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## The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community

Sunday Kerobo  
*Walden University*

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# Walden University

College of Health Professions

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Sunday Kerobo

has been found to be complete and satisfactory in all respects,  
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Walden University

2022

Abstract

The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen

Pregnancy in a Low-Income Community

by

Sunday Kerobo

MBA, Cardinal Stritch University, 2017

BSc, Federal Polytechnic, Auchi, 1998

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health

Walden University

May 2022

## Abstract

Teenage pregnancy has adverse social, economic, and health consequences for adolescents. Pregnancy in adolescence is linked to high school dropout, high unemployment, stigma, low income, financial hardships, anxiety, and depression.. The purpose of this phenomenological research study was to understand the socioeconomic factors that impact young mothers aged 17 years and younger in low-income communities. Schlossberg's transition theory guided this study. Fifteen young women ages 18 and 24 who were either pregnant or had given birth before age 17 years and under were recruited through purposive sampling and interviewed using in-depth key informant interviews. Audio recordings of interviews were transcribed, entered, and coded using NVivo 12 software. Findings indicated that while some participants were happy and proud of having children, most participants felt fear, isolation, embarrassment, and disappointment during their pregnancies, especially related to financial strain. Participants' mothers or female caretakers were most likely to provide emotional and financial support, even more than the respective father. Results indicated that teenage motherhood changed the way participants thought of their educational goals and other life plans. Findings from this study may lead to positive social change, which may include the need for increased support from the government, teachers, and school personnel to stay in school. When the public is knowledgeable about the challenges associated with adolescent pregnancy, they are more likely to support affected teenagers in coping with such problems.

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## **Dedication**

I am profoundly and forever grateful to the almighty God for showering me with grace, love, and strength to complete this rigorous but enriching program. I dedicate this dissertation to God through His son Jesus Christ for His unwavering grace and mercy towards me during this journey.

I also dedicate this dissertation to my parents, Mr. Moses Kerobo (Blessed Memory), and my mother, Mrs. Alice Kerobo, for their encouragement and support. In addition, I dedicate this dissertation to my wife, Gloria Kerobo, and my children: Favour Kerobo, Faith Kerobo, and Fullness Kerobo, as they are my most prominent supporters and my inspiration to complete this journey. Thank you all for your love, sacrifice, support, and reassurance. This achievement links my family's past, present, and future.

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## Chapter 1: Introduction to the Study

### **Introduction**

Teenage pregnancy refers to early pregnancies among adolescents aged between 10 and 19 years old. According to the World Health Organization (2020), about 21 million girls between the ages of 15 and 19 years are impregnated yearly, with an estimated 12 million of the pregnancies leading to births. In low- and middle-income countries, teen births are 777,000 for girls under the age of 15 years. Even though the worldwide teen-specific fertility rate has reduced by about 12% in the past 2 decades, there are disparities across regions. For example, in East Asia, the teenage fertility rate is 7.1 but 129.5 in Central Africa.

Chapter 1 includes the background to the study; the problem statement, where the evidence of a research gap is presented; the purpose; research questions; and nature, scope, and limitations of the study. The theoretical framework that I used to guide the study was Schlossberg's (1981) transition theory. I used this theoretical framework to examine the adverse and positive outcomes among those who had experienced teenage pregnancy and motherhood in low-income areas. The chapter concludes with a summary of the key points described in the chapter.

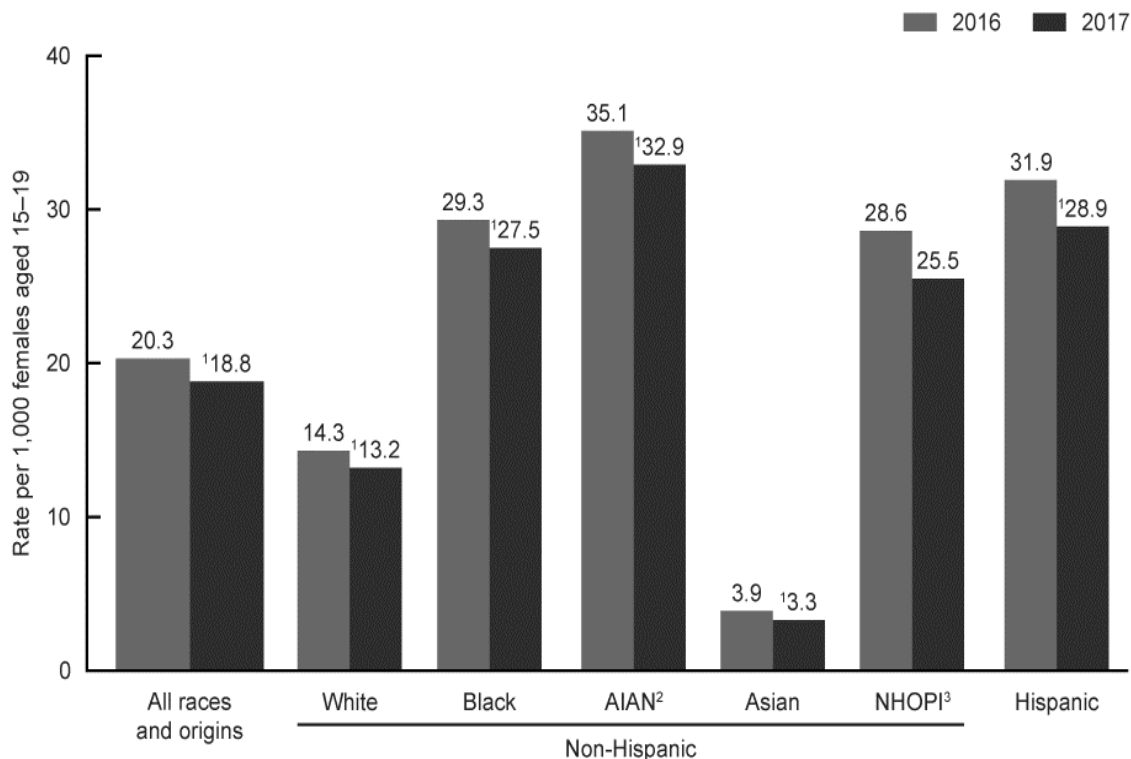
### **Background**

Plan International Organization (n.d.) recognized teenage pregnancies as a global issue that occurred at a higher rate in poorer and marginalized communities. In such communities, most adolescent girls face considerable pressure to get married at young ages and become mothers as children. The prevalence of adolescent pregnancy increases when girls do not receive a chance to make independent choices regarding their sexual

and reproductive health. Therefore, girls should have an opportunity to make autonomous decisions concerning their bodies and futures through increased access to education and healthcare services.

In the United States, the problem of unintended pregnancy is common among girls aged 15 to 19 years. The prevalence of unintended pregnancy is affected by socioeconomic factors and women's ethnicities. For instance, in women aged 18 to 24 years, high unintended pregnancy is attributed to low income, including women whose income falls below 200% of the federally defined poverty level (Guttmacher Institute, 2020). In addition, higher pregnancy rates are common among women of color and cohabiting women. Conversely, the rates of pregnancy are lower in White women, married women, and high-income women, who have an income above 200% of the federally-defined poverty level (Guttmacher Institute, 2020).

The U.S. teenage pregnancy rate is the highest among western developed countries (Centers for Disease Control and Prevention [CDC], 2019). In 2017, about 200,000 girls aged 15 to 19 years gave birth, which is a birth rate of about 19 per 1,000 women in this age group (CDC, 2019). There are disparities in U.S. adolescent birth rates across different ethnicities and income groups. As shown in Figure 1, the most recent data showed that the highest teen birth rate (32.9) was found in American Indian/Alaska Native teens, followed closely by Hispanic teens (28.9), and non-Hispanic African American teens (27.5). In contrast, non-Hispanic White teens had the lowest birth rate of 13.2 (CDC, 2019).

**Figure 1***Birth Rates for Adolescent Girls 15 to 19 by Race*

<sup>1</sup>Significant decline from 2016 ( $p < 0.05$ ).

<sup>2</sup>AIAN is American Indian or Alaska Native.

<sup>3</sup>NHOPI is Native Hawaiian or Other Pacific Islander.

NOTES: Race groups are single race. Access data table for Figure 2 at: [https://www.cdc.gov/nchs/data/databriefs/db318\\_table.pdf#2](https://www.cdc.gov/nchs/data/databriefs/db318_table.pdf#2).

SOURCE: NCHS, National Vital Statistics System, Natality.

The need to prevent teenage pregnancy has been attributed to its devastating impacts, such as high school dropouts. Approximately half of the adolescent mothers get a high school diploma by the age of 22 compared to 90% of those who do not give birth during teenagerhood (CDC, 2019). In addition, teenage motherhood has a negative impact on multiple generations. Wall-Wieler et al. (2019) noted that children of teenage mothers were not ready for school. Nonschool readiness in children of teenage mothers was attributed to poor physical, social, emotional, and cognitive skills. In addition,



children of adolescent mothers lagged in cognitive, language, and physical development than their counterparts born to nonadolescent mothers (Wall-Wieler et al., 2019). In addition, children whose grandmothers were adolescents had poorer physical, social, communication, emotional, and cognitive outcomes than those whose grandmothers were not adolescent mothers (see Table 1; Wall-Wieler et al., 2019).

**Table 1***Multigenerational Effects of Adolescent Motherhood*

Not Ready for School	Grandmother was an Adolescent Mother (n=3,391)		Grandmother was not an Adolescent Mother (n=7,935)		Unadjusted OR (95% CI)	Adjusted <sup>a</sup> OR (95% CI)
	n	%	n	%		
Overall	1,404	36.43	2,450	30.88	1.58 (1.46, 1.72)	1.21 (1.11, 1.33)
Physical Well-Being	704	20.76	1,126	14.19	1.58 (1.43, 1.76)	1.23 (1.10, 1.37)
Social Competence	652	19.23	1,075	13.55	1.52 (1.37, 1.69)	1.21 (1.08, 1.36)
Communication and General Knowledge	501	14.77	798	10.06	1.55 (1.38, 1.75)	1.17 (1.03, 1.32)
Emotional Maturity	571	16.84	1,043	13.14	1.34 (1.20, 1.50)	1.12 (1.00, 1.27)
Language and Cognitive Development	662	19.52	1,035	13.04	1.62 (1.45, 1.80)	1.17 (1.05, 1.31)

<sup>a</sup> Adjusted for income quintile and location (urban/rural) of neighborhood at birth of mother, mother's birth year, income quintile and location (urban/rural) of neighborhood at birth of child, child's birth year, child's sex, child's birth order, child's birth weight, child's gestational age, child diagnoses before 5<sup>th</sup> birthday: ADHD, conduct disorder, asthma, injury hospitalization, parent(s) received welfare.

<https://doi.org/10.1371/journal.pone.0211284.t003>

Adolescent motherhood leads to stigma. Teenage mothers are stigmatized by their nonmother classmates and school employees (Bermea et al., 2018). In addition, some school policies do not provide a conducive environment for learning. Therefore, teenage mothers feel that the school environment is unsafe for learning and are inadequately supported. In addition, members of the society label, humiliate, gossip about, and isolate teenage mothers from friends and classmates because of perceptions that they are bad influences on others (Nkwemu et al., 2019). Because of rejection, some families force adolescent mothers toward early marriages. Such experiences impair teenage mothers' self-esteem, lead to inferiority complexes, and result in poor academic performances (Nkwemu et al., 2019). Because of such experiences, adolescent mothers develop delinquent behaviors, such as alcoholism, school absenteeism, and running away from home (Nkwemu et al., 2019).

Adolescent mothers have various feelings regarding pregnancy. First, they fear disclosing their pregnancy statuses to their parents or guardians (David et al., 2017). This fear is attributed to their unpreparedness for pregnancy and fear of their families, knowing that they have engaged in premarital sex. Second, pregnant teenagers feel guilty, ashamed, and embarrassed. Therefore, most teenagers are less likely to disclose pregnancies. In addition, most become emotional when asked to describe their feelings when they discovered that they were pregnant (David et al., 2017). Even though past empirical studies have shown the extent to which teenage pregnancy and motherhood disrupts the social and economic livelihood of young mothers, there are no qualitative studies regarding the subjective experiences of low-income girls.

### **Problem Statement**

Evidence from the literature indicated that teenage pregnancy was linked to adverse social and economic consequences; however, positive consequences, such as increased educational attainment and increased labor income, had only been studied in the Hispanic and Latino community (Gorry, 2019). There was limited evidence on the association between teenage pregnancy and socioeconomic factors on low-income communities. In addition, even though researchers reported various social and economic consequences associated with teenage pregnancy, there were no qualitative studies regarding the subjective experience of low-income teenage mothers.

### **Purpose of the Study**

The purpose of this phenomenological research study was to understand the socioeconomic factors that impact young mothers aged 17 years and younger in low-income communities. The participants resided in an area in Milwaukee, Wisconsin, United States, with most low-income families having high teenage pregnancy rates. The participants included 15 teenage mothers from a low-income community who had their first child at the age of 17 years or younger. At the time of the study, during which the COVID-19 pandemic was ongoing, all participants were under the age of 24. The interviews included their lived experiences and perceptions of the social and economic aspects of teenage pregnancy in a low-income community.

### **Research Question**

The research question that I explored in this study was: What are the lived experiences of low-income teenage mothers who become pregnant and give birth while still in high school?

### **Theoretical Framework**

I used Schlossberg's (1981) transition theory to guide the study. Schlossberg developed this model to explain why people would react differently to similar transitions or even differently to the same transition at different stages of life. Schlossberg emphasized that four major factors could affect an individual's ability to cope with a transition: situation, self, support, and strategies. Researchers can use the theory to understand better what people experience during a transition period. I used Schlossberg's transition theory in this study to explore the lived experiences of pregnant teens and teenage mothers coping mechanisms during their transition to motherhood. The theory offers insight into several factors influencing how an individual could experience a transition.

### **Nature of the Study**

I used a qualitative research design for this study. A qualitative research design was appropriate for addressing the research problem because teenage mothers' experiences regarding socioeconomic aspects of their pregnancy could only be described in words. For example, teenage pregnancy-related experiences can only be explored through participants' own stories rather than through numerical data. Alase (2017) reported that the qualitative research approach yields in-depth explanations of social

phenomena (e.g., teenage pregnancy and its impact). I used the phenomenological research approach because it was the most appropriate technique for understanding respondents' experiences (see Alase, 2017). In the study, I used phenomenology to understand participants' experiences and perspectives of social and economic aspects of teenage pregnancy. Phenomenology is useful for exploring human behaviors and experiences through respondents' first-hand, real-world experiences (Dorsch, 2018). Phenomenological researchers use open-ended questions to gather respondents' views and opinions about various aspects of the research problem (Husserl, 2019).

### **Definitions**

*High-income: This income is above 200% of the federally defined poverty level (Guttmacher Institute, 2020).*

*Low-income: This income is not more than 80% of a particular region's median income, subject to adjustments for places with remarkably low or high incomes or housing costs (U.S. Department of Housing and Urban Development, 2019).*

*Teenage/adolescent mothers: These mothers are women aged between 15 (or lower) and 19 years who become pregnant and give birth to their children (World Health Organization, 2020).*

*Teenage pregnancy: This term refers to pregnancies in teenagers or adolescents aged between 15 and 19 years. The term is also used to describe pregnancy in children under the age of 15 years (Kirchengast, 2016).*

### **Assumptions**

I made three assumptions when conducting this phenomenological study. My first assumption was that the respondents answered the interview questions honestly and candidly. Honest and candid responses to the interview questions were critical in addressing a research problem to get a realistic perspective of the phenomenon of interest to the study. The respondents could have not given honest answers to interview questions because of the influence of social desirability when answering questions that elicit moral dilemmas (see Lise & Elisabeth, 2019). I guaranteed anonymity to ensure that the participants gave honest responses to the interview questions.

My second assumption was that the participants' ethnic and cultural backgrounds would not affect how they experienced the phenomenon explored and how they answered the interview questions. This assumption was necessary because respondents' ethnicities and cultures could have influenced how they cope with challenges associated with adolescent pregnancy and motherhood.

My third assumption was that the inclusion criteria that I used to recruit the participants ensured that only individuals with in-depth experience of the phenomenon explored were recruited. This assumption was crucial to understanding the phenomenon of interest to the study because only individuals with first-hand knowledge of teenage pregnancy were at a better position to give their socioeconomic experiences.

### **Scope and Delimitations**

My goal for this study was to explore social and economic experiences associated with teenage pregnancy in low-income communities. Therefore, the specific aspects of

the research problem that I addressed in the study consisted of the socioeconomic aspects of teen pregnancy in low-income neighborhoods. I determined that there was a need to investigate the socioeconomic aspects of teenage pregnancy because of limited research studies on the topic in low-income communities. Therefore, appropriate interventions to address the problems might be developed by understanding the issue from the first-hand experiences of adolescent mothers who had undergone it.

In this study, I focused on teenage mothers in low-income communities. Therefore, I delimited the study by recruiting only adolescent mothers under the age of 20 years. Another inclusion criterion for participation was that the potential respondent should reside in a low-income community and family. I recruited teenage mothers from all ethnic groups who met the criteria for the study. The exclusion criteria included mothers above the age of 20 years, adolescent mothers residing in high-income communities, and teenage mothers from high-income families. The theories related to socioeconomic consequences of teenage pregnancy that I did not investigate in this study consisted of the social disorganization theory, life-history theory, and evolutionary life-history theory.

The findings of qualitative research methods, such as phenomenology, should have transferability. Transferability refers to the process by which research findings from a given sample or context can be applied in similar situations (Korstjens & Moser, 2018). It can also be described as the extent to which the results of qualitative studies can be transferred to other settings and contexts with other participants (Korstjens & Moser, 2018).



Because I used a purposive sample of teenage mothers from low-income communities, the results of the study could apply to all adolescent mothers from similar socioeconomic households. The findings might apply to teenage mothers below the age of 17 years from low-income communities. Low-income family refers to a family whose income is not more than 80% of a particular region's median income, subject to adjustments for places with remarkably low or high incomes or housing costs (U.S. Department of Housing and Urban Development, 2019).

### **Limitations**

The study had some methodological limitations that should be considered when applying the findings to other situations. First, phenomenology researchers use a nonprobability sampling technique (purposive sampling) when recruiting respondents. Therefore, the samples used in phenomenological studies do not represent the population. Consequently, it might be difficult to prove that the research achieved logical, analytic, and theoretical generalization. Another limitation attributed to using phenomenology was that there was no strict criterion regarding the sample size. Because the sample size was small, the experiences reported by the respondents could be said to be typical. The small sample size might also limit the generalizability of the findings to other contexts, situations, and populations other than the sample.

Phenomenological researchers focus on meanings and experiences, leaving out contextual sensitivities (Rahman, 2016). In attempting to discover, interpret, and explore respondents' experiences to a particular phenomenon, other contextual factors affecting the issue being explored may be left out. For example, contextual factors, such as family

support and cultures, may affect respondents' socioeconomic experiences of teenage pregnancy, but these are not likely to be captured in phenomenology.

Various biases could influence research outcomes. However, I appropriately addressed these biases were to ensure that the results remained trustworthy and valid. One of the biases in qualitative research studies is the interview bias, occurring when an interviewer influenced the interviewees' responses to a particular question unintentionally (The Regents of the University of Michigan, 2017). Interviewer-related bias was manifested by increasing reports of socially desirable responses and decreasing socially undesirable ones.

In addition, interviewers' body languages might reflect an opinion regarding the phenomenon being explored in the study. I avoided interviewer bias by minimizing questions that needed nonstandard interviewer behavior (see The Regents of the University of Michigan, 2017). I framed the questions in such a way that they did not alter interviewers' emotions or behaviors and affected interviewees' responses. Interviewer bias was reduced through nondirective probing techniques and verbatim recording of interviewees' responses (see The Regents of the University of Michigan, 2017).

I addressed participant bias by asking the interviewees indirect questions regarding the phenomenon of interest to the study. I used this process due to the likelihood that the participants would alter their answers to make a good impression if I posed direct questions. Therefore, open-ended questions were more useful in addressing interviewees' bias. I used open-ended questions to ensure the free flow of information

rather than limiting participants' responses to particular answers. Even though open-ended questions were crucial for addressing participant bias, impartiality should remain in the questions by avoiding implying that there could be a correct answer to the questions.

### **Significance**

The findings may reveal the unique social and economic experiences of teenage mothers in low-income areas. In addition, the results may have a beneficial impact on professional practices and the daily practice of organizations tasked with the alleviation of problems related to teenage pregnancy and motherhood. An understanding of participants' understanding of socioeconomic aspects of teen pregnancy in a low-income community may be used in devising effective strategies aimed at addressing the identified challenges. For instance, if it is established that teenage mothers cannot get formal employment because they lack the necessary skills, then educational opportunities aimed at equipping them with these skills can be provided.

Furthermore, understanding the challenges of social aspects of teenage pregnancy/motherhood, such as stigma, guilt, and shame, may be used to establish adequate psychological and counselling support services. Overall, the findings of the study may lead to positive social change. For instance, the results may be useful in creating public awareness of the social and economic consequences of teenage pregnancy. When the public is knowledgeable about the challenges associated with adolescent pregnancy, they are more likely to support the affected teenagers in coping with such problems. The findings may also be used to shape policy for addressing

teenage pregnancy/motherhood issues, such as the provision of opportunities for young mothers to return to school following birth.

### **Summary**

Teenage pregnancy is a global problem, affecting about 21 million girls between the ages of 15 and 19 years (World Health Organization, 2020). Even though the problem is common in developing countries, adolescent pregnancy is prevalent in the United States in poorer and marginalized communities (CDC, 2019). Teenage pregnancy is associated with adverse outcomes such as school dropout, stigma, and high rates of unemployment. An in-depth understanding of the socioeconomic experiences of young mothers may be helpful for devising effective interventions and policies related to the problem of teenage pregnancy.

This chapter included an overview of teenage pregnancy problem and some of its socio-economic consequences. In Chapter 2, I review the previous literature and explain the gaps in the literature. Chapter 3 includes the research design and rationale, the role of researcher, methodology, and issues of trustworthiness.

## Chapter 2: Literature Review

### **Introduction**

The purpose of this phenomenological research study was to understand the socioeconomic factors that impact young mothers aged 17 years and younger in low-income communities. The sample of this study was 15 teenage mothers from a low-income community who had their first child at the age of 17 years or younger. At the time of the study, during which the COVID-19 pandemic was ongoing, all participants were under the age of 24. The interview included their perceptions of the social and economic aspects of teenage pregnancy. Within the remaining part of this chapter, I will discuss the literature search strategy (i.e., the foundation of the review of key variables and concepts). I will describe the applications of the theoretical framework in more detail than the prior chapter. The chapter concludes with a summary and conclusion of the literature reviewed.

### **Literature Search Strategy**

A comprehensive literature search strategy consisted of studies published between 2016 and 2020 using multiple databases and a combination of key words. My goal was to enable an in-depth understanding of the socioeconomic aspects of teenage pregnancy. I searched several databases. Including Academic Search Complete, PsycINFO, Education Source, and SocINDEX. I retrieved only scholarly or peer-reviewed articles related to the socio-economic aspects of teenage pregnancy. Key search terms and combinations included *teenage pregnancy*, *adolescents*, *adolescent pregnancy*, *social outcomes*, *economic outcomes*, *young motherhood*, and *teenage parenting*. I also used the

following combination of keywords to locate and retrieve relevant peer-reviewed articles from the databases: *teenage pregnancy or adolescent pregnancy AND social outcomes*, *teenage pregnancy or adolescent pregnancy AND economic outcomes*, *young motherhood OR teenage parenting AND social outcomes*, and *young motherhood OR teenage parenting AND economic outcomes*.

I also used an iterative search process. The first database that I used to search for empirical studies related to socio-economic aspects of teenage pregnancy was Academic Search Complete accessed through Walden University (2020a) Library. I used the terms *Teenage pregnancy or adolescent pregnancy AND social outcomes* search term were first used to identify relevant scholarship associated with the topic. The search mode I selected to retrieve the articles was Boolean/phrase. The results I limited to full-text primary source documents or articles published from January 2016 to July 2020. The search yielded 11 results. However, only three of them were relevant to the topic. I also used the terms *Teenage pregnancy or adolescent pregnancy and economic outcomes* to identify more peer-reviewed articles on the topic. The search yielded eight articles. Three of them were most relevant to the topic.

Another database I used to retrieve peer-reviewed articles related to the phenomenon of interest to the study was SocINDEX. The first combination of search terms I used to obtain the articles consisted of *teenage pregnancy or adolescent pregnancy AND social outcomes*. I limited the search to full-text; peer-reviewed scholarly journals articles published in the past 5 years yielded two results. On the other hand, a

combination of keywords, *teenage pregnancy or adolescent pregnancy AND economic outcomes*, yielded one article in SocINDEX database.

### The Transition Theory

I used Schlossberg's (1981) transition theory as the theoretical framework guiding the foundation of the current study. Schlossberg emphasized that four major factors could affect an individual's ability to cope with a transition: situation, self, support, and strategies (see Figure 2). Therefore, I used this model to explain the phenomena of self, situation, strategy, and support that might make participants experience different social and economic experiences as teenage pregnant girls or mothers.

**Figure 2**

*Schlossberg's Transition Theory Idea (1981)*



The theory defines transition as any event or nonevent that alters current roles, assumptions, routines, and relationships. One should consider the type, context, and its

impact to appreciate the meaning that a transition has for a specific person. There are three types of transitions: anticipated, unanticipated, and nonevents. Anticipated transitions are those that a person expects to occur (e.g., high school graduation) while unanticipated transitions are unpredictable (e.g., death). On the other hand, nonevents are transitions that a person anticipates occurring but not occurring. In this model, context describes an individual's relationship with the transition and to the setting in which it occurs. Lastly, impact refers to the extent to which a transition changes a person's daily life.

Gbogbo (2020) used Schlossberg's (1981) transition theory to explore the lived experiences of pregnant teens and teenage mothers coping mechanisms during their transition to motherhood. Gbogbo (2020) established that teenage mothers would experience many societal challenges, such as stigma, resulting in unsafe abortions. In addition, the researcher reported that adolescent mothers experienced economic and financial hardships. Moreover, the teenage mothers find it hard to go keep going to school after delivery because of the extra responsibility of bringing up the child.

Zambito (2017) used Schlossberg's (1981) transition theory to explore the lived experiences of student mothers in college. The results showed that the young mothers got increased financial and emotional support from their family members following the birth of their children. In addition, the participants reported that friendship was an important system as their friends gave them direction, guidance, and emotional support. Students' personal connections with faculty members, access to proper childcare, and support from friends helped the young mothers to persist as college student mothers. I selected



Schlossberg's (1981) transition theory because teenage pregnancy represents a transition in life from childhood to motherhood. I also selected this theory because it provided an insight into the several factors influencing how an individual experienced a transition.

### **Literature Review Related to Key Concepts**

#### **Quantitative Studies**

##### ***Pregnancy and Educational Adversity***

Pregnancy leads to disruption of the teenager's education and social life. Pregnant teens have lower cognitive skills and educational prospects than their counterparts who did not deliver at a young age (Diaz & Fiel, 2016). Low academic achievement of pregnant girls is attributed to less time spent reading and doing homework and more time engaging in problematic behaviors. In addition, adolescent motherhood harms educational attainment. Mothers who had their first children between the ages of 11 to 15 had 4.4 years less education than those who did not have children at adolescence (Gigante et al., 2019). Among those who gave birth between the age of 16 and 19 years, education was reduced by 2.8 years compared to those who did not give birth in adolescence (Gigante et al., 2019).

Anakpo and Kollamparambil (2019) noted that, on average, being an adolescent mother reduces educational attainment by at least 5.2 years. In addition, teenage motherhood decreased economic well-being by 19%. Moreover, the more children the teenage mother has, the stronger its negative impact on educational attainment and economic outcomes. The effect of young motherhood on socioeconomic outcomes is also affected by whether or not the adolescent came from an intact family or out-of-wedlock

family. Teen mothers from out-of-wedlock families have lower educational and economic outcomes than their counterparts from intact families. Furthermore, being a teenage mother is associated with decreased life satisfaction.

### ***Pregnancy and Psychological Outcomes***

Teenage pregnancy has adverse psychological effects on young girls because of the demanding challenges of childbearing. Pregnant adolescents are highly likely to exhibit more social problems, such as low self-worth, delinquency, risk aversion, and behavioral problems (Diaz & Fiel, 2016). Campbell-Grossman et al. (2016) established that pregnant teenagers would exhibit depressive symptoms linked to stress associated with young motherhood. Teenage mothers who do not receive adequate emotional support are more likely to exhibit depressive symptoms. In addition, Anakpo and Kollamparambil (2019) established that teenage motherhood increased depression scores by 5.4 after controlling for extraneous variables.

### ***Pregnancy and Future Income***

Lower academic achievement and attainment among adolescent mothers compared to those who did not give birth at adolescence significantly predict low income in the future. Diaz and Fiel (2016) attributed this phenomenon to a decreased likelihood of college completion in young mothers. However, the effect is primarily found among teenagers who had the least likelihood of becoming pregnant in the first place. Because young mothers are highly likely to be unemployed, most cannot afford the necessities needed for child-rearing (Salvador et al., 2016). Those lucky enough to obtain a job work a few hours because they need to balance school and work responsibilities (Salvador et

al., 2016). A high unemployment rate is also a common challenge for young mothers with low levels of educational attainment. Learning a trade was the best option for them (Gbogbo, 2020).

Teenage motherhood harms income in adulthood. Compared to women who did not give birth at adolescence, those who gave birth between 16 to 19 years old had 33% lower incomes (Nkwinika & Naidoo, 2017). As the age at first birth decreases, the magnitude of negative impacts increases. For instance, women who gave birth between 11 to 15 years old had a 49% lower salary than those who did not give birth in adolescence (Nkwinika & Naidoo, 2017).

## **Qualitative Studies**

### ***Pregnancy and Educational Problems***

Pregnancy disrupts the ability to continue schooling as there may not be alternatives, such as home schooling or returning to school after childbirth (Asnong et al., 2018). Even when schools allow teenage mothers to return to school after childbirth, pregnant girls and their husbands are likely to drop out because of ridicule and embarrassment from their peers. Pregnancy shows that girls engage in premarital sex, and they may be expelled from school. In addition, school dropout is the most probable outcome as they struggle to find jobs for adolescents struggling with food and financial challenges (Kumar et al., 2018).

The challenges experienced by the adolescent mothers include coping with the psychological stress of pregnancy in school, lack of time for completion of an assignment, and absenteeism. These problems are attributed to the challenging tasks of

balancing the role of a mother and a student (Dowden et al., 2018). Even though some teenage mothers would wish to stay in school and attain high school graduation, the challenge of balancing school and childrearing shattered their dreams. These challenges lead to high rates of school dropout among teenage mothers. Teenage mothers claim that if family support were available, they would have continued their educations (Dowden et al., 2018). Apart from family support, teenage mothers needed community/society support and financial support to improve their adolescent motherhood experience.

Moreover, pregnant adolescents had a lower likelihood of high school completion than their unpregnant counterparts, showing that teenage pregnancy harmed high school completion (Diaz & Fiel, 2016). These difficulties were aggravated by a lack of family support (Gbogbo, 2020). If these challenges were addressed, teenage mothers would go back to school. Despite the financial difficulties and lack of family support, some teenage mothers resolved to go back to school and pursue their academic dreams to attain an economic status that would give their children good lives. Going back to school is not an option for some because of the lack of fees.

### ***Pregnancy and Hardship***

Even though teenage mothers cherished the thoughts of motherhood, they also reported negative experiences related to adolescent motherhood. Pregnant teenagers complained of hard physical labor. Most worked in such fields despite their pregnancy statuses because they needed to meet their monetary needs and support their relatives (Asnong et al., 2018). However, one of them did not experience financial problems during pregnancy as she had financial support from her immediate and extended family

members. Some pregnant adolescents also received financial and emotional support from their partners (Asnong et al., 2018). However, some reported encountering financial burdens during childbirth, especially with necessary Caesarian sections.

In addition, most pregnant girls do not have financial support from family members and their husbands (Salvador et al., 2016). For this group, the only way out of their financial burden is to find work, a challenging task for a young mother living in a refugee camp. Most young mothers cannot afford physical visits and essential nutrition required in the prenatal stage (Salvador et al., 2016).

### ***Pregnancy and Family Challenges***

Teenage pregnancy is accompanied by social challenges for young mothers and their family members. Asnong et al. (2018) established that unplanned pregnancy and marriage among adolescent girls led to troubled relationships within extended families and marriages. Some challenges experienced by the pregnant girls were linked to social pressure and cultural factors that forced or made the parents stop supporting their pregnant daughters. Some pregnant adolescents experienced physical violence from their parents because of early pregnancy leading to the loss of the babies. The husbands did not support their young pregnant wives but resorted to domestic violence, divorce, gambling, alcoholism, and drug abuse in other instances.

### ***Pregnancy and Psychological Outcomes***

Pregnant teens face many psychological and mental health problems that aggravate the challenges associated with young motherhood. Gbogbo (2020) noted that adolescents reported that getting pregnant led to depression because their parents were

saddened and disliked their unplanned motherhood. Being a young mother is also accompanied by anxiety because of their unpreparedness. Specifically, young mothers have low self-esteem, lack confidence, and are ignorant of the proper care of their children. The challenging role of motherhood brings guilt and shame, mainly because the young mothers feel incompetent for this role. In addition, teenage motherhood was accompanied by regret and frustration associated with an unwanted and unplanned pregnancy. When family members do not accept adolescent pregnancy, teenage mothers experience strained relationships with their partners and families (Mangeli et al., 2017).

### ***Pregnancy and Stigma***

Pregnant teenagers and young mothers face stigma from society, family members, and school communities. Young mothers are highly likely to be ridiculed and laughed at by their peers in school. Social stigma is attributed to social expectations—teenage girls are regarded as immoral and deviant when they become pregnant; however, the same does not apply to adolescent boys when they become adolescent fathers (Dlamini, 2016). Social stigma is manifested through sadness, psychological stress, and disappointment because of the feeling that teenage motherhood is a departure from the societal norm of having children in adulthood (Dowden et al., 2018). Parents, starting from the father, are unwilling to accept the pregnancy of their young girls because of the shame and rejection of early pregnancy by members of a community (Kumar et al., 2018).

### ***Pregnancy and Social Support***

Teenage pregnancy and motherhood are characterized by a lack of support from the parents, peers, and the community. Adolescent mothers do not receive adequate

support from healthcare providers, family members, friends, and spouses (Mangeli et al., 2017). Most require support because of their increased roles and responsibilities associated with financial challenges. Adolescent motherhood is also associated with health problems that need financial assistance (Mangeli et al., 2017). Even though adolescent mothers expect support from their spouses in childrearing responsibilities, lack of support is a frustrating experience. The absence of financial support from immediate family members and friends for child upbringing means a financial burden due to the high costs of child upbringing.

Support from teachers and school personnel is important in motivating teenage mothers to stay in school (Williams, 2019). Moreover, although adolescent mothers experience financial and educational struggles during pregnancy, resiliency keeps some of them in school. Resiliency is linked to support received from the school personnel, friends, and family members. Kumar et al. (2018) revealed that most teenage mothers lacked emotional support from family members and their boyfriends, leading to depression. The most painful experiences of adolescent mothers were that following the confirmation of their pregnancy statuses, their boyfriends “vanished from the sight” (Kumar et al., 2018, p. 20).

Even though social stigma is a crucial problem associated with adolescent motherhood, some teen mothers have received social support to cope with challenges related to their new lives. The most important support comes from their immediate family members, their children’s fathers, and friends (Gbogbo, 2020). These support networks enable them to build their self-esteem and motivate them to return to school. Support

from family members is either financial, emotional, or psychological. Some mothers and grandmothers of teenage mothers provide both financial and motivational support to go back to school despite being disappointed with their pregnancies.

### ***Pregnancy and Economic Hardships***

Most adolescent mothers reported are unemployed when they deliver. Consequently, most faced financial hardships that made them dependent on others to meet their children's basic needs (Williams, 2019). Past studies explored various socioeconomic variables and concepts associated with lived experiences of teenage pregnancy. The variables describe dropping out of school, being spelled out of school, and not balancing childbearing and school. These factors lead to low educational attainment and employability, which lead to financial hardship and social stigma.

One of the concepts that emerged from previous studies is a school dropout. School dropout is one of the negative economic impacts of adolescent pregnancy. There are various reasons why teenage mothers, at least most, would opt out of school because of ridicule and embarrassment from peers. Conversely, others are overwhelmed by their new and demanding parenting roles. In other cases, pregnant girls are expelled from school because they are likely to be the wrong role models for others.

Although some adolescent mothers would have wished to stay in school and attain a high school diploma, the challenge of balancing school and childrearing curtailed their dreams. These challenges led to high rates of school dropout among teenage mothers. This concept was chosen because of its long-term economic impact on adulthood. The effect of school dropout is seen through the second concept—educational attainment.



Because most teenage mothers do not go back to school after giving birth, they are highly likely to have low educational attainment. Low high school completion rates, college attendance, and college degrees manifest this issue.

A low level of educational attainment is associated with another key concept in past studies, unemployment. Teenage mothers are less likely to get jobs because they lack relevant knowledge, skills, and competencies to carry needed in the workplace. Consequently, adolescent mothers are more likely to find unskilled and semi-skilled jobs. This finding implies that teenage mothers have low earnings in adulthood compared to their counterparts who did not give birth in adolescence. Low salary, wages, or earnings is a common concept across all past studies investigating experiences of teen pregnancy and motherhood. For example, women who gave birth between the ages of 11 to 15 had a 49% lower salary than those who did not give birth in their teenage years (Nkwinika & Naidoo, 2017). Pregnant teenagers have also complained of hard physical labor. They are forced to take such jobs to meet their financial needs. As a crucial concept related to teenage pregnancy and motherhood, low earnings are a recurrent theme because it is one of teen pregnancies most visible economic costs.

Financial difficulties during adolescent pregnancy and motherhood are crucial in past empirical studies. Financial problems in adolescent in motherhood is attributed to a lack of support from immediate family members and their partners or husbands. This finding implies that teenage mothers do not afford basic needs. However, some receive financial support from their mothers and grandmothers. Troubled relationships between pregnant teenagers and their parents are crucial concepts emerging from past studies.

Some pregnant adolescents experienced physical violence from their parents because of early pregnancy leading to the loss of the babies. This finding is attributed to social pressure and cultural factors associated with teenage pregnancy immorality. This concept was chosen because it is one of adolescent pregnancy and motherhood's most prevalent social outcomes.

Social stigma is also a crucial concept chosen across the reviewed studies. This finding is attributed to the feeling that adolescent motherhood represents a deviation from the societal norm of having children in adulthood. Teenage mothers are shamed and rejected by members of the community. They also face ridicule and embarrassment in schools because they are considered immoral. Stigma is chosen as a concept in past empirical studies because it manifests the community members' perceptions of teenage pregnancy.

Lastly, the reviewed studies' lack of emotional and psychological support is a common concept. Teenage pregnancy and motherhood are characterized by the absence of emotional support from parents, community members, friends, and peers. Consequently, most adolescent mothers have a high level of depression.

### ***Phenomena, Controversies, and Remaining Issues***

Teenage pregnancy and motherhood have adverse socioeconomic impacts. In adolescence, girls who become pregnant are highly likely to drop out of school. In addition, they have a lower likelihood of attending colleges and universities (Diaz & Fiel, 2016). Because of this, most of them do not have college degrees. Overall, adolescent pregnancy and motherhood are associated with low educational attainment (Berthelon &

Kruger, 2017). Second, early motherhood leads to low salaries or income in adulthood (Gigante et al., 2019). This finding is because such individuals lack the required knowledge, skills, and competencies to get high-paying jobs.

Teenage motherhood is associated with high unemployment rates in adulthood and social adversity (Berthelon & Kruger, 2017; Gbogbo, 2020; Gough, 2017). In addition, pregnant teens are ridiculed and humiliated by colleagues and community members (David et al., 2017). They are also less likely to receive financial support from their spouses and parents (Asnong et al., 2018). However, this issue remains controversial as some studies reported that teenage mothers received financial and emotional support from their parents and spouses (e.g., Gbogbo, 2020). Even though past researchers revealed various adverse outcomes associated with adolescent pregnancy and motherhood, none explored whether the effects varied based on affected teenagers' socioeconomic backgrounds. Therefore, the current research goal was to address this gap in the literature.

### **Summary and Conclusion**

A review of the literature led to various themes related to the social and economic aspects of teenage pregnancy and motherhood. The first theme was low educational attainment. Adolescent mothers were highly likely to have lower high school completion, college attendance, and college graduation rates than their counterparts who did not give birth in adolescence. The second theme that arose from past studies was low earnings. Because of low educational attainment and lack of essential job-related knowledge and skills, teenage mothers were more likely to be employed in low-paying jobs. Third, it was

established that adolescent pregnancy and motherhood were linked to social stigma manifested through ridicule and embarrassment of pregnant teens in their communities and schools.

Another important theme that emerged from past empirical studies was the lack of financial support of pregnant teens from their parents and spouses attributed to the perception that young motherhood was a sign of immorality. Lastly, the lack of emotional and psychological support from family and friends was a common theme in the literature related to the negative social outcome of teenage pregnancy and motherhood. Although past studies revealed various themes related to adolescent pregnancy, a literature review showed a lack of studies on social and economic outcomes of pregnancy experienced by teen mothers in low-income communities. Therefore, this literature gap was addressed using a phenomenological research approach. The sample for the study was selected through the purposive sampling technique, and data collection entailed face-to-face, semistructured interviews.

## Chapter 3: Research Method

### **Introduction**

The purpose of this phenomenological research study was to understand the socioeconomic factors that impact young mothers aged 17 years and younger in low-income communities. Central to the research was my attempt to understand the unique socioeconomic experiences of adolescent motherhood from those with first-hand experiences of the phenomenon and currently residing in socioeconomically disadvantaged neighborhoods. The results should enhance understandings of whether living in low-income communities exacerbates or alleviates the socioeconomic problems associated with teenage pregnancy. This study could provide new directions for curbing teenage pregnancy and cushioning adolescent mothers from adverse socioeconomic experiences linked to it. The phenomenon of interest in the study was teenage pregnancy in low-income neighborhoods and associated social and economic experiences. In this chapter, I discuss the research design and rationale, the role of the researcher, methodology, and issues of trustworthiness.

### **Research Design and Rationale**

I conducted the phenomenological study using face-to-face, in-depth interviews to understand the social and economic experiences of teenage pregnancy/motherhood in low-income communities. The sample of this study was 15 teenage mothers from a low-income community who had their first child at the age of 17 years or younger. At the time of the study, during which the COVID-19 pandemic was ongoing, all participants were under 24. The participants resided in an area in Milwaukee, Wisconsin, United States,

with most low-income families having high teenage pregnancy rates. The community was also centered on a multicultural church environment. I carried out the interviews until saturation, a point at which any extra data did not yield new emergent themes, was reached. At this point, there was enough data for establishing consistency of themes, generalization, and transferability of the findings.

I believe the qualitative phenomenology research design was the most appropriate for the current study because it addressed participants' experiences, perspectives, and meanings from the viewpoints of individuals with first-hand knowledge of a phenomenon being explored (see Hammarberg et al., 2016). Another reason this research approach was suitable was because it was the best method for reaching people hard to reach or not easily identifiable (see Hammarberg et al., 2016). In addition, qualitative methodology was appropriate for the study because it was unethical to manipulate the study's concepts and the phenomenon of interest.

I used the qualitative research tradition was used in this study. Phenomenology, with roots tracing to philosophical traditions by Husserl (2019), was the approach I used. In phenomenological studies, the term *phenomenon* is used to describe an event, an experience, or an occurrence that happened to a person (Husserl, 2019). In the current research, this aspect was teenage pregnancy. Researchers can use phenomenological studies to understand the human factors attributed to experience (Husserl, 2019). I chose phenomenology because it addressed how a person perceived a phenomenon to place it within a context. In addition, I believe phenomenology was suitable to this study because

I hypothesized that people's lived experiences would provide meaning to every individual's perception of a specific phenomenon.

### **Research Question**

The research question that I used to guide this study was: What are the lived experiences of low-income girls who become pregnant and give birth while still in high school?

### **Role of the Researcher**

#### **Observer-Participant**

As a researcher, I handled selecting the participants for the study. In addition, I collected, organized, and analyzed data from respondents who had experienced the phenomenon of interest. Alase (2017) emphasized that the researcher is tasked with investigating and interpreting the impact of the research subject matter on respondents' lived experiences. In the current study, I was the primary researcher and data collector. Because there were no predeveloped instruments used to collect data needed to address the issue under investigation, I developed a semistructured interview composed of open-ended questions. I developed the instrument, which was guided by past empirical studies related to the current subject and Schlossberg's (1981) transition theory.

Apart from developing the open-ended questions, I was an active participant in the interview process as an interviewer. Through the face-to-face interview technique, I explored respondents' experiences regarding the phenomenon of interest to the study. Because I was directly and deeply involved in exploring participants' experiences via interviews, personal and ethical dilemmas could have arisen. I accomplished the

elimination of such dilemmas through identifying self-biases, values, and experiences that might affect the analysis of interview data. By eliminating prejudgments and self-biases regarding the issue, I was in a decent position to understand participants' lived experiences comprehensively.

### **Bracketing**

As an observer-participant who engaged with the respondents through question-answer sessions to unearth their experiences regarding the issue being explored, I set aside my preconceptions, biases, and prejudgments by bracketing myself from the phenomenon investigated (see Neubauer et al., 2019). This process was based on the epistemological assumption that the observer should be separated from the world and their physical beings (see Neubauer et al., 2019). In descriptive phenomenology, a researcher could use bracketing to attain the transcendental state characterized by a lack of bias (Neubauer et al., 2019). The purpose of phenomenological studies is elaborating participants' real stories about the issue of interest. When readers reflect on them, they could acknowledge understanding what it was like for an individual (see Alase, 2017).

After bracketing, a phenomenological researcher undertakes transcendental-phenomenological reduction characterized by an in-depth look at every respondent's experience and a full description of the meaning and essences told by each (Neubauer et al., 2019). Next, a researcher must unify and synthesize all respondents' descriptions of their lived experiences via a process known as free variation (Neubauer et al., 2019). These essences are crucial to attaining an in-depth knowledge of the investigated issue.



As an observer-participant, I was tasked with ensuring that respondents' information remained confidential by providing them with verbal and written assurances that all identifiers were not included in the data analysis. I gave the respondents a number used as an identifier. In addition, the participants signed consent forms confirming their voluntary agreements to participate in the interview and research. However, the respondents were free to withdraw from the conversation or not answer the questions whenever they felt uncomfortable responding.

### **Personal and Professional Relationships With the Participants**

As a nurse, I had a close personal and professional relationship with the current research. I eliminated potential ethical dilemmas by avoiding supervisory, job-related, and personal relationships with the respondents. In addition, I did not recruit respondents who were my family members and colleagues. Moreover, I shared no information about my own experience as a nurse who had worked with teenage mothers. It was also vital for the participants not to know my true professional identity as a practicing nurse to prevent them from feeling indebted to divulge or withhold crucial information. Moreover, I avoided sharing my personal experiences regarding the phenomenon to avoid influencing their responses to the questions.

### **Management of Researcher Biases**

Because the data collected in phenomenology is from first-hand experience of the participants (subjective), avoidance of bias during data collection and analysis is crucial. It was highly likely that the respondents would have changed their answers if they detected that I was biased. In such a case, the integrity of the collected data would have

been lost. When collecting data, a phenomenological researcher avoids bias by avoiding leading questions, facial expressions, and gestures that reveal how a researcher wants the questions to be answered (Alase, 2017). Bias can also be avoided by not forcing the respondents to answer questions they do not like to answer. In addition, bias can be eliminated if a researcher avoids sharing personal stories with the interviewees. It is also advisable that the researcher avoids sharing respondents' accounts with other respondents (Alase, 2017).

I eliminated research bias through bracketing. In phenomenological studies, researchers bracket their personal experiences, predetermined beliefs, and biases before researching to enable respondents to divulge their experiences without influencing researchers' perspectives (Alase, 2017). I avoided bias by bracketing my experiences during data collection to analyze the collected data separately from my perceptions about the phenomenon investigated. In this phenomenological study, bracketing was crucial because I used it to ensure that the respondents' perceptions of the phenomenon remained unaltered.

### **Other Ethical Issues**

Another important ethical issue that could arise was that the participants might have manifested strong emotional responses because the study was focused on a sensitive topic (teenage pregnancy and its outcomes). For instance, embarrassment, guilt, and fear could have arisen as the respondents shared their teenage pregnancy journeys and their challenges. Therefore, I considered the emotional risks to the respondents and put in place mechanisms to mitigate any harm.

I ensured that there was emotional support for participants from a qualified professional well-versed with the nature of the study. In addition, participants were encouraged to seek mental health services from local facilities whenever they exhibited emotional disturbances following the interview. Moreover, respondents were advised to visit <https://www.mentalhelp.net/> for advice and help whenever needed. Dickson-Swift (2017) emphasized that researchers should acknowledge that qualitative studies might elicit emotional reactions; thus, they should conduct regular debriefings from the beginning of the study instead of waiting for a sensitive incidence to occur. Furthermore, the interviewees could have withdrawn from the interview without any repercussions to maintain their mental health.

## **Methodology**

### **Population and Setting**

I conducted this study in Milwaukee, Wisconsin, United States, in a church environment, particularly in a multicultural church environment, with an attendance of about 250 members. My rationale for selecting this community was the presence of many low-income individuals having high teenage pregnancy rates. The population of interest at the time of the interview consisted of teenage mothers aged 18 to 24 years who were either pregnant or had given birth at 17 years of age and under while living in a low-income community. Only individuals with a history of teenage pregnancy as child mothers before age 17 were enrolled in the study.

I used homogenous purposive sampling to recruit participants with the same characteristics, especially those attributes of interest to the phenomenon explored. A

homogenous sample is a sample in which the participants have similar attributes or traits. In the current study, I used purposive sampling to recruit a group of teenage mothers as participants with a history of pregnancy under the age of 17 and from low-income communities.

### ***Participant Eligibility Criteria***

Only participants who had their first child at age 17 years or younger were eligible for the study. I was focused on understanding the social and economic experiences of teenage pregnancy. In addition, the potential participants were enrolled in the study if coming from a low-income community.

### ***Sample Size and Rationale***

Phenomenology is not focused on the breadth of the phenomenon being investigated but on getting an in-depth understanding of participants' perceptions (Dawidowicz, 2016). Consequently, large sample sizes are generally not used. The appropriate sample size is usually between 12 and 15 (Laureate Education, Inc., 2013). The sample of this study was 15 teenage mothers from a low-income community who had their first child at the age of 17 years or younger. At the time of the study, during which the COVID-19 pandemic was ongoing, all participants were under the age of 24. In phenomenological studies, small sample sizes are used because the results are not meant for generalization (Dawidowicz, 2016). The importance of the results of phenomenology lay in transferability, or the application of learning new situations. The use of a large sample would not necessarily result in more insight into the issue explored (see Dawidowicz, 2016).

Therefore, the small sample size was adequate for this study. According to Dawidowicz (2016), determining sample size in phenomenology involves obtaining adequate data suitable for the study from a sufficient number and variety of responses. Specifically, Dawidowicz gave a sample size of eight and 12 participants as the most appropriate for phenomenology. Recent phenomenological researchers have used small sample sizes (e.g., Dowden et al., 2018). In a study to investigate the educational outcomes of teenage pregnancy, Dowden et al. (2018) used a sample of eight participants recruited through purposeful and snowball sampling methods. Barrow (2017) used a sample of four respondents to explore the lived experiences of parents with autistic young children receiving special education services. In a phenomenological study to understand graduate Asian students' English writing challenges, Bawa and Watson (2017) purposefully recruited five respondents.

### **Instrumentation**

I developed a new interview guide based on the literature and general methods for developing qualitative instruments. I used the interview guide as an instrument for data collection (see Appendix A). The interview guide consisted of seven broad questions. I framed the questions to reflect the social and economic experiences of participants. For example, the participants were asked to describe their educational experience, employability skills, and income after giving birth. The interview guide was semistructured, with seven questions (Appendix A).

### ***Interview Guide***

After I developed the interview instrument, a panel of experts was requested for their knowledge in phenomenological research related to teenage pregnancy to confirm the reliability and validity of the instrument. The experts were requested to examine how the instrument was constructed and rate the content, construct, face, and consequential validity. Additionally, the experts were asked to give their opinions about the reliability of the interview instrument. Moreover, they were required to provide sentence structure and wording suggestions. Following the recommendations from the experts, I made revisions to the instrument.

I used the interview guide as an instrument for data collection (Appendix A). The questions were framed to reflect the lived experiences of the participants. The interview guide consisted of seven broad, researcher-developed questions. I developed these questions from an extensive literature review of empirical studies on teenage pregnancy. Then, I framed the questions to reflect the social and economic experiences of participants. I created the first question to understand whether the participant got pregnant while still in school, followed by asking whether pregnancy interrupted schooling. Then, I used two questions to understand whether teenage pregnancy/motherhood harmed schooling. I used the next three questions to assess respondents' feelings about other people's feelings and support during pregnancy. Lastly, I asked respondents whether they received financial and emotional support during pregnancy to understand whether social support was available and economic difficulties during this period.

## **Data Collection**

I collected data through Zoom interviews because of the current COVID-19 restrictions aimed at stopping the spread of the disease (see Walden University, 2020b). Therefore, face-to-face meetings were not allowed with the participants. Skype or Zoom interviews were also appropriate for time-efficient interviews with interviewees from any corner of the world. Similarly, researchers have used Skype to establish rapport and read nonverbal cues (Archibald et al., 2019).

I used open-ended questions to understand participants' social and economic experiences of teenage pregnancy. The order of questions was flexible depending on how the respondents answered the questions as the interview occurred. I reviewed the selected items as the interview continued, making a dialogue rather than a strict question-answer session. In addition, I asked probing questions, meant to clarify a point or get an in-depth perspective regarding a specific issue before moving to the next question.

The face-to-face interview comprised of open-ended questions allowed for accurate screening of the respondent (see Rieger, 2017). In addition, respondents' verbal and nonverbal cues were captured (see Unger et al., 2018). Moreover, the participant could give a detailed response to the issue explored. The interview sessions were conducted on Zoom and lasted between 45 and 60 minutes. Before conducting the main interview, a pilot study was done with two participants who met the eligibility criteria.

## ***Recruitment Procedures***

I used purposive sampling to recruit a group of teenage mothers or pregnant girls under 19 and from low-income communities. Purposive sampling was useful to choose

information-rich cases. Therefore, it was used to select respondents who gave birth in adolescence and who were currently pregnant. If it became difficult to get such respondents, snowball sampling was used to get hard-to-reach potential participants. In this case, I used snowball sampling until the required number of participants was attained.

Eligibility for inclusion included whether the participant gave birth before the age of 17, was below 24, and came from a low-income community. Therefore, those who gave birth after 19 years were not recruited. In addition, those above 19 and those coming from high-income communities were not selected. Community leaders (e.g., church leaders) and parents were contacted, and permission was requested to access potential participants. Fliers were placed in a church, with a research contact left for participants.

### ***Consent Procedures***

I sought permission to record the interviewees from the participants. Therefore, the participants were required to sign an interview release form. In addition, for confidentiality, the respondents were made aware that the audiotapes would only be accessible to the researcher and would be destroyed after transcription.

### **Data Analysis Plan**

All the research questions were qualitative. Therefore, I collected non-numerical data from the participants through in-depth and semistructured interviews. I analyzed the interview transcripts using a thematic approach. The thematic analysis had six key steps.

The first phase involves familiarizing oneself with the collected data by reading the transcripts multiple times (Nowell et al., 2017). In the second phase of thematic



analysis, a researcher generates the initial codes (Gattis, 2018). This phase starts when a researcher reads and becomes familiar with the data. During this phase, an investigator begins to generate codes from the data—an activity that needs the investigator to keep going back and forth to the data. A researcher reflects, interacts, and thinks about the data (Gattis, 2018). Coding is useful for simplifying data, as a researcher focuses on specific attributes of the data. During this phase, an investigator identifies essential sections of the transcripts and attaches labels related to the themes arising from the data (Gattis, 2018). Therefore, in this study, coding the data involved identification, analysis, and categorization of specific statements into topics related to the phenomenon of interest to the study.

Phase 3 of thematic analysis involves searching for themes (Oinas-Kukkonen et al., 2019). This phase is characterized by sorting and collating the codes into themes (Dikilitaş & Bostancıoğlu, 2019). In this study, generating themes followed an inductive approach—developing themes from raw data. The identified themes were associated with the data and might not directly relate to the questions posed to the respondents. In an inductive analysis, the data are coded without a pre-established coding frame or an investigator's preexisting beliefs and ideas (Dikilitaş & Bostancıoğlu, 2019).

The fourth phase involves a review of the themes (Fujita & Herrera-Viedma, 2018). This phase is characterized by analyzing coded data excerpts for every theme to determine their coherence (Creswell & Creswell, 2017). In this study, each of the topics was checked for validity to establish if the themes were an actual reflection of the meanings found in the data set as a whole. During this phase, shortfalls were identified in

the initial coding and themes leading to changes. In reviewing the themes, a researcher might also discover an issue that was not initially captured in the existing code and, thus, inserts a new code (Creswell & Creswell, 2017). Overlapping codes and irrelevant ones are also deleted during this phase. The fourth phase was characterized by collapsing related themes into one and splitting broad and diverse themes. The themes were refined for specificity and broadness to capture key ideas in the data.

The fifth phase involves defining and naming the themes (Bulck et al., 2019). During this stage, an investigator examines the data elements each theme captures and the story the themes tell. The theme names should give the reader a concise idea of the theme.

The sixth phase of thematic analysis involves a write-up of thematic analysis (Nowell et al., 2017). Nowell et al. (2017) recommended that the write-up should include direct quotes from the respondents. Short quotes are crucial for the reader to understand the specific points of interpretation. In addition, a long quotation may be added to the final report to give readers the essence of original texts.

### **Issues of Trustworthiness**

When conducting qualitative research studies, a researcher should ensure that data collected from the respondents and reported remains trustworthy (Korstjens & Moser, 2018). In qualitative studies, trustworthiness refers to whether the findings of a study can be trusted. There are four criteria used to evaluate whether a study and its results are trustworthy or not—credibility, transferability, dependability, and confirmability

(Korstjens & Moser, 2018; Mohd-Ali et al., 2016). A study should meet all these criteria to remain trustworthy.

The term credibility refers to the confidence put in the truth of the results of a study. It can also be described as the accuracy of the findings (Ary et al., 2018). Credibility can be evaluated based on the extent to which a researcher is confident in research findings based on the research methodology—design, sample, and context (Ary et al., 2018). In the current study, I achieved credibility through the control of bias. I eliminated researcher bias in the interview through bracketing, a process characterized by abeyance of personal beliefs, opinions, and attitudes toward a phenomenon investigated.

Korstjens and Moser (2018) reported that prolonged engagement was crucial for internal validity in qualitative studies. Investing adequate time to build rapport with the participants and understand the setting and context of the interview were vital for prolonged engagement. In addition, I gathered detailed data regarding the issue being investigated by allocating enough time with the respondents.

Lastly, I used triangulation to attain credibility through diverse data collection approaches, investigators, and data sources (see Korstjens & Moser, 2018). In the current study, I collected data during different times and from different respondents to achieve triangulation. Moreover, I made notes during the interview, with audio-recorded participants' responses for accuracy. Lastly, a research assistant was recruited to help transcribe, code, analyze, and interpret the findings.

**Transferability**

In qualitative research, transferability refers to the applicability of the research findings. It describes the extent to which the results of a qualitative study are generalizable to other settings or contexts (Kumar, 2019). In the current research, I accomplished transferability through a thick description of the participants' behaviors, experiences, and contexts.

**Dependability**

The term dependability describes consistency (Klose, 2019). To achieve dependability, a researcher must ascertain that the data analysis approach is consistent with the research design employed (Klose, 2019). I used an audit trail to achieve dependability, a process characterized by a transparent description of research steps from the beginning of the study to reporting the research results (See Klose, 2019). I kept an audit trail of all the steps taken from the conception of the study to its end.

**Confirmability**

In qualitative research studies, confirmability is neutrality in a research study's results (Eizadirad, 2019). I achieved confirmability through a non-subjective interpretation of the collected data. A researcher should not interpret the data based on predetermined beliefs, opinions, and ideas but should be grounded in the data (Eizadirad, 2019). The audit trail, the researchers' record of the analysis process, was also vital for confirmability (see Grove & Gray, 2018). Therefore, in the current study, I provided detailed notes regarding all aspects of the research, including the design, sampling, data collection approach, methods of analyzing data, and reflective thoughts. When all aspects

of the study were provided, a reader could then audit the transparency of the research process.

### **Ethical Procedures**

I conducted this study in full adherence to ethical procedures related to studies involving human research subjects. First, I sought the approval to conduct the study from the Institutional Review Board (IRB) at Walden University (2020a) to ensure that the study met all ethical requirements. The IRB ensured that the research remained in strict adherence to the university's ethical standards and U.S. federal requirements (Walden University, 2020a). After the study was reviewed and approved by the IRB, I recruited respondents. Due to the ongoing COVID-19 pandemic, I conducted the data collection through the online videoconferencing software by Zoom Communications Inc., 2021.

I sought informed consent from potential participants. According to Shah et al. (2020), informed consent is how a researcher makes respondents aware of the purpose, risks, and benefits associated with participating in research. After understanding all aspects of the research, the potential respondents were requested to make their voluntary decisions to participate. However, they remained free to withdraw from the study at any stage without any repercussions.

Confidentiality was used to ensure data collection and reporting of the research findings. Confidentiality is a condition in which the investigator knows the real identities of respondents but takes crucial steps to ensure that their identities remain protected and unknown to third parties (Cacioppo & Freberg, 2018). In the current study, I protected participants' private data by using identifiers rather than real names when collecting data

and reporting findings. In addition, I kept the collected data in password-protected files on computers. I only had access to the data. Once the research assistant was finished with transcription and data were analyzed, the recorded interviews were destroyed/deleted.

### **Summary**

This chapter contained the methodology for the current qualitative study. I used the phenomenological research design because teenage pregnancy and related experiences could only be understood through stories, narratives, or words rather than through numbers. I conducted the recruitment of the respondents through the purposive sampling technique. I used purposive sampling in getting information-rich cases for in-depth study of a phenomenon. My use of purposive sampling allowed a sample to be obtained, with attributes capable of answering the research questions.

I conducted this study, strictly adhering to ethical procedures involving human research subjects. I sought permission from the IRB at Walden University (2020b) before conducting the study. My other ethical requirements consisted of informed consent, voluntary participation, freedom to withdraw from the study, and confidentiality. I collected data through semistructured in-depth interviews comprised of open-ended questions. In phenomenology, open-ended items are preferred as the respondents could give their opinions and yield unexpected accounts or response categories. Before the main study, a pilot study was conducted to determine whether the current research was feasible. I used thematic analysis to analyze the collected data.

## Chapter 4: Presentation of Results

The purpose of this phenomenological research study was to understand the socioeconomic factors that impact young mothers aged 17 years and younger in low-income communities. I was interested in the research question: “What are the lived experiences of low-income teenage mothers who become pregnant and give birth while still in high school?” This chapter contains the presentation of the results. The findings explore the descriptions of participants from Milwaukee, Wisconsin in the United States. Specifically, the low-income communities in the U.S. setting and the demographics of 15 participants who had their first child at the age of 17 years or younger. Details of the online semistructured individual interviews, the thematic analysis procedures, and the evidence of resolving trustworthiness issues are included in this chapter. I presented the results in the form of themes derived from the interview data of the lived experiences of teenage mothers from low-income communities. I provided a summary to conclude this chapter.

### **Demographic Characteristics of Participants**

The sample of this study was 15 teenage mothers from a low-income community who had their first child at the age of 17 years or younger. At the time of the study, during which the COVID-19 pandemic was ongoing, all participants were 20 to 24 years old. The participants resided in an area in Milwaukee, Wisconsin in the United States, with most low-income families having high rates of teenage pregnancies. The community was also centered on a multicultural church environment. I collected some demographic

information to confirm that the participants met the eligibility criteria. Table 2 shows the demographic information.

**Table 2**

*Demographic Characteristics of 15 Teenage Mothers Interviewed*

Participant	Age during pregnancy	Age during data collection	Educational level completed
Participant 1	16	23	High School
Participant 2	16	21	Still in College
Participant 3	17	21	High School
Participant 4	15	23	High School
Participant 5	16	22	Still in College
Participant 6	17	20	Still in College
Participant 7	16	21	High School
Participant 8	17	23	High School
Participant 9	16	24	Still in College
Participant 10	16	21	High School
Participant 11	17	20	Still in College
Participant 12	16	23	Still in College
Participant 13	16	22	High School
Participant 14	17	23	High School
Participant 15	15	22	Still in College

### **Data Collection**

I required all participants to sign an informed consent form, distributed prior to the interviews. As the study involved the sensitive topic of teenage pregnancy, where some participants got pregnant because of sexual assault, I emphasized the confidential and voluntary nature of participation while providing the contact details of a mental health professional should the participants need psychological support. The signed



informed consent form was equivalent to the participants' understandings and agreements of the terms, conditions, and potential risks associated with the participation in the study. As the participants were adults of legal age at the time of data collection, no parental permission was needed. However, the parents and the community church leader were initially contacted to inform them of the recruitment and data collection.

The data collection method for this study was online semistructured individual interviews. Data collection only began upon obtaining the approval of the university institutional review board (IRB). The IRB ensured that the study complied with ethical research procedures, especially because the study involved human participants who could be considered a vulnerable population. I was upfront and transparent with the participants about the nature and purpose of this study. I also emphasized protecting the participants' rights, especially that of confidentiality and data privacy. The participants' names and other names mentioned during the interviews (e.g., parents' names, child's fathers' names), the name of the community, and the church's name were replaced with identifiers. I kept all data in a password-protected computer and backed up in an encrypted flash drive. I will delete and destroy the data 5 years after completing this study.

I used Zoom to conduct the interviews considering the ongoing COVID-19 pandemic. The Walden University (2020b) guidelines indicated that face-to-face interviews were nonessential activities, and an online videoconference was an acceptable alternative. Online videoconference via Zoom involved a real-time interaction with the

participant and allowed for rapport-building and observation of non-verbal cues (Archibald et al., 2019). I asked participants for their preferred interview schedules.

I followed the interview protocol to maintain uniformity in how information was collected from the participants. At the beginning of each interview, I ensured the participant had already submitted a signed informed consent form. I restated the contents of the informed consent form and answered all the questions the participants had before starting the recording were answered. Upon recording, I asked all the relevant demographic information, followed by the open-ended questions indicated in the protocol and unplanned probing questions that arose to collect in-depth information.

During the interview, I played the role of an observer-participant who applied the suspension of personal judgment; thus, I focused on the narrative of the interviewee's lived experiences. I maintained a maximum duration of 60 minutes per interview to respect the participants' time. I informed the participants of the member-checking process that involved further contact with the participants in reviewing the accuracy of the transcription and interpretation of the data. All the participants contributed to member-checking. I uploaded the verified transcripts to QSR International's qualitative analysis software NVivo version 12 in preparation for analysis.

### **Data Analysis**

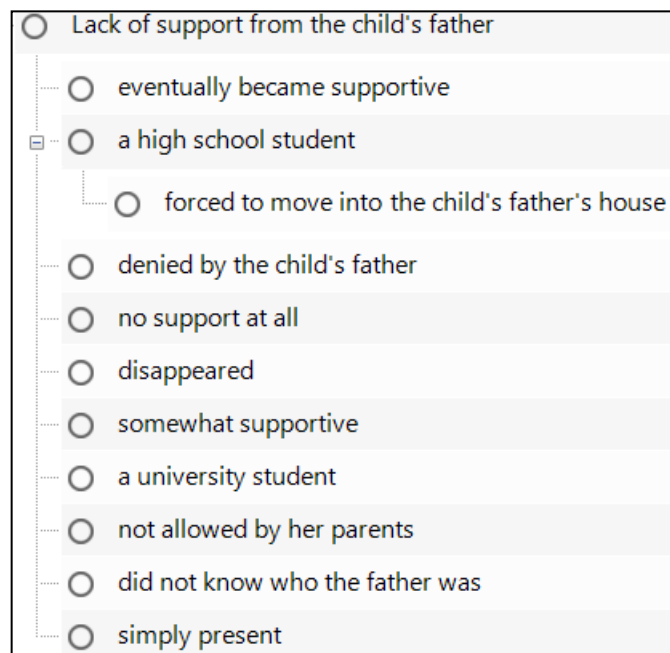
I analyzed the data thematically following Braun and Clarke's (2006) six-phase thematic analysis guidelines. The six phases were cyclical to extract the meaning of the participants' experiences. The six phases consisted of (a) familiarizing the data, (b) generating initial codes, (c) searching for themes, (d) reviewing the themes, (e) naming

and defining the themes, and (f) generating the report (Braun & Clarke, 2006). I used NVivo 12 to complete the analysis.

Familiarizing the data involved the process of repeated immersion in the interview transcripts. Apart from personally collecting the data, I read and reread the transcripts to become familiar with the broad sense of the data. The broad patterns in the data consisted of the participants' general experiences of their support system, feelings about being pregnant as a teenager, challenges in education and finances, and coping strategies.

During the second phase of the analysis, I identified and used broad patterns to ground the codes in each line of the transcripts. Grounding the codes to the data also helped me attain the transcendental state and minimize bias, as the codes emerged from the participants' words in their narratives. Using qualitative analysis NVivo 12 software, I read each line of the text, I highlighted lines relevant to the broad patterns and the research question, and I assigned the highlighted lines codes, like no support or denied by child's father. The codes represented the smallest units of meaning in the data; therefore, the coding process involved breaking down the dataset.

During the third phase, I built back up the data through searching for shared experiences among the participants. I used an inductive approach, where the themes emerged from the data instead of a predetermined coding frame. Figure 3 shows an example of a theme visually represented in NVivo. NVivo had a hierarchy feature that could depict a relationship among codes and a theme.

**Figure 3***Sample NVivo Hierarchy*

In Figure 3, the codes represented the units of meaning related to the support (or lack thereof) from the child’s father. During the fourth phase of the analysis, I reviewed all the initial themes. I ensured that each theme was distinct and made sense concerning the research question. The fifth phase involved comparing the relationship of the themes with each other and with the research question to reveal the collective narrative of the participants’ lived experiences of teenage pregnancy as a member of a low-income community.

I named and defined each theme to represent the narrative of the participants’ lived experiences. The final themes that emerged from the data consisted of the following: (a) support from own mother and other women, (b) lack of support from the child's father, (c) lack of government and community support, (d) scared and not ready to

become a mother, (e) felt isolated, (f) felt embarrassed and disappointed, (g) disrupted education and career goals, (h) could not afford medical bills, (i) believed in themselves, and (j) happy to have the baby. I reported the results in this chapter to complete the sixth phase of the analysis. The report consists of each theme, the definition, narratives of the participants' lived experiences, and excerpts from the data.

### **Evidence of Trustworthiness**

Trustworthiness in qualitative studies shows the rigor applied to the study procedures to generate credible, transferable, dependable, and confirmable results (Korstjens & Moser, 2018; Mohd-Ali et al., 2016). From planning the methodology to accomplishing data analysis, the recommendations of several established academics were followed to meet the trustworthiness criteria. In the following subsections I show the descriptions of how trustworthiness techniques were applied to this study.

### **Credibility**

My goal was to generate accurate results; thus, I planned the study around the sample of teenage mothers from a low-income community who had their first child at the age of 17 years or younger. I identified a low-income community with a high teenage pregnancy rate to recruit the sample purposively. I used purposive sampling also increased the study's credibility, as participants were only included who had their first child at the age of 17 years or younger and who identified as low-income. Therefore, I ensured the sample was information-rich and assumed to have provided detailed and accurate interview questions.

I used an interview protocol to elicit responses relevant to the research question of this study. I reminded the participants to remain as truthful during data collection as possible. After the interviews, I requested the participants complete the member-checking process, which involved reviewing the accuracy of the transcriptions and interpretations of their responses.

### **Transferability**

Meeting the transferability criteria involved providing readers with sufficient information to draw their conclusions about the applicability of the results to different contexts. I provided detailed descriptions of the setting and the demographics involved in this study. I also reported the setting of the selected low-income community in Milwaukee, Wisconsin, where an influential institution was a multicultural church. Immigrant populations comprise the majority of the low-income members of the community. The COVID-19 pandemic impacted the community during data collection.

### **Dependability**

I established the study's dependability by providing rich and detailed descriptions of the research materials and procedures. Thus, the study might be replicated with similar results. I attached all the research materials in the appendices. I also described the procedures in the methodology chapter.

### **Confirmability**

I kept the confirmability criteria through maintaining neutrality throughout the study. I practiced bracketing during data collection and analysis to note researcher bias and suspend preconceived ideas. Additionally, I grounded the codes and themes to the

interview data during data collection. I used the participants' own words to describe the codes and themes. In generating the report of the results provided in the next section, I provided some direct quotes from the participants to serve as evidence.

## Results

The results of this study are organized according to themes. Table 3 shows an overview of the themes and the number of supporting participants and occurrences in the data. The definitions, narratives, and supporting evidence of each theme are provided in the following subsections.

**Table 3**

### *Overview of the Themes*

Theme	Number of supporting participants	Number of occurrences in the data
Support from own mother and other women	15	53
Lack of support from the child's father	15	24
Lack of government and community support	11	11
Scared and not ready to become a mother	14	34
Felt isolated	13	31
Felt embarrassed and disappointed	10	22
Disrupted education and career goals	14	51
Could not afford medical bills	11	21
Believed in themselves	3	9
Happy to have the baby	7	9

### **Support From Own Mother and Other Women**

All 15 participants received some form of support during their first pregnancies from women in their lives. Ten participants shared that their mothers supported them emotionally and financially, even when their fathers did not approve or were embarrassed about their pregnancies. Participant 13 shared the following:

Thank God, my mom was there for me. She did not throw me out but the shame was there. She stood by me and we were together ... My mom especially ensured I did not lack anything. She made sure I had all the attention I needed.

Participant 1 expressed that at 16 years old, she thought of herself as still a child and relied on her mother for care. Participant 1 stated that her mother helped her keep track of taking her "pre-natal pills." Participant 3 shared that a family friend sexually assaulted her, and she did not know she became pregnant because of the assault. Her mother was the first person who noticed her pregnancy symptoms. Her mother also fought for her and was supportive of her regardless of her father's shame. Participant 3 narrated the following:

My mom in particular was the first to notice the changes. I had nausea and all those signs. I didn't know it was pregnancy. She had to sit me down and ask me some questions. I denied and give some flimsy responses. But by the time they came up around to know I was actually pregnant. I have to open up to her to tell her what happened. I was close to her. And this fall led to a family feud and the man responsible was taken into custody. I don't know the outcome of the case until now because I have to be [sent] away to live with another relative. My mom tried to be as supportive as she could. But my dad, on the other hand, was embarrassed, that's the word I can use. He was more interested in maintaining a clean social standing he didn't want the issue of teenage pregnancy to be part of his reputation. I had to be sent somewhere to a relative with my mom until I was due to have the baby.



Participant 9 grew up in a single-mother household with four siblings. Despite financial difficulties, Participant 9's mother could pay for her and her siblings' needs. The participant also shared that her mother was emotionally supportive and accompanied her to doctor's appointments.

Participants 2 and 6 had similar experiences about their parents kicking them out of their houses due to their pregnancy. Both participants were taken in by their grandmothers. Both participants were also supported by their grandmothers after giving birth. Participant 8 shared that her parents did not emotionally support her despite allowing her to live with them, but her aunt encouraged and supported her throughout the pregnancy. Participant 8 stated the following:

I had one of my aunts that took it upon herself. She was always caring for me, she will always come around, whenever she comes around to check on me a few weeks because my mom and dad was really disappointed in me. They told me they just did not want to throw me out because I am their daughter. My Aunt took it upon herself to always come in around, whenever she comes around. She made sure that I go for my antenatal; she ensured I took my pills and advises me a lot.

Participants 4 and 10 received financial support from the child's paternal grandmother. Both participants noted that the children's fathers did not want to acknowledge their children and were still dependents on their parents at that time. The fathers could not provide them with financial support; however, the fathers' mothers helped them with their expenses related to the child.

Participant 15 was thrown out of her parent's house and taken in by a couple that she knew from church. By the seventh month of her pregnancy, another couple from a church took her in until she had given birth. Six participants shared that a few “close friends” from school did not abandon them and even stood up for them during their pregnancies. Participant 9 shared that teenage pregnancy was common in their school and that her friends who already had children were the most supportive of her pregnancy. Participant 9 specified, “For my friends around me, I guess, based on the environment that I grew up in, they were also having babies. So we would connect on that and often excited.” Participants 1 and 12 shared that they developed new friendships because of their pregnancies. The peers they thought of as friends did not support them, but they received support from other schoolmates. Participant 1 stated, “When they found out I was pregnant, I developed a lot of friendships, and they were very supportive. They even start calling me Mama and coming to me for advice and everything.”

### **Lack of Support From the Child's Father**

Fourteen participants perceived that the child’s father did not provide sufficient support or provide any support during the pregnancy. Only Participant 7 perceived that the child’s father was supportive and had a “good relationship.” Most of the children’s fathers initially denied their responsibilities. Five participants shared that the fathers eventually became supportive. Participant 7 described the following:

During this period, I did not receive initially, because he was like, he is not possible. How was it possible that I got pregnant? I had to steer clear. But after

some times, at certain stage of my pregnancy, he started showing support, such as showing support emotionally, and financially.

Participant 13 reported that her child's father was initially "scared" and did not want to take responsibility for her pregnancy. However, he attempted to be there for her during the latter terms. Her own parents did not permit him to approach her.

Participant 5 shared that her child's father "disappeared." Participant 6 shared that her child's father "ran away." Participant 5 added, "There wasn't any trace, nothing. All our efforts for reaching him proved abortive as soon as he got to know. So, he wasn't there. And there wasn't any comfort, no words of encouragement, nothing." Participants 2 and 14 expressed how their children's fathers "denied" that they were responsible for the pregnancy. Participant 2 felt that her child's father "rejected" her and her baby. Participant 2 stated, "He never showed up throughout because I was no [*sic*] getting support from any of his family members, and I felt bad as a result of the way I was feeling." Participant 8 shared how her child's father blamed her for getting pregnant and did not support her in any way:

He was not there; rather, he was asking, "Why, are you a baby!? You don't know how your friends do it? Don't you know how your mates do it? Why will you do that? Why will you get yourself pregnant? Why didn't you take some pills? Why didn't you do this? Why didn't you do that?" And he told me, "You are on your own." And he was not there. I suffered all the consequences, all the challenges, and bitterness all alone.

Participants 4, 9, 10, and 11 perceived that their children's fathers wanted to be supportive, but they could not because they were still in high school at that time.

Participant 11 remarked, "He did not deny the pregnancy. He was supportive emotionally and could not financially because he was not working." Participant 10's parents forced her to live with her child's father; however, her child's father was still a high school student who was dependent on his parents:

When they discovered that I was pregnant, I was taken into the boy's house forcefully. I was taken in to a family that I was not used to, to live with them. So living with them was hard because I was young and at the same time I was not used to the new family. It was as if I came to add problems to a lot of things because even the boy who impregnated me was also a young person who is also feeding from the parents as well.

### **Lack of Government and Community Support**

Seven participants shared that they did not receive any form of support from the government or any organization. Participant 12 reiterated that she did not receive any form of support from the government and that she never went to the government to ask for assistance. Participant 2 perceived that the government did not provide any type of support in their community due to being a "Black community" with low resources.

Participant 2 shared the following:

Because the community I came from is a Black. The Black Community is an underdeveloped community. My parents are middle class and there is no good resources in the neighborhood. So, there is nothing from the government to assist

in any way. So economically, I never got anything from the government. There is no social assistance whatsoever. No welfare whatsoever.

Nonetheless, Participant 1 received food stamps and insurance from the government, and Participant 9 received Women, Infants, and Children (WIC) benefits. Participant 9 noted, “While I was pregnant, I was able to receive WIC benefits from the government like good nutritional food and things of that nature.” Participant 4 did not receive any assistance from the government, but the community had some programs from which she received maternity clothes.

Participant 3 did not receive any support from the government, but she was referred to a non-government organization (NGO). The NGO helped her access counseling services and helped her decide to keep her child or give up her child for adoption. Through the counseling services, she “found peace” and had a realization that her child was a “blessing” despite resulting from sexual assault.

### **Scared and Not Ready to Become a Mother**

Fourteen participants shared that they felt scared and unprepared to become mothers when teenagers. Eleven participants perceived themselves as too young to understand pregnancy and the responsibilities embedded in motherhood. Nine participants did not understand how to deal with the changes in their bodies. Participant 1 expressed the following:

But being 16, a child myself, it was challenging, because I really didn't know what was going on with my body. I didn't know how to deal with the changes that was going on with my body. I didn't know how to accept that.

Participants 8, 9, 10, and 13 explicitly stated that they did not know what to do when they got pregnant. They did not know how to tell their parents, and they did not know how to continue their lives. Participants 6 and 15 perceived that their lives were “shattered.” Participant 15, along with Participants 2 and 3, felt scared about the pregnancy and the reality that their pregnancies were results of rape.

Five participants stated that they thought of getting an abortion, as they were not ready to carry to full term and become mothers. Participant 8 disclosed the following:

Initially, I thought of terminating the pregnancy because I was scared that I may lose my life or if any damage is done to my womb, I may not have a child again. So, I was so scared. I was sad especially the aftermath signs, it was not palatable at all.

### **Felt Isolated**

Being pregnant as teenagers, 13 participants revealed that they felt isolated, especially in school. Eleven participants perceived that they lost their friends because of the pregnancy. The participants generally experienced that some peers they thought of as friends made fun of them throughout their pregnancies. Participant 11 shared, “They laughed at me, they made mockery at me that I couldn’t finish school.” Participant 7 stated that her schoolmates “gossiped” about her and then excluded her. Participant 7 remarked, “They treated me like I didn't exist. They were running away from me.” Participants 12 and 15 felt isolated when their peers “deserted” them. Participant 15 described, “People around me where [*sic*] no longer associating with me as if I committed a huge atrocity.” Participant 2 shared that her friends and even her siblings

isolated her, as she perceived that they thought they had different paths in life. Participant 2 revealed, “Most times I was always alone. Even my siblings, nobody wants to make friend with me any longer. Because they just discovered like I was going different ways from where I supposed to be.” On the contrary, Participant 13 isolated herself from her friends because they had different directions in life after she got pregnant. Participant 13 conveyed the following:

They have to learn a new me, they have to learn to accept me. I was not fully accepted somehow because even me, I withdrew from everybody. I was ashamed of the situation, and nobody seemed to have an idea of what I was going through. We were not really on the same page anymore.

### **Felt Embarrassed and Disappointed**

Ten participants defined embarrassment and disappointment as feelings that came together when they became pregnant as teenagers. The participants felt embarrassed and disappointed for embarrassing and disappointing their families. Five participants described their pregnancies as a “disgrace” to their families. Participant 4 reiterated,

When I found out that I was pregnant, I was so ashamed of myself. I was like a black sheep. And it was a disgrace to my family ... I was so ashamed of myself, because I disappointed my father.

Participants 5, 6, and 10 felt embarrassed and disappointed for letting down the people who believed in them. Participant 5 narrated how she worked for a family as a stay-in maid to help her parents financially. The family treated her “like their child” and

supported her schooling. Upon being pregnant, Participant 5 felt ashamed that she disappointed her parents and the family that she served.

Participant 4 shared that she was embarrassed to go to church because she felt like a “laughingstock.” Participant 1 was embarrassed and disappointed that she had no choice but to rely on the government for financial assistance during her pregnancy. Participant 1 stated, “When you are coming from like poverty-stricken area in the background, the finances are not there, that also makes it difficult. And having to depend on the government to assist you can bring down your self-esteem.”

### **Disrupted Education and Career Goals**

All the participants were still in high school when they became pregnant for the first time. As of data collection, seven participants remained in college, and eight continued their high school educations. None of the participants dropped out of school, but all the participants experienced some delay in their schooling.

Fourteen participants perceived that the pregnancy disrupted their educations and future careers. However, four participants stated that rather than the pregnancy itself, the post-pregnancy challenges of expenses and taking care of the baby were the reasons for their disrupted life goals. Participants 11 and 15 shared that they were raising their children alone, while Participant 1 stated that she had difficulties attending school while caring for her child. Participant 1 and Participant 9 discussed how being pregnant as a teenager resulted in them choosing jobs that would not require higher education. Participant 9 shared the following:



I was always a kid that wanted to go to college. I think I knew what I wanted to be but once I found out that I was pregnant, I sort of put that on pause. And it has been delayed ever since. So now I just find myself working certain types of jobs that don't necessarily require college education.

Four participants described how the pregnancy entailed physical challenges in going to school. Participant 14 stated, "I often absent myself from school, my body was changing, there was a ton of changes, and it was not easy at all." Participant 13 articulated the following:

And it also became very uncomfortable for me to walk to the bus station, and to get there in time. And I had trouble fitting into my school uniforms as well. So all those factors contributed to a horrible experience for me

Because of the physical changes from pregnancy, Participants 7 and 9 shared that they also gave up playing sports. Participants 3 and 11 mentioned how the pregnancy led to emotional difficulties when they were discussed in school. Participant 1 was hurt by one teacher's comment about assuming that she would drop out of school when she became pregnant. Additionally, schoolwork became a challenge for Participants 4, 8, 9, and 13. The participants missed classes due to not feeling well or going to the doctor, and they felt that they could not prepare well for exams. Participants 3 and 8 shared that their schools forced them to finish the semester at home. Participant 3 stated that the school reasoned they did not want her to influence other girls to think teenage pregnancy was acceptable. Participant 8 shared that the school told her they did not want to be liable if anything happened to her on the school premises.

Nonetheless, Participants 3, 1, and 10 shared that they were “lucky” that the timing of their childbirth fell during school breaks. They did not have to miss school days and exams. Participant 1 expressed the following:

And luckily for me, my child was born during winter break. So when it was time to go back to school in January, I already had my child, and I was able to go so I didn't miss any school or anything like that. I still graduated on time with honors, and so it wasn't challenging for me.

### **Could Not Afford Medical Bills**

Eleven participants disclosed another challenge regarding their experiences of teenage pregnancy involved paying for medical bills. Three participants shared that they had no prenatal care, though Participant 10 revealed that she only found out about her pregnancy during the sixth month. They took her to a traditional medicine practitioner when she told her father and stepmother. Participant 10 specified, “I was going with my stepmother as she took me to a native traditional medicine where they give you something to rub on your body and some herbs.” Participant 6 also did not go to a hospital and was given “local herbs” to help alleviate her migraine and nausea.

Participant 8 did not have support from anyone apart from her aunt, but when her aunt's visit was delayed, the participant revealed that she lacked money for vitamins and maternity clothes. Participant 8 also emphasized that “going to the hospital was a problem without money.” Participant 6 did not go to the hospital up until childbirth. During that time, she had a home birth experience, and the “doctor” told her there were complications and that she needed to go to the hospital or risk her life. Participant 6

stated, “I will never forget the night .... We had a local doctor who comes around and there was a kind of complication ... I was asked to be taken to the hospital, there was no money. I almost died.”

Participant 11, who was sent to live with the child’s father’s family, shared that they were also a low-income family and that she had to work on a farm to put food on the table. Among all the participants, only Participant 9 shared that she visited the doctor because she benefitted from her mother’s insurance. Participant 9 stated, “I had my mom’s insurance because my mom was a single parent, and she did have a job, so I was on her insurance. Luckily, I did have medical insurance through my mom.”

### **Believed in Themselves**

Regarding coping, three participants implied that they could overcome the challenges of teenage pregnancy due to their beliefs in themselves. Participant 2 revealed how she accepted the situation and went along with her life. Participant 2 elaborated with the following:

I was just nursing the pregnancy. But there one good thing about it. It was just like, it’s just normal, but the thing was I just discovered I was having changes all over me, stomach protruding. Just okay. So, it will just like it was normal, I will wake up when I supposed to wake up, do my house chores, and then go to school, come back ... Because I was just on my own. That doesn’t mean I was depressed. I still go about every other activity of mine, going to church. Then the people I meet I would discuss; they answer me and then leave me like that.

Additionally, Participant 2 believed that after she had given birth, she would have the chance to start her life over. Participant 10 shared that she initially wanted to give up when she had no support from anyone, but she believed in herself to start her life over. She transferred to a different school after giving birth to her baby. She graduated from high school and considered going to college. Participant 10 shared the following:

I just chose to go far away from the environment to pick a college that is far away from my environment so that I can start fresh. The first examination I took, I passed, even better than those who did not make the mistake I made. That alone encouraged me to move on.

Participant 1 believed that she never had problems with her academics. She said, “Well, in high school, when it came to my schoolwork, high school was very easy for me. So, I didn’t have any problems with completing my assignments or anything.” Participant 1 added that deciding to go through the pregnancy made her “commendable.” Participant 1 expressed, “Because sometimes things happen and instead of deciding to have an abortion, I decided to take the rougher road and have the child. And that’s a little commendable when you think about it.”

Only Participant 6 stated that she could cope with her problems from teenage pregnancy due to her religious faith. Being from a low-income family and having experienced complications at childbirth, Participant 6 believed that the “intervention of God” saved her and her child’s lives. Participant 6 exclaimed the following:

I’m alive. Each time I remember that experience as an experience I will never forget. And it keeps me going in life that if God can keep me then when I was

disconnected from Him – I don't even know who He is, and He kept me to see these days.

### **Happy to Have the Baby**

Seven participants shared that they could cope with the challenges associated with teenage pregnancy and low-income status due to the joy brought by their babies.

Participant 10 expounded how the pregnancy experience was “so terrible,” but seeing her child alive and growing helped her overcome her negative experiences. Participant 10 stated the following:

I just tried to say something may happened that one might not planned for, sometimes, the way things worked out may not really be the way we planned and at the end of the day, it might be for good in future because now I see my daughter growing up and that emotional feelings that I used to have [are] no longer there.

Participants 5 and 14 had similar “terrible” experiences of teenage pregnancy. Both participants felt joyful after seeing their children for the first time. Participant 5 shared the following:

Because everything about it was difficult from the very beginning, when my baby was due and everything, it was difficult. It was tough for me. So, being pregnant was not a pleasant one at all. It wasn't, everything from the very beginning to the end of it except at the end of the day that when I was happy when I see the baby beside me.

Participants 1, 11, and 12 described having their children as remarkable experiences. Participant 12 shared, “I would say being a mother, having a child, not aborting the child, but having it, and feeling fulfilled being a mother were remarkable for me.”

### **Summary**

In this chapter, I presented the context and results of the study. Using the resulting themes, I revealed the essence of the lived experiences of teenage mothers from a low-income community in a church environment in Milwaukee, Wisconsin, who had their first child at the age of 17 years or younger. The essence of the participants’ lived experiences was composed of the teenage mothers’ support system, feelings associated with the pregnancies, challenges in education and expenses, and coping strategies.

The participants’ support systems during and after their pregnancy came from their mothers or other women in their lives. Other women in the participants’ lives were their grandmothers, aunts, teachers, church acquaintances, and friends who were also mothers. Their mothers and the women provided them with shelter, financial support, and emotional support while undergoing pregnancy as a teenager. One woman introduced one participant to an NGO that provided counseling services specifically for teenage mothers. Fathers were often depicted as unsupportive of the pregnancy, as they were the ones who kicked their pregnant teenage daughters out of the house or locked them inside the house due to embarrassment. The children’s fathers were also not as supportive as the participants’ mothers. Some participants described the child’s father as a student who had

no source of income being from a low-income family. Only one participant cited receiving financial assistance from the government.

The participants felt fear, isolation, embarrassment, and disappointment during their pregnancies. They described their pregnancy journeys as “bad.” Some participants felt depressed and had suicidal ideations. The teenage mothers experienced disrupted educations, career goals, and medical bills. All the participants missed at least a few months of high school due to the pregnancy. Most participants had not yet enrolled in college at the time of data collection. Due to the setbacks in their educations, some participants were forced to reconsider their dream professions.

Medical bills largely impacted the participants’ experiences of teenage pregnancy because participants came from low-income families. Most participants did not receive prenatal check-ups and did not give birth in well-equipped hospitals. Some participants visited practitioners of traditional medicine. One participant shared that she “almost died” during home birth when she experienced a complication. Nonetheless, the participants were able to cope with the challenges. Some participants believed in themselves and accepted the obstacles as they occurred. They chose to start their lives over and felt joyful that they had their babies.

## Chapter 5: Discussion of the Results

### **Introduction**

The purpose of this phenomenological research study was to understand the socioeconomic factors that impact young mothers aged 17 years and younger in low-income communities. The participants included 15 teenage mothers from a low-income community who had their first child at the age of 17 years or younger. At the time of the study, during which the COVID-19 pandemic was ongoing, all participants were under the age of 24.

Evidence from the literature indicated that teenage pregnancy was linked to adverse social and economic consequences; however, positive consequences, such as increased educational attainment and increased labor income, had only been studied in the Hispanic and Latino community (Gorry, 2019). There was limited evidence on the association between teenage pregnancy and socioeconomic factors on low-income communities. In addition, even though researchers reported various social and economic consequences associated with teenage pregnancy, there were no qualitative studies regarding the subjective experience of low-income teenage mothers. Thus, I used a qualitative research methodology to address the research problem because teenage mothers' experiences regarding socioeconomic aspects of their pregnancy could only be described in words.

I used the findings to answer the following research question: What are the lived experiences of low-income teenage mothers who become pregnant and give birth while still in high school? The themes included the following: (a) support from own mother and



other women, (b) lack of support from the child's father, (c) lack of government and community support, (d) scared and not ready to become a mother, (e) felt isolated, (f) felt embarrassed and disappointed, (g) disrupted education and career goals, (h) could not afford medical bills, (i) believed in themselves, and (j) happy to have the baby. These findings reveal the unique social and economic experiences of teenage mothers in low-income areas. In addition, the results may have a beneficial impact on professional practice and the daily practice of organizations tasked with the alleviation of problems related to teenage pregnancy and motherhood. An understanding of participants' socioeconomic aspects of teen pregnancy in a low-income community may help in devising effective strategies aimed at addressing the identified challenges. In this chapter, I explore the findings in more depth based on the literature and theory of the study.

### **Interpretation of the Findings**

#### **Support From Own Mother and Other Women**

All 15 participants received some form of support during their first pregnancies from women in their lives. This finding differed from some qualitative studies reviewed; for example, Salvador et al. (2016) indicated that most pregnant girls did not have financial support from family members and their husbands. In another similar study, adolescent mothers did not receive adequate support from healthcare providers, family members, friends, and spouses (Mangeli et al., 2017). However, in this study, 10 participants' mothers supported them emotionally and financially, even when their fathers did not approve or were embarrassed about their pregnancies. The fathers being embarrassed and mothers supporting their daughters despite the father showing some

marriage issues. In a similar finding, Asnong et al. (2018) established that unplanned pregnancy and marriage among adolescent girls led to troubled relationships within extended families and marriages. Some challenges experienced by the pregnant girls were linked to social pressures and cultural factors that forced or made the parents stop supporting their pregnant daughters.

In this study, Participants 4 and 10 received financial support from the child's paternal grandmother. Both participants noted that the children's fathers did not want to acknowledge their children and were still dependents on their parents at that time. The fathers could not provide them with financial support; however, the fathers' mothers helped them with their expenses related to the child. These findings were mirrored in the literature reviewed, as Williams (2019) showed that some husbands did not support their young pregnant wives but resorted to domestic violence, divorce, gambling, alcoholism, and drug abuse in other instances. Although the reasons and actions behind the lack of support were not fully found in this study, participants did admit to a lack of support from their childrens' fathers, as discussed in the following subsection.

### **Lack of Support From the Child's Father**

Adolescent mothers do not receive adequate support from healthcare providers, family members, friends, and spouses (Mangeli et al., 2017). Part of this finding was supported in this study, as 14 participants perceived that the child's father did not provide sufficient support or provide any support during the pregnancy. Kumar et al. (2018) revealed that most teenage mothers lacked emotional support from family members and their boyfriends, leading to depression. The participants of the current study confirmed

this statement. Only Participant 7 perceived that the child's father was supportive, and they had a "good relationship." Asnong et al. (2018) showed findings that partly supported Participant 7's experience. Some pregnant adolescents in Asnong et al.'s study similarly received financial and emotional support from their partners. Most of the children's fathers initially denied their responsibilities. Five participants shared that the fathers eventually became supportive. The literature did not show if fathers who initially demonstrated a lack of support later changed, showing a need for more research.

### **Lack of Government and Community Support**

Support from teachers and school personnel is important in motivating teenage mothers to stay in school (Williams, 2019). However, in this study, seven participants did not receive any form of support from the government or any organization. Participant 12 did not receive any form of support from the government and never went to the government to ask for assistance. Participant 2 perceived that the government did not provide any type of support in their community due to being a "Black community" with low resources. Similarly, Mangeli et al. (2017) characterized teenage pregnancy and motherhood based on a lack of support from parents, peers, and community members. Nonetheless, in this study, Participant 1 received food stamps and insurance from the government, and Participant 9 received WIC benefits. Some research showed that despite social stigma associated with adolescent motherhood, some teen mothers have received social support to cope with challenges related to their new lives (Kumar et al., 2018). Despite the research about the lack of support for adolescent mothers, none of the research reviewed specifically discussed government support as in this study, showing a

need for future research. This lack of support may have led to the feelings of fear, depression, and unreadiness that the participants in this study expressed, as discussed in the following subsection.

### **Scared and Not Ready to Become a Mother**

In a qualitative study, Kumar et al. (2018) revealed that teenage mothers lacked emotional support from family members and their boyfriends, leading to depression. Teenage mothers face social stigma manifested through sadness, psychological stress, and disappointment because of the feeling that teenage motherhood is a departure from the societal norm of having children in adulthood (Dowden et al., 2018). Similarly, 14 participants in this study felt scared and unprepared to become mothers when teenagers.

Pregnant teens face many psychological and mental health problems that aggravate the challenges associated with young motherhood. In a similar qualitative study, Gbogbo (2020) noted that adolescents were saddened and disliked their unplanned motherhood. Gbogbo showed that being a young mother was accompanied by anxiety because of their unpreparedness. Similarly, in this study, 11 participants perceived themselves as too young to understand pregnancy and the responsibilities embedded in motherhood. Nine participants did not understand how to deal with the changes in their bodies. Participants 8, 9, 10, and 13 explicitly stated that they did not know what to do when they got pregnant. They did not know how to tell their parents, and they did not know how to continue their lives. Participants 6 and 15 perceived that their lives were “shattered.” Participant 15, along with Participants 2 and 3, felt scared about the pregnancy and the reality that their pregnancies were results of rape. These details added

to the literature about the anxieties experienced, as none of the literature reviewed gave specific reasons for adolescent mothers' mental challenges. None appeared to discuss the causes of the unplanned pregnancy, such as being from rape, like in this study, representing a need for future research.

### **Felt Isolated**

Pregnant teenagers and young mothers face stigma from society, family members, and school communities. Young mothers are highly likely to be ridiculed and laughed at by their peers in school. Social stigma is attributed to social expectations—teenage girls are regarded as immoral and deviant when they become pregnant (Dlamini, 2016). These findings were like the findings of this study.

In the current study, when pregnant as teenagers, 13 participants revealed that they felt isolated, especially in school. Eleven participants perceived that they lost their friends because of the pregnancy. The participants experienced that some peers they thought of as friends made fun of them throughout their pregnancies. Participant 11 shared, "They laughed at me, they made mockery at me that I couldn't finish school." This finding leads to the following subsection about the feelings of embarrassment and disappointment.

### **Felt Embarrassed and Disappointed**

Researchers have shown that social stigma is manifested through sadness, psychological stress, and disappointment because of the feeling that teenage motherhood is a departure from the societal norm of having children in adulthood (Dowden et al., 2018). Parents, starting from the father, are unwilling to accept the pregnancy of their

young girls because of the shame and rejection of early pregnancy by members of a community (Kumar et al., 2018). The findings of the current study mirrored such research. For example, 10 participants defined embarrassment and disappointment as feelings that came together when they became pregnant as teenagers. The participants felt this way for embarrassing and disappointing their families. Five participants described their pregnancies as a “disgrace” to their families. As similarly shown in other research, pregnant teens are ridiculed and humiliated by colleagues and community members (David et al., 2017). Pregnant teens face many psychological and mental health problems that aggravate the challenges associated with young motherhood (Gbogbo, 2020), and such issues may influence educational and career goals, as discussed in the following subsection.

### **Disrupted Education and Career Goals**

In a quantitative study, mothers who had their first children between the ages of 11 to 15 had 4.4 years less education than those who did not have children at adolescence (Gigante et al., 2019). Among those who gave birth between the age of 16 and 19 years, education was reduced by 2.8 years compared to those who did not give birth in adolescence (Gigante et al., 2019). In a qualitative study, Kumar et al. (2018) found that school dropout was the most probable outcome for adolescent mothers struggling to find jobs while facing food and financial challenges. Despite such findings, eight participants in the study continued their high school educations due to having support and resiliency. None of the participants dropped out of school, but all the participants experienced some

delay in their schooling, which influenced their finances later in life, as discussed in the following subsection.

### **Could Not Afford Medical Bills**

In the literature, even though teenage mothers cherished the thoughts of motherhood, they reported negative experiences related to adolescent motherhood because of high costs. Some pregnant adolescents received financial and emotional support from their partners; however, some reported encountering financial burdens during childbirth, especially with necessary Caesarian sections (Asnong et al., 2018). Researchers have also found that most pregnant girls do not have financial support from family members and their husbands; thus, they must find work. Most young mothers cannot afford physical visits and essential nutrition required in the prenatal stage (Salvador et al., 2016). These findings were supported in this study, as 11 participants disclosed struggling to pay for medical bills, with three lacking prenatal care due to cost.

Participant 11, who was sent to live with the child's father's family, shared that they were also a low-income family and that she had to work on a farm to put food on the table. Similarly, researchers have shown that pregnant teenagers complained of hard physical labor due to facing low salary, wages, or earnings (Nkwinika & Naidoo, 2017). Researchers found that women who gave birth between the ages of 11 to 15 had a 49% lower salary than those who did not give birth in their teenage years (Nkwinika & Naidoo, 2017). Among all the participants, only Participant 9 shared that she visited the doctor because she benefitted from her mother's insurance, which seemed a rare occurrence based on the literature review, indicating the need for future research. Despite

such challenges, some participants learned to cope by believing in themselves, as discussed in the next subsection.

### **Believed in Themselves**

The research I reviewed did not show much of how young mothers coped with their circumstances; thus, more research is needed to show coping mechanisms. However, Williams (2019) mentioned resiliency as a coping mechanism that kept some young mothers in school. In the current study regarding coping, three participants implied that they could overcome the challenges of teenage pregnancy due to their beliefs in themselves. Participant 2 revealed she accepted the situation and went along with her life. Participant 2 believed that after she had given birth, she would have the chance to start her life over. Participant 10 shared that she initially wanted to give up when she had no support from anyone, but she believed in herself to start her life over. The most important support such young mothers can receive comes from their immediate family members, their children's fathers, and friends (Gbogbo, 2020). These support networks enable them to build their self-esteem and motivate them to return to school. It is possible such support may lead to increasing beliefs in themselves as people; however, this possibility was not discussed in the literature or findings reviewed in this paper, representing a need for future studies.

### **Happy to Have the Baby**

The literature I reviewed did not show any information like this theme. Most researchers discussed the challenges of the issue and did not investigate participants' regret or happiness levels about the birth of their children. In this study, seven



participants shared that they could cope with the challenges associated with teenage pregnancy and low-income status due to the joy brought by their babies. Participant 10 expounded how the pregnancy experience was “so terrible,” but seeing her child alive and growing helped her overcome her negative experiences.

### **Findings Related to the Transition Theory**

Schlossberg's (1981) transition theory supported the findings in the above subsections. I chose this theory as the theoretical framework, guiding the foundation of the current study. Schlossberg emphasized that four major factors could affect an individual's ability to cope with a transition—situation, self, support, and strategies. Therefore, I used this model to explain the phenomena of self, situation, strategy, and support that might make participants experience different social and economic experiences as teenage pregnant girls or mothers.

The current study's participants discussed each of these concepts in relation to themselves, as it was unanticipated (see Schlossberg, 1981). Some grew resilient because of the situation of a lack of support, perceiving a strength and belief in themselves that was not there prior. The participants discussed the lack of support or support received in the current study; some had help with finances, making it easier for them to stay in school and receive healthcare. Conversely, others did not have such support, thus struggling to achieve the same results as their peers. Some participants developed goals and strategies because of these circumstances. Like this study, Gbogbo (2020) and Zambito (2017) used Schlossberg's (1981) transition theory to explore lived experiences, finding it applicable to such an issue. Both researchers showed the issues faced by young mothers using the

theory, showing its pertinence to the current study. Gbogbo (2020) established that teenage mothers would experience many societal challenges, such as stigma, resulting in unsafe abortions. In addition, the researcher reported that adolescent mothers experienced economic and financial hardships. These findings were both supported in this study. Zambito (2017) showed that the young mothers got increased financial and emotional support from their family members following the birth of their children. In addition, the participants reported that friendship was an important system as their friends gave them direction, guidance, and emotional support. Participants did not discuss friendship in this study beyond some participants experiencing stigma from their peers in the form of being made fun of for the pregnancy, representing a need for further study.

### **Limitations of the Study**

The study had some methodological limitations that future researchers should consider when applying the findings to other situations. First, phenomenology researchers use a nonprobability sampling technique (purposive sampling) when recruiting respondents. Therefore, the sample used in phenomenological studies did not represent the population. Consequently, it might be difficult to prove that the research achieved logical, analytic, and theoretical generalization (Rahman, 2016). Another limitation attributed to using phenomenology was no strict criterion regarding the sample size. Because the sample size was small, the experiences reported by the respondents could be typical. The small sample size might also limit the generalizability of the findings to other contexts, situations, and populations other than the sample.

Various biases could have influenced the research outcomes. However, I appropriately addressed the biases to ensure that the results remained trustworthy and valid. One of the biases I encountered in qualitative research studies was interview bias, which occurred when an interviewer unintentionally influenced the interviewees' responses to a particular question. Interviewer-related bias was manifested by increasing reports of socially desirable responses and decreasing socially undesirable ones.

In addition, interviewers' body language might reflect an opinion regarding the phenomenon being explored in the study. Interviewer bias was avoided by minimizing questions that need nonstandard interviewer behaviors (see The Regents of the University of Michigan, 2017). I framed the questions in such a way that they did not alter interviewers' emotions or behaviors and affected interviewees' responses. I also reduced interviewer bias through nondirective probing techniques and verbatim recording of interviewees' responses (See The Regents of the University of Michigan, 2017).

I addressed participant bias by asking the interviewees indirect questions regarding the phenomenon of interest to the study. I attributed participant bias to the likelihood that the participants would alter their answers to make a good impression of direct questions were posed to them. Therefore, open-ended questions were more useful in addressing interviewees' bias. Even though open-ended questions were crucial for addressing participant bias, I remained impartial in the questions by avoiding implying that there could be a correct answer to the questions.

## Recommendations

The limitations led to developing recommendations for future research. For example, the sample size was small, as the study was a qualitative phenomenological study; thus, future researchers can either conduct a similar study and increase the sample size or conduct a quantitative study about a similar subject. Quantitative researchers can conduct correlative studies comparing outcomes from young mothers in low-income communities to high-income communities to see show differences.

The literature I reviewed also led to some recommendations. For example, Zambito (2017) discussed the importance of friendship to young mothers' coping methods. Friendship was not discussed in this study beyond some participants experiencing stigma from their peers in the form of being made fun of for the pregnancy, representing a need for further study. Future researchers can conduct a study focusing on friendship benefits/issues among young mothers still attending school to show how this situation influences school outcomes/success levels in life. Additionally, despite the research about the lack of support for adolescent mothers (Gbogbo, 2020), none of the research reviewed specifically discussed government support as in this study, showing a need for future research. Future researchers can interview mothers who receive government support versus those who do not to show if such support would positively influence outcomes. Participant 15, along with Participants 2 and 3, felt scared about the pregnancy and the reality that their pregnancies were results of rape. No studies appeared to discuss the causes of the unplanned pregnancy, such as being from rape, like in this study, representing a need for future research. Future researchers can study young

mothers resulting from rape to see how they faced emotional issues and challenges during birth.

Moreover, the participants stated that they believed in themselves. The research I reviewed did not show much of how young mothers coped with their circumstances; thus, more research is needed to show coping mechanisms. The participants also expressed happiness about having their babies; however, the literature reviewed did not show any information like this theme. Most researchers discussed the challenges of the issue and did not investigate participants' regret or happiness levels about the births of their children. Future researchers should investigate this finding.

### **Implications**

The findings may have a beneficial impact on organizations' professional and daily practice tasked with alleviating problems related to teenage pregnancy and motherhood. An understanding of participants' socioeconomic aspects of teen pregnancy in a low-income community may help devise effective strategies to address the identified challenges. For instance, some teenage mothers could not get formal employment because they lacked the necessary skills, with one working on a farm to cover costs. With this knowledge, leaders may be more inclined to provide educational opportunities to equip young mothers with these skills.

Furthermore, understanding the challenges of social aspects of teenage pregnancy/motherhood, such as stigma, guilt, and shame, helps in establishing adequate psychological and counselling support services. Thus, the findings of the study may lead to positive social changes. For instance, the results may be useful in creating public

awareness of the social and economic consequences of teenage pregnancy. When the public is knowledgeable about the challenges associated with adolescent pregnancy, they may be more likely to support affected teenagers in coping with such problems. The findings may also inform policies addressing teenage pregnancy/motherhood issues, such as providing opportunities for young mothers to return to school following birth.

### **Conclusion**

Although past studies revealed various themes related to adolescent pregnancy (David et al., 2017; Gbogbo, 2020; Nkwinika & Naidoo, 2017), the literature I reviewed showed a lack of studies on social and economic outcomes of pregnancy experienced by teen mothers in low-income communities. Thus, within this phenomenological study, I aimed to understand the lived experiences of young mothers aged 17 years and under who had experienced teenage pregnancy and the socioeconomic factors that impacted low-income communities. The essence of the participants' lived experiences was composed of the teenage mothers' support system, feelings associated with the pregnancies, challenges in education and expenses, and coping strategies. The participants' support systems during and after their pregnancy came from their mothers or other women in their lives. The participants felt fear, isolation, embarrassment, and disappointment during their pregnancies.

Participants' experiences showed the need for increased support from government aid or school employees. Further, Williams (2019) stated that support from teachers and school personnel was important in motivating teenage mothers to stay in school. When the public is knowledgeable about the challenges associated with adolescent pregnancy,

they may be more likely to support affected teenagers in coping with such problems.

Therefore, future researchers should continue to study this issue to add to the literature and possibly enhance outcomes for this vulnerable population of girls.

## References

- Alase, A. (2017). The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education and Literacy Studies*, 5(2), Art. 9. <https://doi.org/10.7575/aiac.ijels.v.5n.2p.9>
- Anakpo, G., & Kollamparambil, U. (2019). Teen motherhood and women's later life outcomes: Evidence from South Africa. *African Population Studies*, 33(1). <https://doi.org/10.11564/33-1-1379>
- Archibald, M. M., Ambagtsheer, R. C., Casey, M. G., & Lawless, M. (2019). Using zoom videoconferencing for qualitative data collection: perceptions and experiences of researchers and participants. *International Journal of Qualitative Methods*, 18(1) 1–8. <https://doi.org/10.1177/1609406919874596>
- Ary, D., Jacobs, L. C., Irvine, C. K. S., & Walker, D. (2018). *Introduction to research in education*. Cengage Learning.
- Asnong, C., Fellmeth, G., Plugge, E., Wai, N. S., Pimanpanarak, M., Paw, M. K., Charunwatthana, P., Nosten, F., & McGready, R. (2018). Adolescents' perceptions and experiences of pregnancy in refugee and migrant communities on the Thailand-Myanmar border: A qualitative study. *Reproductive Health*, 15(1), Art. 83. <https://doi.org/10.1186/s12978-018-0522-7>
- Barrow, D. M. (2017). *A phenomenological study of the lived experiences of parents of young children with autism receiving special education services* (Publication No. 10641446) [Doctoral dissertation, Portland State University]. ProQuest Dissertations Publishing.



<https://www.proquest.com/openview/b6748affb3ddb63a8df8977c8ff1bb65/1?pq-origsite=gscholar&cbl=18750>

- Bawa, P., & Watson, S. L. (2017). A phenomenological study of graduate Chinese students' English writing challenges. *The Qualitative Report*, 22(3), 779–796.  
<https://nsuworks.nova.edu/tqr/vol22/iss3/7/>
- Bermea, A. M., Toews, M. L., & Wood, L. G. (2018). “Students getting pregnant are not gonna go nowhere”: Manifestations of stigma in adolescent mothers’ educational environment. *Youth & Society*, 50(3), 423–436.  
<https://doi.org/10.1177/0044118X16661734>
- Berthelon, M., & Kruger, D. I. (2017). Does adolescent motherhood affect education and labor market outcomes of mothers? A study on young adult women in Chile during 1990–2013. *International Journal of Public Health*, 62(2), 293–303.  
<https://doi.org/10.1007/s00038-016-0926-5>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.  
<https://doi.org/10.1191/1478088706QP063OA>
- Bulck, H. V., Puppis, M., Donders, K., & Audenhove, L. V. (2019). *The Palgrave handbook of methods for media policy research*. Springer.
- Cacioppo, J. T., & Freberg, L. (2018). *Discovering psychology: The science of mind*. Cengage Learning.
- Campbell-Grossman, C., Hudson, D. B., Kupzyk, K. A., Brown, S. E., Hanna, K. M., & Yates, B. C. (2016). Low-income, African American, adolescent mothers’

- depressive symptoms, perceived stress, and social support. *Journal of Child and Family Studies*, 25(7), 2306–2314. <https://doi.org/10.1007/s10826-016-0386-9>
- Centers for Disease Control and Prevention. (2019, March 1). *About teen pregnancy*. <https://www.cdc.gov/teenpregnancy/about/index.htm>
- Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. SAGE.
- David, S. A., Dyk, A. V., & Ashipala, D. O. (2017). Experiences of young adolescent mothers regarding adolescent motherhood in Oshana region. *Journal of Nursing Education and Practice*, 7(12), Art. 39. <https://doi.org/10.5430/jnep.v7n12p39>
- Dawidowicz, P. (2016). *Phenomenology*. The Richard W. Riley College of Education and Leadership Publications.
- Diaz, C. J., & Fiel, J. E. (2016). The effect(S) of teen pregnancy: Reconciling theory, methods, and findings. *Demography*, 53(1), 85–116. <https://doi.org/10.1007/s13524-015-0446-6>
- Dickson-Swift, V. (2017). Emotion and sensitive research. In P. Liamputtong (Ed.), *Handbook of research methods in health social sciences* (pp. 1–18). [https://doi.org/10.1007/978-981-10-2779-6\\_141-1](https://doi.org/10.1007/978-981-10-2779-6_141-1)
- Dikilitaş, K., & Bostancıoğlu, A. (2019). *Inquiry and research skills for language teachers*. Springer Nature.
- Dlamini, N. (2016). *Teenage mothers' experiences of motherhood: Schooling, stigma and learned responsibility: a case study of teenage mothers of school going age in a peri-urban area in Kwa-Zulu Natal*. [Thesis, Stellenbosch University].

Stellenbosch University Repository.

<https://scholar.sun.ac.za:443/handle/10019.1/98667>

Dorsch, J. (2018). *Toward the phenomenology of Rainer Maria Rilke*. GRIN Verlag.

Dowden, A. R., Gray, K., White, N., Ethridge, G., Spencer, N., & Boston, Q. (2018). *A phenomenological analysis of the impact of teen pregnancy on education attainment: Implications for school counselors* (EJ1184922). ERIC.

<https://files.eric.ed.gov/fulltext/EJ1184922.pdf>

Eizadirad, A. (2019). *Decolonizing educational assessment: Ontario elementary students and the EQAO*. Springer Nature.

Fujita, H., & Herrera-Viedma, E. (2018). *New trends in intelligent software methodologies, tools and techniques: Proceedings of the 17th international conference somet\_18*. IOS Press.

Gattis, V. M. (2018). *Bullied!: Coping with workplace bullying*. Dissertation.com.

Gbogbo, S. (2020). Early motherhood: Voices from female adolescents in the Hohoe Municipality, Ghana—A qualitative study utilizing Schlossberg's transition theory. *International Journal of Qualitative Studies on Health and Well-Being*, 15(1), Art. 1716620. <https://doi.org/10.1080/17482631.2020.1716620>

Gigante, D. P., de França, G., Rolfe, E. D. L., Lima, N. P., dos Motta, J. S., Gonçalves, H., Horta, B. L., Barros, F. C., & Ong, K. K. (2019). Adolescent parenthood associated with adverse socio-economic outcomes at age 30 years in women and men of the Pelotas, Brazil: 1982 Birth Cohort Study. *BJOG: An International*

*Journal of Obstetrics & Gynaecology*, 126(3), 360–367.

<https://doi.org/10.1111/1471-0528.15428>

Gorry, D. (2019). Heterogeneous consequences of teenage childbearing. *Demography*, 56(6), 2147–2168. <https://doi.org/10.1007/s13524-019-00830-1>

Gough, M. (2017). Birth spacing, human capital, and the motherhood penalty at midlife in the United States. *Demographic Research*, 37, 363–416.

<https://doi.org/10.4054/DemRes.2017.37.13>

Grove, S. K., & Gray, J. R. (2018). *Understanding nursing research e-book: Building an evidence-based practice*. Elsevier Health Sciences.

Guttmacher Institute. (2020). *Unintended pregnancy in the United States*.

<https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>

Hammarberg, K., Kirkman, M., & de Lacey, S. (2016). Qualitative research methods: When to use them and how to judge them. *Human Reproduction*, 31(3), 498–501.

<https://doi.org/10.1093/humrep/dev334>

Husserl, E. (2019). *The phenomenology of internal time-consciousness*. Indiana University Press.

Kirchengast, S. (2016). Teenage pregnancies: A worldwide social and medical problem.

In R. Laratta (Ed.), *An analysis of contemporary social welfare issues* (pp. 13–30). <https://doi.org/10.5772/65462>

Klose, M. (2019). *The customer journey in Omnichannel Retail. An exploratory requirements analysis for a customer journey modelling and analysis tool*. GRIN Verlag.

- Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1), 120–124. <https://doi.org/10.1080/13814788.2017.1375092>
- Kumar, M., Huang, K.-Y., Othieno, C., Wamalwa, D., Madeghe, B., Osok, J., Kahonge, S. N., Nato, J., & McKay, M. M. (2018). Adolescent pregnancy and challenges in Kenyan context: Perspectives from multiple community stakeholders. *Global Social Welfare*, 5(1), 11–27. <https://doi.org/10.1007/s40609-017-0102-8>
- Kumar, R. (2019). *Research methodology: A step-by-step guide for beginners*. SAGE.
- Laureate Education, Inc. (2013). *Phenomenological research program transcript*. [https://academicguides.waldenu.edu/ld.php?content\\_id=8693861](https://academicguides.waldenu.edu/ld.php?content_id=8693861)
- Lise, B. M., & Elisabeth, J. (2019). *Applied social science approaches to mixed methods research*. IGI Global.
- Mangeli, M., Rayyani, M., Cheraghi, M. A., & Tirgari, B. (2017). Exploring the challenges of adolescent mothers from their life experiences in the transition to motherhood: A qualitative study. *Journal of Family & Reproductive Health*, 11(3), 165–173. <http://vlib.kmu.ac.ir/kmu/handle/kmu/77242>
- Mohd-Ali, S., Puteh-Behak, F., Md Saat, N. S., Darmi, R., Harun, H., & Samah, R. (2016). Tackling the issue of credibility in phenomenographic interviewing to capture problem-based learning (PBL) experience. *Mediterranean Journal of Social Sciences*, 7(4), 184–184. <https://doi.org/10.5901/mjss.2016.v7n4p184>

- Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education*, 8(2), 90–97. <https://doi.org/10.1007/s40037-019-0509-2>
- Nkwemu, S., Jacobs, C. N., Mweemba, O., Sharma, A., & Zulu, J. M. (2019). “They say that I have lost my integrity by breaking my virginity”: Experiences of teen school going mothers in two schools in Lusaka Zambia. *BioMed Central Public Health*, 19(1), Art. 62. <https://doi.org/10.1186/s12889-019-6394-0>
- Nkwini, O., & Naidoo, A. (2017, October 29–November 3). Teenage pregnancy and socioeconomic outcomes in South Africa [Conference session]. XXVIII International Population Conference, Cape Town, South Africa. <https://iussp.confex.com/iussp/ipc2017/mediafile/ExtendedAbstract/Paper4995/Oupa%20NKwinika%20Extended%20Abstract%20IUSSP%202017.pdf>
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16(1), Art. 1609406917733847. <https://doi.org/10.1177/1609406917733847>
- Oinas-Kukkonen, H., Win, K. T., Karapanos, E., Karppinen, P., & Kyza, E. (2019). *Persuasive technology: Development of persuasive and behavior change support systems: 14th international conference, persuasive 2019, limassol, cyprus, april 9–11, 2019, proceedings*. Springer.
- Plan International Organization. (n.d.). *Teenage pregnancy*. <https://plan-international.org/sexual-health/teenage-pregnancy>

- Rahman, M. S. (2016). The advantages and disadvantages of using qualitative and quantitative approaches and methods in language “testing and assessment” research: A literature review. *Journal of Education and Learning*, 6(1), Art. 102. <https://doi.org/10.5539/jel.v6n1p102>
- The Regents of the University of Michigan. (2017, May 12). *Minimizing interviewer effects: Innovations in quality assurance and control in multicultural, multinational, and multiregional surveys*. [https://www.oecd.org/skills/piaac/Minimizing%20Interviewer%20Effects\\_Beth-Allen%20Pennell%20and%20Kristen%20Cibelli%20Hibben.pdf](https://www.oecd.org/skills/piaac/Minimizing%20Interviewer%20Effects_Beth-Allen%20Pennell%20and%20Kristen%20Cibelli%20Hibben.pdf)
- Rieger, E. (2017). *Abnormal psychology: Leading researcher perspectives* (4th ed.). McGraw-Hill Education Australia.
- Salvador, J. T., Sauce, B. R. J., Alvarez, M. O. C., & Rosario, A. B. (2016). The phenomenon of teenage pregnancy in the Philippines. *European Scientific Journal*, 12(32), 173–173. <https://doi.org/10.19044/esj.2016.v12n32p173>
- Schlossberg, N. K. (1981). A model for analyzing human adaptation to transition. *The Counseling Psychologist*, 9, 2–18. <https://doi.org/10.1177%2F001100008100900202>
- Shah, P., Thornton, I., Turrin, D., & Hipskind, J. E. (2020). *Informed consent*. StatPearls Publishing.
- Unger, H., Sodsee, S., & Meesad, P. (2018). *Recent advances in information and communication technology 2018*. Springer.

- U.S. Department of Housing and Urban Development. (2019). *Transmittal of Fiscal Year (FY) 2019 income limits for the public housing and Section 8 programs*.  
<https://www.huduser.gov/portal/datasets/il/il19/HUD-sec8-FY19r.pdf>
- Walden University. (2020a). *Academic guides: Research ethics: Research ethics review process by IRB*. <https://academicguides.waldenu.edu/research-center/research-ethics/review-process>
- Walden University. (2020b). *Doctoral data collection*.  
<https://academicguides.waldenu.edu/covid-19/data-collection>
- Wall-Wieler, E., Lee, J. B., Nickel, N., & Roos, L. L. (2019). The multigenerational effects of adolescent motherhood on school readiness: A population-based retrospective cohort study. *PLOS ONE*, *14*(2), Art. e0211284.  
<https://doi.org/10.1371/journal.pone.0211284>
- Williams, K. C. (2019). *Perceptions of teenage mothers on the difficulties of remaining in public school in rural Tennessee* [Unpublished doctoral dissertation, Carson-Newman University].  
[https://classic.cn.edu/libraries/tiny\\_mce/tiny\\_mce/plugins/filemanager/files/Dissertations/Dissertations2019/Katrich\\_Chevon\\_Williams.pdf](https://classic.cn.edu/libraries/tiny_mce/tiny_mce/plugins/filemanager/files/Dissertations/Dissertations2019/Katrich_Chevon_Williams.pdf)
- World Health Organization. (2020, January 31). *Adolescent pregnancy*. Retrieved July 5, 2020, from <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>
- Zambito, J. (2017). *Octopus moms: The lived experiences of college students who are mothers* (ED580505). ERIC. <https://eric.ed.gov/?id=ED580505>



## Appendix A: Interview Protocol

1. Tell me about your experiences during the time of your pregnancy.
2. What aspect of your experiences was most remarkable? Can you tell me about your feelings during pregnancy while in school?
3. How did you feel when you realized that you were pregnant?
4. How did your friends, peers, and parents feel when they realize you are pregnant?
5. Tell me about your experience during the period of your pregnancy. Did you receive support from family and friends?
6. Could you tell me if you received financial and emotional support during this time?
7. What has being pregnant been like for you? What challenges did you encounter or are you still facing?

## Appendix B: Expert Panel Form

The qualitative reviews of interview questions to be used in this study were examined in detail by a Panel of experts. The Panel comprised of two expert qualitative researchers and are both PhD holders. They will be expected to provide critical appraisal of each survey domain and make changes as appropriate.

The panel members were:

1. Dr. Anasatsia Ashi – Director General, African Health Organization, Public Health, Nigeria/United States
2. Dr. Carolyn Graff, RN –College of Nursing, UTHSC, Memphis, TN

### Panel Expert 1

Form for Review and Evaluation of Validity and Reliability by a Panel of Experts for Qualitative Instrumentation of “*The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community.*”

**Instructions:** Please review the attached Qualitative Instrumentation of [The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community] and respond to the following questions regarding the construction, validity, and potential reliability for the Qualitative research topic [*The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community*] in light of the phenomenon being researched, examined, assessed, evaluated, or measured.

### Section I. VALIDITY EVALUATION

A test, survey, questionnaire, evaluation or assessment instrument is valid to the extent that the instrument measures the construct(s) that the instrument purports to measure.

#### 1. Instrument Construction:

1. (a). Are the instructions for completing the instrument clear?

Yes

No (if no, please explain)

Yes provided the following actions are taken:

1. (b). Is the application and results of the Qualitative Instrumentation of research topic:

*The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community*

Yes

No (if no, please explain)

Yes provided the following actions are taken:

1. (b). Is the application and results of the Qualitative Instrumentation of research topic “*The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community*” adequately reflected in this instrument?

Yes

No (if no, please explain)

Yes provided the following actions are taken:

1. (c). What items would you add? You can include open ended questions to elicit more responses, and intimate experiences from participants, such as but not limited to:

- Tell me more about your experiences during your period of pregnancy
- What aspect of your experience was most remarkable, Can you narrate your feelings?

1. (d). What items would you delete? N/A

## **2. Content Validity:**

Will the scores yielded by Qualitative Instrumentation of research topic *The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community* adequately represent the content or conceptual domain of the construct being measured? In other words, does the instrument have adequate and appropriate items that constitute a representative sample of the complete domain of items used to generalize the construct being measured? Please see the attached table of specifications [instrument blueprint] that reflect which items and how many items within the instrument are designed to measure each type of content domain.

Yes

No (if no, please explain)

Yes provided the following actions are taken:

### 3. Construct Validity:

Qualitative Instrumentation research topic *The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community* is designed to measure. Please see constructs definition:

Insert constructs definition here: *Psychological, physiological, cultural, and socio-economic experiences that teenage mothers go through, in a low-income community. These include treatment of young mothers by spouses, family members and the community, regarding behavior of people towards them, and financial, moral, as well as psychological support that these young mothers get from their families and the entire community.*

3. (a) Does the Qualitative Instrumentation of *The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community* represent concepts or constructs it should represent and does not represent concepts it should not represent? In other words, does the Qualitative Instrumentation of [*The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community*] adequately represent the constructs it purports to represent?

Yes

No (if no, please explain)

Yes provided the following actions are taken:

3. (b) Is the Qualitative Instrumentation of *The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community* inclusive of the important dimensions or facets of the constructs it purports to measure.

Yes

No (if no, please explain)

Yes provided the following actions are taken:

3. (c) Does the Qualitative Instrumentation of *The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community* avoid excess reliable variance, ensuring no items are easier or harder for some respondents in a manner relevant to the interpreted construct?

- Yes
- No (if no, please explain)
- Yes provided the following actions are taken:

#### **4. Face Validity**

Does the Qualitative Instrumentation of *The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community*

Does the Qualitative Instrumentation of [*The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community*] look valid?

Does it appear to represent a measure of the construct it purports to measure?

- Yes
- No (if no, please explain)
- Yes provided the following actions are taken:

#### **5. Item Bias**

Does the wording or placement of an item avoid affecting someone's response?

(This includes the avoidance of double-barreled items, words or phrases, which raise emotional red flags, ambiguous wording, gender bias, racial/ethnic bias, and the manipulative placement of an item or wording of an item)

- Yes
- No (if no, please explain)
- Yes provided the following actions are taken:

## 6. Consequential Validity

Does the Qualitative Instrumentation of *The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community* instrument embody desirable values and have potentially positive consequences for the discipline or field it reflects?

- Yes
- No (if no, please explain)
- Yes provided the following actions are taken:

## Section II. RELIABILITY EVALUATION

A test, survey, questionnaire, evaluation or assessment instrument is reliable to the extent that whatever construct(s) the instrument measures, it measures the construct(s) consistently.

### A. Internal Consistency

Are the items that make up the Qualitative Instrumentation of *The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community* internally consistent with each component and/or the constructs being examined, assessed, evaluated, or measured?

- Yes
- No (if no, please explain)
- Yes provided the following actions are taken:

### B. Potential for Reliability (Potential for Consistent Responses)

Understanding that research participants completing this instrument will vary in their understanding and experience with *The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community* and thus vary in their responses, is there anything about this instrument that would lead you to believe that

this instrument would not consistently measure [*The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community*].

Yes

No (if no, please explain)

Yes provided the following actions are taken:

Please provide any additional comments, suggestions for improvement, and/or any other thoughts regarding the construction, how the survey to be easier to complete, validity and/or reliability of the Qualitative Instrumentation of *The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community*

N/A

### **Panel Member**

Printed or typed Name: Dr. Anastasia Ashi

Title: Director general African Health Organization

Department: Public Health

Organization Location: USA and Nigeria

Signature: anasatsia ashi Date: 03/21/2021



## Panel Expert 2

### Section I. VALIDITY EVALUATION

A test, survey, questionnaire, evaluation or assessment instrument is valid to the extent that the instrument measures the construct(s) that the instrument purports to measure.

#### 1. Instrument Construction:

1. (a). Are the instructions for completing the instrument clear?

Yes

No (if no, please explain)

Yes provided the following actions are taken: Will there be an introduction of the interview to the participant?

1. (b). Is the application and results of the Qualitative Instrumentation of research topic:

*[The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community]*

Yes

No (if no, please explain)

Yes provided the following actions are taken:

1. (b). Is the application and results of the Qualitative Instrumentation of research topic

*[The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community]* adequately reflected in this instrument?

Yes

No (if no, please explain)

Yes provided the following actions are taken:

1. (c). What items would you add?

1. (d). What items would you delete?

## 2. Content Validity:

Will the scores yielded by Qualitative Instrumentation of research topic [*The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community*] adequately represent the content or conceptual domain of the construct being measured? In other words, does the instrument have adequate and appropriate items that constitute a representative sample of the complete domain of items used to generalize the construct being measured? Please see the attached table of specifications [instrument blueprint] that reflect which items and how many items within the instrument are designed to measure each type of content domain.

Yes

No (if no, please explain)

Yes provided the following actions are taken:

## 3. Construct Validity:

Qualitative Instrumentation research topic [Insert Title of Study] is designed to measure. Please see constructs definition:

Insert **constructs definition** here:

3. (a) Does the Qualitative Instrumentation of [*The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community*] represent concepts or constructs it should represent and does not represent concepts it should not represent? In other words, does the Qualitative Instrumentation of [*The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community*] adequately represent the constructs it purports to represent?

Yes

No (if no, please explain)

Yes provided the following actions are taken:

3. (b) Is the Qualitative Instrumentation of [*The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community*] inclusive of the important dimensions or facets of the constructs it purports to measure.

Yes

No (if no, please explain)

Yes provided the following actions are taken:

3. (c) Does the Qualitative Instrumentation of [*The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community*] avoid excess reliable variance, ensuring no items are easier or harder for some respondents in a manner relevant to the interpreted construct?

Yes

No (if no, please explain)

Yes provided the following actions are taken:

#### **4. Face Validity**

Does the Qualitative Instrumentation of [*The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community*]

Does the Qualitative Instrumentation of [*The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community*] look valid?

Does it appear to represent a measure of the construct it purports to measure?

Yes

No (if no, please explain)

Yes provided the following actions are taken:

## 5. Item Bias

Does the wording or placement of an item avoid affecting someone's response?  
(This includes the avoidance of double-barreled items, words or phrases, which raise emotional red flags, ambiguous wording, gender bias, racial/ethnic bias, and the manipulative placement of an item or wording of an item)

Yes

No (if no, please explain)

Yes provided the following actions are taken: Consider rewording the 'yes-no' questions (questions 2 and 6). Consider revising the first part of question 7. Remove the word 'teenage' when describing pregnancy. Consider avoiding the word, "affected". This may have a slightly negative connotation to the participant. Consider asking, What has being pregnant been like for you?

## 6. Consequential Validity

Does the Qualitative Instrumentation of (*The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community*) instrument embody desirable values and have potentially positive consequences for the discipline or field it reflects?

Yes

No (if no, please explain)

Yes provided the following actions are taken:

## Section II. RELIABILITY EVALUATION

A test, survey, questionnaire, evaluation or assessment instrument is reliable to the extent that whatever construct(s) the instrument measures, it measures the construct(s) consistently.

### **A. Internal Consistency**

Are the items that make up the Qualitative Instrumentation of [*The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community*] internally consistent with each component and/or the constructs being examined, assessed, evaluated, or measured?

Yes

No (if no, please explain)

Yes provided the following actions are taken:

### **B. Potential for Reliability (Potential for Consistent Responses)**

Understanding that research participants completing this instrument will vary in their understanding and experience with the [*The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community*] and thus vary in their responses, is there anything about this instrument that would lead you to believe that this instrument would not consistently measure [*The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community*].

Yes

No (if no, please explain)

Yes provided the following actions are taken: See comments in 5. Item Bias above.

Please provide any additional comments, suggestions for improvement, and/or any other thoughts regarding the construction, how the survey to be easier to complete, validity and/or reliability of the Qualitative Instrumentation of [*The Experiences of Teenage Mothers About the Socioeconomic Aspects of Teen Pregnancy in a Low-Income Community*].

**Panel Member**

Printed or typed Name: Carolyn Graff

Title: Ph.D., RN

Department: College of Nursing, UTHSC Organization Location: Memphis, TN

Signature: \_\_\_\_\_ Carolyn Graff \_\_\_\_\_ Date: \_\_3/29/2021\_\_\_\_\_