ll be happy</td>
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<td>Did the talks about sex; showed pictures; “It just didn’t work...they’re just gonna do what they’re gonna do”</td>
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<td>Be there for your child</td>
<td>“You make the choice, stay mad, be mad and make everyone miserable, or just accept it, be happy. Do the best you can” - we decided … “we’re just gonna do the best we can”</td>
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<td>“All parents should be there for their child provide support, help her.”</td>
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<td>“I believe, at least, if my baby is gonna have a baby, she has a mom, while I’m here, to help be with her, be by her side, help her.”</td>
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<td>“…the majority of them [parents] are not happy [about pregnancy] but after the baby comes out, you see changes in people.”</td>
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<td>Be there. ‘Think positive instead of always looking at the negative stuff.”</td>
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<td>“You can give your child the strength to become something if you feed them positive stuff.”</td>
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<td>Don’t have negative response about the future and think “…it’s gonna ruin their life”</td>
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<td>“The more support they get, the more positive mom’s they will be.”</td>
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<td>Told other mom, she’s not alone</td>
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<td>Had talked about boys, sex, pregnancy and diseases before got first period. Trusted her. Too mush trust?</td>
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<td>Working parents – especially women, “everything is work this, work that and when you got teenagers, especially girls, ya know, you don’t really think about what’s gonna happen until it’s too late.”</td>
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