

2018

Exploring the Influences of Intergenerational Pregnancies on Teenage Girls, Ages 16 - 19

Tynika Greensberry
Walden University

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Walden University

College of Social and Behavioral Sciences

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Tynika Cosey Greensberry

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Walden University

2018

Abstract

Exploring the Influences of Intergenerational Pregnancies on Teenage Girls, Ages 16 - 19

by

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MA, University of Cincinnati, 2009

BS, Southern University and A&M College, 2008

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services Administration

Walden University

November 2018

Abstract

Generational cycles of teenage pregnancy trend among many families create economic, social, and health problems on teen parents and their families. Scholarly literature includes quantitative studies addressing the issue of teenage pregnancy but there is not many qualitative studies about the family cycle of teenage pregnancy among a highly-concentrated area of African American females in the Southern region of the United States. The life history theory and the socialization and social control theories of the intergenerational transmission of early childbearing served as the theoretical framework.. A qualitative case study is designed to identify factors that contributed to generational cycles of teenage pregnancy among families in the Southern region of the United States. Data were collected using questionnaires from 3 family triads of teenage mothers. Data were analyzed and display tables were created. The results indicated that participants had a lack of knowledge of proper contraceptive use and experienced peer pressure to engage in sexual behaviors. Teenagers looked at their mothers and sister's pregnancy in a favorable way making their pregnancy acceptable within families. Most participants felt teenagers should wait before becoming pregnant. Participants felt teenage mothers could overcome obstacles associated with teenage pregnancies. Pregnancy prevention programs may benefit from the results of this study through parenting programs to teach mothers, who were pregnant in their teen age, how to communicate with their teenage daughters about their sexual experiences.

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Dedication

I dedicate this dissertation to my family. A special feeling of gratitude to my son Jayden Greensberry and my husband Christopher Greensberry for your patience, motivation, and understanding throughout this tremendous process. A special thanks to my cousin Markeisha Lewis for your continued support. To my mother for your love and encouragement. I know you are proud. Finally, thank God for your grace and mercy. Here's to opening doors!

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Chapter 1: Introduction

Introduction

The Office of Adolescent Health Division of the United States Department of Health and Human Services (DHHS, 2016) stated there were 209,809 reported births to teenage mothers between the ages of 15–19 in the United States. This translates to a birth rate of 20.3 births for every 1,000 adolescent females in the United States (Office of Adolescent Health, 2016).

Louisiana was ranked 6 out of 51 (50 states plus the District of Columbia) in 2014 for teenage births among females aged 15–19, where one represents the highest rank (Office of Adolescent Health, 2017). In 2015, there were 5,055 births to female teenagers aged 15–19 in Louisiana which translates to a birth rate of 34.1 per 1,000 adolescent females (Office of Adolescent Health, 2017). Louisiana's teenage pregnancy birth rate is higher than the overall United States birth rate. As stated by the Office of Adolescent Health (2016), Louisiana is one of the top 10 states with the highest birth rates like other neighboring Southern states such as first-ranked Arkansas, third-ranked Mississippi, fourth-ranked Texas, and eighth-ranked Alabama (Office of Adolescents Health, 2016). The number of teenage pregnancies within East Baton Rouge, Louisiana, is also a concern. In 2012, there was a reported 573 births to female teenagers between the ages 15–19 and a birth rate of 33.7 per 1,000 female adolescents in East Baton Rouge, Louisiana (Louisiana Department of Health, n.d.). East Baton Rouge's teenage birth rate is also higher than the birth rate of the United States and slightly lower than Louisiana's teenage birth rate.

Discovering the contributing factors of teenage pregnancy and births are a topic worthy of discussion to identify common trends. Many factors contribute to teenage pregnancy such as religious beliefs about contraceptive use, lack of knowledge regarding proper contraceptive use,

and substance abuse (Langille, 2007). Immediate family members who experienced teenage pregnancy is another factor that contributes to teenage pregnancy (East, Reyes, & Horn, 2007). According to Meade, Kershaw, and Ickovics (2008), daughters of teenage mothers have increased risks for teenage pregnancy, further perpetuating the intergenerational cycle and “daughters of teenage mothers continue to be at increased risk of teenage childbearing” (p. 427). There are more than 230,000 teenage births in the United States each year (Centers for Disease Control and Prevention [CDC], 2015). In this study, I examined the family history of teenage pregnancy encompassing a current or expecting teenage mother, her mother, and the teen’s sister as a unit of analysis based on the families in the Southern region of the United States. According to De Genna, Larkby, and Cornelious (2011), there is “a greater risk for adolescent offspring of teenage mothers to become parents themselves” (p. 2). There is a direct pathway to teenage pregnancy that affects the offspring of teenage mothers’ due to a less optimal family environment. Furthermore, De Genna et al. revealed that daughters of teenage mothers were more likely to engage in early sexual experiences than daughters of older mothers. Consequently, I examined the cyclical family relationship of teenage pregnancy, including mothers and sisters who experienced teenage pregnancy, and the influences on current teenage mothers or expecting teenage mothers as a unit of analysis in the Southern region of the United States.

I examined the phenomenon of the family cycle of teenage pregnancy and the influence these pregnancies had on a teenager’s decision to become teenage mothers. An exploration of the dynamics of the factors that led adolescent girls to experience teenage pregnancy was also addressed. There is a significant number of quantitative studies on teenage pregnancy, but I was unable to locate qualitative studies on this phenomenon from a generational perspective.

However, Wall-Wieler, Roos, and Nickel (2016) addressed the impact of maternal adolescent childbearing and teenage pregnancy an older sister has on a younger sister. Wall-Wieler et al.'s study occurred in Canada and used a quantitative approach. Building on the work of Wall-Wieler et al. (2016), in this case study, I examined the impact that an expecting or current teenage mother's sisters and mothers' teenage pregnancy had on the current or expecting mother's decision to become pregnant for young women in the Southern region in the United States.

Some of the quantitative studies included reports from researchers such as Phipps and Nunes (2012) who conducted a quantitative research study that occurred in Providence, Rhode Island, where there is a large Hispanic population. The study comprised of 300 pregnant adolescent women who were under 18 years of age and interviewed to "evaluate a multi-dimensional measure of pregnancy intentions among pregnant adolescents and quantify the association between intentional dimensions and adverse outcomes and risky behaviors" (p. 1820). East et al. (2007) conducted a quantitative study that encompassed 127 Latina and Black adolescent females who completed in-depth surveys at three different periods in their lives, at the initial onset of the study, 2 years later, then subsequently 3 years later. Logistic regression analyses were used to investigate the effect of how "socioeconomic factors, mothers' parenting characteristics, and certain sibling relationship qualities explain the association between a family history of teenage births and young women's risk of pregnancy" (p. 1). Finally, Wildsmith et al. (2012) used data from the National Longitudinal Survey of Youth to examine how "early maternal characteristics, an adolescent's family environment, and the adolescent's attitudes and behaviors were associated with the odds of a non-marital teenage birth among youth born to teenage mothers" (p. 258).

Contrary to the previous studies, this study was a qualitative study. Wildsmith et al. (2012) stated that many qualitative studies use small samples of minority females throughout the United States. However, in reviewing many articles on teenage pregnancy implications, several conclusions regarding teenage pregnancy can be drawn and is discussed in this study. Additionally, teenage pregnancy can create at-risk circumstances such as medical and health complications, minimum schooling resulting in an elevated dropout rate, lower career aspirations, and a higher chance of a life of poverty (Domenico & Jones, 2007). Domenico and Jones stated that “7 out of 10 adolescent mothers do not graduate from high school and less than one-third giving birth before 18 years of age ever complete high school” (p. 4). Not completing high school creates a rippling effect in the teenager’s life because “teenage mothers become economically dependent due to their decreased educational attainment” (Domenico & Jones, 2007, p. 4). According to Domenico and Jones, a minimum amount of formal education affects a person’s earning potential throughout their lives. Additionally, depression is another adversity plaguing adolescent mothers (Huang, Costeines, Kaufman, & Ayala, 2013). According to Huang et al., teenage mothers are not mentally developed to handle the pressures of motherhood and can become easily depressed. Adolescent parents experience more stress than first-time adult mothers and have negative emotions associated with parenting that can affect the healthy development of their babies. According to Huang et al., maternal depression was associated with developmental delays in children. Wall-Wieler et al. (2016) highlighted risks associated with childhood births that follow both the child and mother through their lives, including premature labor, low birth weight, increased neonatal deaths, and postpartum depression for mothers. Wall-Wieler et al. also claimed that teenage mothers are more likely to drop out of high school and live in poverty.

Adolescent pregnancy has a community and societal effect. From a community perspective, teenage pregnancy creates various social consequences for the teenage mothers. Teenage mothers are occasionally shunned by other nonpregnant teens and the parents of these teens. Community members tend to stereotype teenage mothers negatively. Many people in the United States believe teens should not engage in sexual activities and nonmarital childbearing (Domenico & Jones, 2007). *The Power to Decide* (2018) stated that 80% of the adults who participated in the survey believed teenage pregnancy was an important problem compared to other unmentioned social and economic problems in their communities.

From a societal perspective, some teenage mothers are economically dependent upon the government for financial assistance. This government dependency is costly for society (Domenico & Jones, 2007). In 2010, teen pregnancy and childbirth accounted for nearly \$9.4 billion to United States taxpayers for increased health care and foster care, increased incarceration rates among children of teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers (CDC, n.d.). Low career aspirations lead to low paying or no jobs, shifting financial responsibilities on to the government (East, Chien, & Barber, 2012). East et al. (2012) stated, “most of the participants were economically disadvantaged, and 95% of the teens received government financial assistance at the time of the study” (p. 172). In addition, the lack of well-paying jobs in poor communities creates little economic incentive to build a career (Mollborn, 2010). Potential social implications of this study can aid pregnancy prevention programs in identifying the family cycle of teenage pregnancy as a determining factor of future teenage pregnancy and develop ways to mitigate this dangerous trend. Coles (1997) found that teenage mothers believed that having a child would enhance their lives. The 2016 teen birth rate was down 9% from 2015 when the birth rate was 22.3 (CDC,

n.d.). Still, the teen birth rate in the United States remains higher than in many other developed countries, including Canada and the United Kingdom (CDC, n.d.). This prediction further highlights the major societal and social problem of teenage pregnancy.

Chapter 1 provides background information of the problem of intergenerational teenage pregnancy, the problem statement, the purpose of the study, the research question, theoretical framework, nature of the study, vital definitions, assumptions, scope and delimitations, study limitations, and the significance of this study.

Background of the Problem

Teenage pregnancy is recognized as a social problem that needs public intervention (Faber, 2014). As reported by the Office of Adolescent Health (2016), the birth rate of female teenagers ages 15–19 in Louisiana in 2015 was 34.1 per 1,000 births ranking Louisiana 6th in the United States. This is in comparison to the United States average birth rate of 23.3 births per 1,000 teenage girls (Office of Adolescent Health, 2016). Teenage mothers are faced with many psychological, social, emotional, and economic issues in their young lives. Teenage mothers are also faced with decisions such as completing their high school education, being able to support themselves financially, and the loss of opportunity to participate in regular teen activities and being ostracized by their peers. Caring for a baby is time consuming and can impede on educational goals (American Pregnancy Association, n.d.). As a result, dropping out of high school is not an uncommon event that occurs in young mothers' lives.

Wall-Wieler et al. (2016) reported that identifying risk factors for teenage pregnancy is necessary before identifying ways to reduce the problem. There are social and biological factors (ie., exposure to adversity during childhood and adolescence, attention-seeking behaviors, instability within families, low educational achievement, and family history of teenage

pregnancy) that can influence teenage pregnancy. Mothers and older sisters are the prime sources of family influences on teenage pregnancy. Wall-Wieler et al. (2016) noted that having a mother bearing her first child before age 20 was a significant predictor of teenage pregnancy. Additionally, Wall-Wieler et al. found daughters of teenage mothers to be 51% more likely to have a teenage pregnancy than those whose mothers were older than 19 years of age at the birth of their first child.

According to Domenico and Jones (2007), pregnancy is one of the reasons commonly reported by female teenage secondary students for dropping out of high school. Domenico and Jones also stated that dropout rates for teens revealed that teenage pregnancy is the primary reason teenagers withdrew from high school before graduation. The Baton Rouge Area Foundation (2015) revealed a 6% increase, from 2013 to 2014, of teenagers dropped out of high school in East Baton Rouge school districts. Furthermore, researchers have drawn attention to teenage pregnancy, which is an underrepresented reason that students drop out of high school. Among dropouts, 30% of girls stated pregnancy or parenthood as a key reason for leaving school (Marshall, 2011). Tolma et al. (2014) stated that teenage pregnancy results in adverse educational outcomes and mothers are less likely to complete their education and more likely to experience persistent poverty compared to their nonparenting peers. In addition to teenagers being affected financially by teenage pregnancy, the economy is also affected. Nearly 9 out of 10 or 90% of teenage births occur outside of marriage (Office of Adolescent Health, 2016). Reducing out of wedlock teenage births is a goal of the federal government to reduce the overcrowded welfare system (Domenico & Jones, 2007). According to Domenico and Jones, adolescent mothers become economically dependent due to their decreased educational attainment. Most teenage mothers depend upon government-issued medical benefits, such as

Medicaid, for themselves and their babies which further solidify the increased dependence upon the federal government and further cause economic strain. Martins, Malacane, Lewis, and Kraus (2016) stated that teenage mothers are more likely to participate in government assistance and rely on Medicaid for their health insurance at the time of childbirth. These new mothers are also faced with the unforeseen medical challenges for their new babies. Neonatal mortality is directly linked to a mother's age, with young mothers having a higher risk of infant death (Ramaiya, Kiss, Baraitser, Mbaruku, & Hildon, 2014). According to the National Center for Health Statistics (2011), teenage pregnancies account for an elevated percentage of low birth weight, with newborns weighing 5.5 pounds or less at birth, and 12% of babies born to females under the age of 20 in Louisiana are underweight. This percentage is greater than the United States average of 9.6% of babies born to females under 20 years of age (National Center for Health Statistics, 2011).

Medicaid pays for roughly two-thirds of the deliveries in the United States (Gavin, Kuo, Adams, Ayadi, & Gilbert, 2005), and babies born with health deficiencies require additional expensive medical treatment, further placing the health care budget in deficit. Many teenage mothers depend on government assistance to take care of themselves and their children (Martins et al., 2016). These are economic challenges the government strives to diminish. Additionally, a woman's fertility peaks in her early to mid-20s and begins to decline shortly thereafter. Pregnancy during these mentioned age periods are necessary and recommended to improve a woman's chance of conceiving, and it is not recommended for females to bear children until their 20s to decrease associated health risks such as low birth rate, anemia, premature labor, and preeclampsia (Fox, 2000). Although these are common risk factors that any pregnant woman can face, Leppälähti, Gissler, Mentula, and Heikinheimo (2013) reported that teenagers are at a

greater risk of obstetric complications such as preeclampsia and preterm delivery for females between 13- to 19-years-old.

The evolution of teenage pregnancy has been a reality for a large amount of time. However, what was considered normal or acceptable in the past are not the views or current reality. A family cycle of teenage pregnancy is perpetuated as scholars reveal that the female children of teenage mothers often also become teenage mothers. According to Meade et al. (2008), daughters of teenage mothers have an increased risk for childbearing, continuing intergenerational cycles. Overall, according to the state's birthrate, teenage pregnancy is a current issue facing Louisiana. The extent to which factors and experiences that contribute to how adolescent pregnancy is related to a mother and sister who were teenage mothers is unknown; however, young women whose sister and mother became teenage mothers were more likely to become teenage mothers themselves in comparison to young mothers whose mothers only experienced teenage pregnancy (East et al., 2007).

A teenager's sister experience of pregnancy is influential on adolescents as this is more familiar to the teen, and it is more relatable with family members near their age (East et al., 2007). Therefore, I focused on exploring the facet of teenage pregnancy as a cycle within families based on mothers and sisters who resided in the teenagers' place of residence in the Southern region of the United States. Teenage pregnancy in the Southern region of the United States among teenage girls between the ages of 15 to 19 is a problem and is worthy of attention.

According to the Office of Adolescent Health (2016), in 2015, there were 5,055 teenage births to adolescent mothers aged 15–19 in Louisiana. More specifically, in 2012 there were 573 teenage births to teen mothers aged 15–19 in the East Baton Rouge Parish (Louisiana Department of Health, n.d.). These births to teenage mothers exceed most other parishes within

the state of Louisiana. The gaps in previous research that were addressed in this study were the roles of the family cycle of teenage pregnancy by studying teenagers in the Southern region of the United States. Quantitative scholars addressed the issue of generational teenage pregnancy; however, there is a gap in qualitative research on the family cycle of teenage pregnancy among a highly-concentrated area of African American females in the Southern region of the United States. According to Wall-Wieler et al. (2016), research about the impact of a sister's teenage pregnancy has been limited to mostly qualitative studies using small samples of minority adolescents in the United States. This qualitative study was unique in that I identified themes under the phenomenon of cyclical teenage pregnancies within a family. This study is also unique in that the focus was in the Southern region of the United States which maintains a high teenage pregnancy rate. In this qualitative study, I wished to determine how a family history of teenage pregnancy posed as a contributing factor to future teenage pregnancy for mothers and sisters who resided in the same household.

Problem Statement

Louisiana ranked among the top 10 states with the highest teenage pregnancy rates in the United States (Office of Adolescent Health, 2016). In many instances, these teenage pregnancies occurred in families among mothers and her teenage daughters. Discovering the impact of the influences, factors, and experiences on current or expecting teen moms of the childbirths by their mothers and sisters is a problem worthy of exploration. Although the Office of Adolescent Health (2016), shown in Figure 1, indicated that teenage pregnancy has been on the decline, the number of teenagers who get pregnant remains significantly high. The Office of Adolescent Health acknowledged that there has been an almost consistent decline in national teenage pregnancy rates over the last 2 decades. Teenage pregnancy rates, “which is the sum of all live

births, abortions, and miscarriages (or fetal losses) per 1,000 adolescent females aged 15–19 years in each year” (para. 6), declined from 116.2 pregnancies per 1,000 female teens in 1990 to 20.3 pregnancies per 1,000 female teens in 2016 (Office of Adolescent Health, 2016). Live birth rates per 1,000 females aged 15–19 years have also declined consistently since 2007 from 41.5 (CDC, 2015) to 20.3 in 2016 (Office of Adolescent Health, 2016).

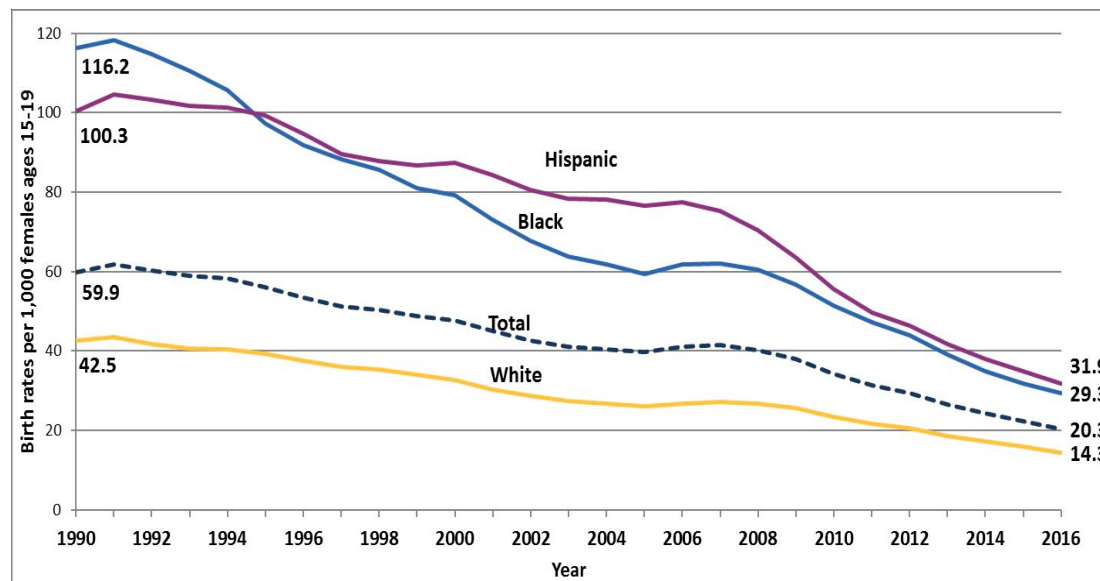


Figure 1. Birth rates (live births) per 1,000 females aged 15-19 years by race and Hispanic ethnicity.

Despite the declining rates, the actual number of pregnancies recorded within a year remains high although the figures have consistently declined since 2007 (Henshaw & Kost, 2014). Although the rate of 57.4 pregnancies per 1,000 females aged 15–19 years represented a significant decline, this rate still translated into over 200,000 pregnancies in the United States (Henshaw & Kost, 2014; Wind, 2014). The CDC (2011) reported that teenage birth rates in the United States are nine times greater than in most other developed countries. In addition, 11,000 more pregnancies were recorded among girls aged 14 years and younger in the United States in the same year (Henshaw & Kost, 2014). According to the CDC (2011), “girls born to teen

parents are almost 33% more likely to become teen parents themselves, continuing the cycle of teen pregnancy” (p. 2). If teen pregnancy is not controlled, then the economic, social, and health costs on teen parents as well as on their families will still be experienced by many women and families in the United States. The cost is on these individuals, their families, and the United States economy. The CDC (2015) reported that United States teen pregnancies and births cost taxpayers over \$9 billion every year.

States such as New Mexico, Texas, Mississippi, and Louisiana record high teenage pregnancy rates (Henshaw & Kost, 2014). The State of Louisiana had the fifth highest teenage pregnancy rate in 2010, with 69 pregnancies per 1,000 females aged 15-19 years old that resulted in live births, stillborn, and miscarriages (Henshaw & Kost, 2014; Wind, 2014). In 2010, there were 11,060 teenage pregnancies and 7,689 births to teenage females between the ages of 15 to 19 in Louisiana, and Louisiana’s birthrate was higher than other states considering 49th ranked Vermont that reported a teenage pregnancy rate of 32 per 1000 teenage pregnancies, a birth rate of 18 per 1,000 female teenagers, and 401 live births to female teenagers 15–19 years old in 2010 (Henshaw & Kost, 2014). Many states also recorded significantly lower rates than Louisiana (Henshaw & Kost, 2014). In addition, 250 more pregnancies were recorded in the state of Louisiana among girls aged below 15 years, and out of whom, 121 gave birth to their children and 90 opted to terminate (Henshaw & Kost, 2014). Among the girls aged 15-19 years in Louisiana, 7,689 gave birth while 1,660 terminated (Henshaw & Kost, 2014).

There are many factors that may influence or contribute to teenage pregnancy (Hoggart, 2012; Phipps & Nunes, 2012). Teenage pregnancy among females aged 13 - 19 years could be intergenerational or influenced by other family members who have experienced teenage pregnancies. Many researchers have suggested teenage pregnancy could run through family

generations (East et al., 2007; Gainsburg, Norris, & Richter, 2006; Whitehead, 2009; Wall-Wieler et al., 2016). The role of a family history of teenage pregnancy is often understudied; yet, it may also influence an adolescent's decisions to become a parent. There are few studies on intergenerational teen births, and no scholars employed a case study method to examine the intergenerational teen problem. However, Wall-Wieler et al. (2016) posited that mothers and older sisters serve as the primary source of family influence on teenage pregnancy from both social risk and influence perspectives. These family members aided in the contribution and influence of the teenager's attitude and value of teenage pregnancy. Having an older sister and mother who experienced teenage pregnancy significantly increased the risk of teenage childbearing in younger sisters (Wall-Wieler et al., 2016).

Qualitative research methods, according to Yin (2009), allow researchers to undertake an in-depth analysis of a problem to gain a better understanding of the issue. Therefore, I explored the issue by using a case study approach to understand the boundaries of the cases and the intricacy of the behavior patterns of the bounded systems. A case study approach allowed for an in-depth, detailed account of the experiences, situations, environmental factors, and influences on the teen mothers or expectant teen mothers and their family members (mother and sister) who composed the unit of analysis for this study. This approach allowed a record of research on the expectant or current teenage mothers' lives and their mothers and sisters lives during real-life experiences. The case study included multiple cases of teenage females and their mothers and sisters who all experienced the same phenomenon of teenage pregnancy from an intergenerational perspective.

Additionally, teenage pregnancy among girls between 13- and 19-years-old may be influenced by other family members who have experienced teenage pregnancies. There are

many other identifying and determining factors that may influence or contribute to teenage pregnancy outside of a family history of adolescent pregnancies including peer pressure, an absent parent, and the lack of knowledge. The role of a mother and sister who experienced teenage pregnancy is often overlooked regarding how it influences an adolescent's decision to become mothers. Most scholars seek to examine the lives of a teenage mother, father, and child after birth, but failed to consider the themes from a qualitative perspective under the phenomenon of cyclical teenage pregnancies within families. Additionally, although some qualitative research (Wall-Wieler et al., 2016) has been conducted on this topic, there is a lack of qualitative investigations on intergenerational teenage pregnancies among mothers and daughters, which required a deeper exploration of the adolescent population and generational cycle of teenage pregnancy.

Of the over 100,000 teenage births per year in the United States, over 13,000 teenagers planned their pregnancies (Office of Adolescent Health, 2016). With this large number of teenagers planning their pregnancies, it is important to explore all possible avenues to determine the sources of teenage pregnancy to decrease this trend. For several years, the press has given teenage pregnancy an ample amount of attention, often seeming obsessed with teenage mothers such as Bristol Palin, former Alaskan Governor Sarah Palin's daughter. She announced her pregnancy while 17-years-old during her mother's candidacy for vice president during the 2008 Presidential Election. Also, MTV's well-viewed reality television shows *Teen Mom* and *16 and Pregnant* yielded mixed reviews, and research on the effects these shows have on teenage viewers is inconclusive (Hoffman & Maynard, 2008). Teens are exposed to various environments through the media, and teenage pregnancy is not omitted. This media coverage has introduced blog columnists, researchers, and editorials to examine whether these shows

glamorize adolescent parenthood or prevent adolescent pregnancy due to the challenges faced by the teenagers (Azar, 2012). As a human service professional, the problem of teenage pregnancy is important, and it is relevant because human services are provided to the community, especially during the time of crisis.

To bridge the gap between teenage pregnancy, intervention strategies, and family cycles that contribute to teenage pregnancy, East et al. (2007) indicated that social change agents could function in the capacity of program implementation personnel to identify vulnerable youths who may be susceptible to early pregnancy or engaging in sexual behaviors and provide intervention early in their lives. I addressed how the teenage birth of an immediate family member, such as a mother and sister, directly affects, causes, or leads to another family member becoming pregnant prematurely.

According to Hamilton, Martin, and Ventura (2012), teenage birth rates reached an all-time low in 2010 to approximately 34 births per 1,000 births per year thus failing to consider the spike in teenage pregnancy in previous years. The sudden decline in teenage pregnancy came on the brink of a significant increase in teenage pregnancy. The Office of Adolescent Health (2016) data from 2015 revealed there were 22.3 per 1,000 teenage births reported in the United States and 34.1 teenage births per 1,000 in Louisiana. East Baton Rouge Parish's most current reported birth rate was 33.7 for girls aged 15 to 19 in 2012 (Louisiana Department of Health, n.d.).

East et al. (2007) could not determine whether teenage pregnancy is associated with further teenage pregnancy within families. These findings were the result of a 6-year study of teenagers from diverse backgrounds. Most scholars discuss the decline in teenage pregnancy over the years or suggest that there was a dramatic decrease in teenage pregnancy. As stated by

Hamilton et al. (2012), having teenage parents affects a younger teenage female's decision to become teenage mothers.

Purpose of the Study

The purpose of this study was to understand the dynamics of the family cycle as a contributing factor of teenage pregnancy. Studying teenage pregnancy can change patterns within families, thereby allowing those who may be faced with sexual pressures to make more informed decisions. The findings of this study can contribute to establishing strategies to decrease the chance of reoccurring pregnancies by these teens. The phenomenon of interest of this study concerned perceptions that organizations may find beneficial in implementing social change as teenage pregnancy prevention programs strive to educate and decrease the rising teenage pregnancy issues in the Southern region of the United States.

Many scholars linked teen pregnancy with future contraceptive use or the act of practicing abstinence. The purpose of this qualitative study was to explore the perception of the impact of the decision to become teenage mothers on expectant or current teen mothers whose mother and sister experienced teenage pregnancy all living in the same household for select members of a community in the Southern region of the United States. I built on previous studies by examining the pregnancy influences of mothers and sisters. This study included the perceptions of mothers and sisters by exploring the lived experiences of this group.

Although Azar (2012) revealed that the most common social and behavioral contributing factors to teenage pregnancy included poverty status, early sexual debut, low contraception use, and history of physical abuse and sexual victimization, my study provided a different perspective. I focused on the influences of intergenerational pregnancies on teenage girls in the Southern region of the United States, and I established the role a family cycle plays in teenage

pregnancy from a qualitative case study perspective, thus filling the gaps in research comprising the qualitative studies I reviewed. Additionally, I built the previous findings and broadened the spectrum of generational teenage pregnancy by bringing awareness to this problem that could lead to mitigating changes.

Research Question

The following question served as the basis for the research:

What are the factors, attitudes, and experiences of girls and women who have been pregnant as teens within a family?

Theoretical Framework

The existence of generational teenage pregnancies was founded on several theories, including the life-history theory (Dickins, Johns, & Chipman, 2012) and socialization and social control theories of the intergenerational transmission of early childbearing (East et al., 2007). The life history theory seeks to understand the influences of teenage pregnancy. The life-history theory was chosen because it seeks to discover the behavior of teenage pregnancy as a genetic factor, thus supporting the idea of generational teenage pregnancy (Hektor, 1989). The research question also related to the life-history theory by seeking contributing factors to teenage pregnancy. The major theoretical proposition of this study was current or expecting teenage mothers become pregnant due to the influences, experiences, and factors associated with their mother's and sister's previous teenage pregnancy. The theoretical proposition related to socialization and social control theories of the intergenerational transmission of early childbearing because this theory posited that children born to teenage mothers are at risk of early pregnancy (East et al., 2007). The theory related to the life history theory because to some extent, life-history strategies, such as teenage pregnancy and motherhood, are heritable (Dickins

et al., 2012). The possibility of the genes being passed on to subsequent generations, according to Dickins et al., is mediated by ecological variables, such as the father's absence during the daughter's development, the kind of parenting experienced, and poverty. I used both the socialization and social control theories of intergenerational transmission of early childbearing and the life-history theory to understand this phenomenon better. A more in-depth explanation of this major theoretical proposition is in chapter 2.

The life-history theory is founded on the inclusive fitness theory (Dickins et al., 2012), suggesting that altruism among organisms which share a given percentage of genes enables those genes to be passed on to subsequent generations (Kaplan & Gangestad, 2004). Fitness can be enhanced by investing in traits that affect the age-schedule of fertility, and the influence of traits on inclusive fitness are mediated through changes in mortality and fertility (Kaplan & Gangestad, 2004). Additionally, Dickins et al. (2012) posited that unpredictable ecologies, in this case, home environment, result in early maturity for daughters of teenage mothers that influence their early reproductive effort. In an unpredictable home environment, not much is done to ensure relatively slow maturation as well as later reproduction or to ensure the child is kept away from factors that would make her vulnerable to early pregnancy. For example, girls from poor backgrounds do not have many forms of entertainment at home, possibly leading them away from peers and to older people of bad influence. According to this theory, "those at the fast end will grow fast and reproduce early" (Dickins et al., 2012, p. 351). The experiences of the child in her first 5-7 years of life also affect her understanding of the availability, as well as the predictability of resources available, the enduringness of close interpersonal relationships, and how she apportions reproductive effort. Negative experiences, according to Dickins et al. (2012), influence the early reproduction efforts of daughters of teenage mothers. According to

Kaplan and Gangestad (2004), “energy does not come for free. When individuals can expend unlimited energy at no cost, in principle could evolve to grow and develop so rapidly and could begin reproducing early in life and massively produce offspring” (p.2).

According to socialization and social control theories of intergenerational transmission of early childbearing, factors such as a disadvantaged childhood are an environment for early pregnancy. Some disadvantages are defined as a mother’s marital instability, a reduction in parenting ability, and the deprived socioeconomic environment where parents raise their children (East et al., 2007).

Nature of the Study

The purpose of this qualitative study was to gain a deeper understanding of human behavior and why people behave in such manners. Patton (2002) discussed an array of design strategies for addressing qualitative research. When conducting qualitative research, scholars should focus on which approach is best for the research. An unstructured approach was the best approach for this qualitative research because of the flexibility and ability to adapt to the needs of the research participants and me. I used qualitative research to understand the influences teenage girls whose mothers and sisters were pregnant in their teenage years associate as contributing to their teenage pregnancy. The methodological approach that was used was a case study. A case study is designed to discover the complexity of a single case (Stake, 1995).

In this research, the lifestyle of the family of the pregnant teen and their attitude towards teenage pregnancy was studied. According to Stake (1995), in a case study, the researcher seeks to understand the commonality of the people studied. The population was selected using nonprobability purposive sampling to select a sample to examine with a purpose, in this case, the trends of generational teenage pregnancy. More specifically, snowball sampling was used

because the adolescent mothers had to meet certain criteria, such as having a mother and sister who experienced teenage pregnancy, to be selected. The unit of analysis for this case study was a family unit composed of a mother and two daughters who were both teen parents.

The participants were three trios of the following combinations: three expectant or current teenage mothers between 16- and 19-years-old, three biological mothers of the expectant or current teenage mothers who were pregnant in their own adolescence, and three sisters of the expectant or current teenage mothers who were or are also pregnant in their teenage years. An alternative participant with the same family triad was selected to account for a participant's withdrawal. The current or expecting teenage mother, her mother, and her sister all agreed to be participants in this study and to be interviewed separately. The participants all volunteered by their free will and provided their written consent. Consents were also obtained from the parents or guardians of the minor participants. The research site was a private conference room in a public library. Data were collected using open-ended interview questions, and participants were interviewed individually. Mothers, sisters, and daughters were interviewed at different times.

Probe questions were used to manage the conversations with the participants . A variety of probe questions keeps the interview on topic and indicate to the interviewee the concern of the level of depth and detail desired (Rubin & Rubin, 2012). Researchers use probes to determine the topics, themes, and concepts for follow-up questions. Probes allow for the most in-depth interviews by asking when, where, why, and with whom (Rubin & Rubin, 2012). Some types of probes are confirmation probes that repeat what the interviewer heard or thought he or she heard the interviewee say to obtain clarification. Sequence probes involve asking the interviewees questions concerning the steps that led to an event. Lastly, scholars use credibility probes to understand the reliability of the responses from the interviewees to determine biases exhibited by

the interviewees (Rubin & Rubin, 2012). Audio recordings were used to ensure the accuracy of the data. The data were analyzed according to the interview questions, and information directly relating to the research questions was used to guide the data analysis.

Definitions of Terms

Generational cycle: Era in which a person was born that affects the development of his or her view of the world. Value systems are shaped in the first decade of an individual's life by families, friends, communities, significant events, and the general era in which he or she is born (Lifecourse Associates, n.d.).

Out-of-wedlock births: Children born to mothers who are not married to the fathers of their unborn child (Young, 2011).

Pregnancy prevention advocacy: Public organizations or individuals who rally against teenage pregnancy and create prevention strategies to implement that attempt to end the problem. The organizations include public awareness campaigns, support of school-based health clinics, a parent involvement component, and a comprehensive health and sexuality education component (Azar, 2012, p. 1840).

Safe sex: The practice of having sex with a partner by using contraceptives to prevent sexually transmitted diseases and pregnancy (Planned Parenthood, 2018).

Social problem: Social conditions are identified by scientific inquiry and values as detrimental to human wellbeing (Orcutt, n.d.).

Teenage pregnancy: A teenage girl, usually between the ages of 13 and 19, bearing a child (United Nations Children's Fund, 2008).

Assumptions

I assumed that all research participants were truthful and honest with their responses. Participants may fear being truthful because of ramifications or negative exposure. Research participants were assured that their answers would be kept confidential, and confidentiality agreements were disclosed and signed by research participants and myself. Participants were informed that the study was voluntary and withdrawal from the study was their personal choice and could occur at their free will. These assumptions were necessary based on the context of this study because this study was based solely on the testimonies of their family experiences and experiences as a teenage mother. This study would not be possible without the participants' truthful and accurate account.

Scope and Delimitations

Aspects of the research problem addressed in the study were to gain a deeper understanding of the perception and experiences of expectant or current teenage mothers and the history of teenage pregnancy as experienced by their mothers and sisters. These aspects were chosen because of the elevated teenage pregnancies in the Southern region of the United States and the need to call attention to this problem. The sample included three teenage girls aged between 16- to 19-years-old, three biological mothers of the current or expectant teenage girls who were also pregnant in their teen age, and three sisters of the teenage girls who were pregnant in their teenage years. These participants represented the population from the same city, state, and zip code in the Southern region of the United States. The mothers resided in the Southern region of the United States, and residency was determined by the research participants' zip code. This study can only be generalized to this population of women who experienced pregnancy in their teen age or expectant teenage mothers in a family dynamic of a mother and her two

daughters in the Southern region of the United States. Generalizing these case studies beyond the scope of this study is difficult because generalizing research findings is not an expected attribute of qualitative studies (Leung, 2015). The information gained from the studies prove to be more beneficial. I used a snowball sampling approach to gather research participants for this study. Snowball sampling is a nonprobability sampling that provides a means for studying social networks, including those who are difficult to reach (Heckathorn, 2011). Snowball sampling provides the “identification and selection of information-rich cases related to the phenomenon of interest” (Palinkas et al., 2013, p. 1). Snowball sampling also occurs when selected research participants recommend other participants who fit the criteria. This cycle of recommendation by participants continued until the desired number of participants were reached and saturation achieved. Populations excluded from this study were pregnant females under the age of 16 and over the age of 19, and teenagers who did not reside in same city, state, and zip code as the selected research participants.

Designs that were related to this study but not investigated were the narrative inquiry approach, grounded theory, and ethnography study. Ethnographers aim to provide rich, holistic insights into the views, actions, and residences of people through detailed observations and interviews (Reeves, Kuper, & Hodges, 2008). Ethnography does not offer a descriptive analysis of the obstacles experienced in a teenage mother’s life because of teenage pregnancy. The grounded theory provides explanations, predictions, applications, and interpretations (Glaser & Strauss, 1999). I did not use grounded theory because it is a theory rooted in observation. Observation does not allow the opportunity to gather the kind of information needed to determine the influence of teenage pregnancy as a family cycle. This study provided insight on family cycles of teenage pregnancy, and this research can be applied beyond these bounds by

drawing generalized conclusions about practical solutions based on the data received from the research participants.

Limitations

Limitations of this study as related to the design were reliability issues. The research participants were selected from a purposive sample rather than a random sample. The results cannot be said to be applied to a large population. Also, regarding transferability, readers can transfer the methods, results, or ideas from this research (Barnes et al., 2012). Self-reported data was another limitation of this study. The participants' accounts must be taken at face value because their accounts could not be independently verified .

Biases included all research participants being selected from the same program. Also, there was no variability in selecting the expectant or current teenage mothers used for this study. The qualifications for acceptance in this study were the same. This bias was addressed by allowing each research participant to answer questions without coercion or collaboration with the other research participants. The results obtained from the participants' responses and questions were not designed to lead participants to answer in a certain manner. Reasonable measures to address limitations were taken by selecting research participants who behaved in a reliable and responsible manner. Upon meeting research participants, those who failed to meet deadlines or were difficult to contact were not chosen for the study. Secondly, the limitation of obtaining parent permission was reduced by obtaining written permission from guardians of underage participants before beginning the research. As a second measure to address limitations, participants were selected who were in contact with their biological mothers or legal guardians.

Significance

This study may increase awareness of the issue of teenage pregnancy to members of the community. I explained the role that previous family teenage pregnancy cycles play in future teenage pregnancies. Several scholars have examined generational teen pregnancies to establish whether there is a relationship between having a mother who became pregnant in her teenage years and the outcome of her daughter becoming a teenage mother (East et al., 2007; Gainsburg et al., 2006; Meade et al., 2008; Whitehead, 2009). These scholars employed different research methodologies. East et al. (2007) conducted in-depth surveys among families who had at least one daughter aged 15–18 years and one biological younger sibling aged 12–16 years who had not been involved in pregnancy.

Although surveys provide generalizable results, especially if used to collect data from a large sample population that has been randomly sampled, surveys could restrict respondents reports. Consequently, surveys do not allow in-depth analysis of the issue. Gainsburg et al. (2006) conducted a longitudinal study that enrolled 3,273 pregnant women, out of which 12% (393) were aged 19 years or younger, including 29 females aged 15 years or younger in 1989 and 1990. Longitudinal studies provide more in-depth results due to the accuracy of data gathered through the many years of observation; however, these studies may not explain other confounding factors contributing to the observed teenage pregnancies among women whose mothers were also pregnant during their teens. Finally, Whitehead (2009) used semistructured interviews to collect data from 95 teenage women, including those who experienced the intergenerational phenomenon. Whitehead found that intergenerational teenage birth influences the occurrence of teenage pregnancy. Meade et al. (2008) also employed interviews conducted over a 6-year period to collect data from adolescent girls. Semistructured interviews allowed for

in-depth exploration of this phenomenon, making it possible to analyze the association because it was also possible to establish other factors that could have contributed to teenage pregnancy among those whose mothers were pregnant in their teens.

In this study, I used case studies of family cycles of teenage pregnancy using a sample population of residents of the same city, state, and zip code located in the Southern region of the United States, to add to the existing literature and complement or contrast the findings of previous studies. According to Becker (2012), case studies allow for an in-depth description of the phenomenon being investigated, the circumstances under which it occurs, the characteristics of people who experience the phenomenon, and the nature of the community in which the phenomenon occurred. This was unlike surveys or quantitative studies, which in this case would only focus on finding the association.

This study can open the lines of communication in families because parents need to understand why it is important to talk about the reasons for previous teenage pregnancies within families by immediate family members as well as how their daughters can avoid teenage pregnancy. East (1999) found this type of communication to be lacking in families in which teenage pregnancy occurred, creating a possibility of recurrent teenage pregnancy. This was also noted in Allen et al. (2006) who investigated the relationships between teenage pregnancy, sexual behavior, and family type. Widman et al. (2016) stated that conversations about sexuality could be uncomfortable or embarrassing for parents and adolescents; thereby, educational efforts may be most successful if parents use clear and practical instruction that help optimize the timing and language used in their educational approach. Teenage mothers are faced with decisions to make, such as whether to remain in high school; yet, parents and those close to them do not talk to them about their pregnancy (Gainsburg et al., 2006). Gainsburg et al. (2006) noted that this

lack of communication between parents and their daughters leads to social and psychological problems for teenage mothers.

Teenage pregnancy in a family leaves the teenager and the parents locked in silence of fear and shame, preventing the parents from offering mutual support and the teenager from accessing available reproductive health services (Gainsburg et al., 2006). Additionally, this deficiency leaves the teenage mothers with the lack of social and even emotional support, making them feel confused. These new young mothers do not enjoy their pregnancy and are worried about how to take care of their babies without family support (Gainsburg et al., 2006). These issues could then affect them psychologically.

According to the CDC (2015), about 50% of teen mothers do not finish high school. Although there is no documentation on teenage dropout rates due to pregnancies, the Baton Rouge Area Foundation (2012) acknowledged that teenage pregnancy, though declining in Baton Rouge, is a contributor to the dropout rates of teenage girls. Dropping out leads to the spiraling events of economic and financial struggles for these teenagers while raising their children (CDC, 2011). Communication about teenage pregnancy is important between parents and daughters.

Another potential contribution of the study is to advance the practice and policy of developing and implementing teenage pregnancy prevention programs seeking to change this trend. Potential implications for positive social change include the overall quality of life, psychological wellbeing, positive social structure, productive emotional health, and the promotion of economic stability. Creating awareness on this problem and equipping teenage females with the necessary tools to prevent pregnancy can bring about a decline in teenage pregnancy in the Southern region of the United States.

Summary

In this chapter, I introduced the background of the effects of teenage pregnancy as a family cycle and its emphasis on promoting communication within families. In these environments, it is critical for families to discuss reasons for teenage pregnancy, the struggles of teenage pregnancy, and ways to mitigate this growing problem. Chapter 1 included naming a family cycle of teenage pregnancy as a problem, the purpose of this study, the research question to guide this study, and the life history and socialization and social control theories of intergenerational transmission of early childhood as the theoretical frameworks used in this study. There was also discussion about the nature of this study, definitions of potentially unfamiliar terms, assumptions, scope and delimitations, and limitations of the study.

In chapter 2, I presented quantitative literature to understand the phenomenon of intergenerational teenage pregnancy. I discussed the consequences for teenage pregnancy and the intentions of teenage girls for getting pregnant that was presented in the literature.

Chapter 2: Literature Review

Introduction

Teenage pregnancy and births remain a social problem in the United States. The latest United States teenage pregnancy rate, as of 2015, was 22.3 per 1,000 female teenagers 15– to 19-years-old (Office of Adolescent Health, 2016). The teen birth rate among teenagers aged 15–19 in 2016 in Louisiana was 34.1 births per 1,000 females (Office of Adolescent Health, 2016). Most of these teenagers, nearly 89%, are unmarried (Solomon-Fears, 2014). According to Solomon-Fears (2014), the teen birth cycle, also known as intergenerational teenage pregnancy, is a contributor to the rates of teen births. Factors that may influence intergenerational teenage pregnancy was addressed in this study. In this chapter, I review the literature on the intentions of teen girls who became pregnant, the consequences for teen births, the existence of intergenerational teenage pregnancy, and the factors that contributed to teenage pregnancy.

Literature Search Strategy

The library databases accessed were PsycINFO, Science Direct, Academic Search Complete, ERIC, Health and Psychosocial Instrument, ProQuest Central, and PsycArticles. The key search terms used were *teenage pregnancy issues*, *teenage pregnancy in Louisiana*, *generational teenage pregnancy*, *teenage pregnancy cycles*, *family cycle and teenage pregnancy*, *statistics of teenage pregnancy in Louisiana*, *statistics of teenage pregnancy in United States*, *teenage pregnancy in the United States*, *siblings and teenage pregnancy*, and *teenage pregnancy effects on families*. The objective of this search strategy was to gather all published articles or previous research on the generational cycle of teenage pregnancy. All the key search terms listed were entered into all databases at the beginning of the research in 2013, then again in August 2017 to check to see if new research was available on the topic. A final check was conducted

June 2018 to gain the maximum number of articles to review and select. The bibliography and references pages were also used to locate additional literature.

Theoretical Foundation

As a foundation for this study, I used the life history theory and the socialization and social control theories of intergenerational transmission of early childbearing. The life history theory is an “evolutionary theory that translates an individual’s fitness components from one somatic effort into another” (Gladden, Figueredo, & Jacobs, 2008, p. 270-271). Over evolutionary time, different environmental circumstances are selected and identified as patterns. Select organisms sexually mature early, reproduce early, and produce many offspring as with family cycles of teenage pregnancy. Contrarily, some organisms develop late and delay reproduction and have fewer offspring (Gladden et al., 2008). Ellis (2004) used the life history theory to study where the environmental influences on the timing of puberty in girls from an evolutionary developmental perspective. As stated by Ellis,

an extensive body of research in western societies indicates that early pubertal maturation in girls is associated with a variety of negative health and psychosocial outcomes. Early-maturing girls have higher rates of teenage pregnancy, spontaneous abortion and stillbirths, and low-birth weight babies. (p. 920)

The theoretical proposition of this study was current or expecting teenage mothers become pregnant due to the influences, experiences, and factors associated with their mother’s and sister’s previous teenage pregnancy. The life-history theory provided a framework and guided this study. According to Kaplan and Gangestad (2004), the life-history theory provided a framework that was meant to “address how organisms allocate time and energy to tasks and traits in a way that maximizes their fitness” (p. 3). The elevated risk of pregnancy among teenage girls

who were influenced by their relationships with their teenage parenting sister or mother who was a teenage mother was explained by the life history theory. The life-history theory is used to explain how individuals allocate energy and time to diverse tasks such as mating and parenting across their lifespan, and it is used to predict how age, sex, and ecology affect an individual's priorities and the strategies used for achieving each goal (Neuberg & Sng, 2013). Life history theorists study reproductive growth and development, and evolutionary views of human behavior are similarly unified by their inherent genetic determinism (Chisholm, 1993).

According to Blinn-Pike and Kowal (2004), sibling modeling influences on adolescents' and young adults' sexual attitudes and behaviors are most prevalent when siblings interact and have a warm and cordial relationship. In the socialization and social control theories of intergenerational transmission of early childbirth, East et al. (2007) stated that a high level of companionship with an older sister who had a teenage birth might increase a teenage girl's risk of pregnancy, because the older sister may be actively involving her sister's friendship network that may include older, sexually experienced adolescents. Such high level of companionship between sisters may encourage the younger sister to engage in more mature and risky sexual behaviors that may eventually result in early pregnancy (East et al., 2007). This relationship with an older sister who has a teenage birth also makes them develop positive attitudes toward child rearing. Such teenage girls, according to Minnick and Shandler (2011), are more likely to become pregnant within a 2-year period. Molina, Teran, and Unger (2000) also found a strong relationship between positive perceptions of childbearing among teenage girls and increased sexual activity.

Teen Girls' Intentions for Getting Pregnant

There are identified intentions set by female teenage girls before sexual experiences for various reasons. Some high-risk population of Black and Latino teenage girls, who are in the custody of foster care, are faced with “multiple environmental and individual risk factors associated with engaging in unprotected sex” (Faber, 2014, p. 283). Adolescence or teenage years is a typical development stage where many teenagers feel unsure about becoming sexually active (Farber, 2014). Teenagers have “mixed feelings of wanting to fit in, to be accepted and liked but not being ready for the experience, or feeling guilty” (Farber, 2014, p. 283). Teens have unprotected sex because of an unwillingness to take a conscious responsibility for their sexual activity, including not planning on having sex or allowing the sexual act to “just happen” (Farber, 2014).

Teenagers experience pressure to behave as sexually mature adults, which places them in high-risk situations that can lead to unprotected sexual intercourse. Teens grow up in a highly sexualized world and lack emotional and cognitive maturity (Farber, 2014). This lack of maturity decreases their effective use of birth control. Solomon-Fears (2014) acknowledged that the high number of teen pregnancies and births are due to earlier sexual activity among teen girls. According to Farber (2014), many teenagers, including older adolescents, are reluctant to take responsibility for their sexual activity, leading them to engage in sexual activities that leave them at a high risk of pregnancy.

Phipps and Nunes (2012) quantified the association between intention dimensions, adverse outcomes, and risky behaviors of pregnancy intention. Phipps and Nunes indicated that out of 300 adolescent females, only 13.7% of the pregnancies were planned, while 86.3% were unplanned (Phipps & Nunes, 2012).

Minnick and Shandler (2011) examined Teen Voices/Teen Choices, a prevention program geared toward debunking teenage pregnancy myths among adolescents. This program was developed by nonprofit executive directors of parent-child centers throughout the United States. Minnick and Shandler emphasized that it is important to understand the adolescent girls' idealized beliefs about pregnancy as well as childrearing to understand the phenomenon of teenage pregnancy. According to Minnick and Shandler, some teen girls believe that giving birth as a teenager is easier because their bodies are still young and healthy. Some foster teenage girls are placed in homes with caring families but often still long for more meaningful and stable relationships (Faber, 2014). Consequently, these young girls seek love and attention from intended pregnancies to fill voids and meet their desire for unconditional love.

Some teenage girls are at a higher risk of becoming pregnant due to individual characteristics. Some of the characteristics include early age of initial sexual activity, low expectations or poor school performance, problematic or antisocial behaviors, being easily influenced by negative peers, and weak parental bonding (Farber, 2014). These characteristics, coupled with the increased availability of public assistance, attributes to teenage pregnancy and become purposeful reasons for teenage pregnancy. Teenage girls who possess the characteristics listed are rewarded by the welfare system in the form of monetary assistance. It is not uncommon to see three or more generations of women who were or are unmarried teenage mothers rely upon public assistance to provide economic support for themselves and their children, which can provide an appealing environment for young girls who are faced with poverty by providing a sense of stability (Farber, 2014).

The fear of incest is another reason teenage girl intentionally become pregnant. A single teen mother reported that at the age of 14 she was forced to think about and plan a sexual

encounter because she did not want her first sexual experience to be with her father who had begun to show sexual interest (Farber, 2014). She also reported being molested by her uncle beginning at 9-years-old. She became pregnant because of her sexual inexperience and lack of sexual education, and this teenage pregnancy led her to drop out of high school in the 10th grade, enter an unhealthy relationship with an older man, and engage in drug use (Farber, 2014). Her mother was addicted to heroin and unable to provide proper security and protection for her daughter. Additionally, Faber (2014) stated that a lack of immediate and extended family support and emotional support creates a difficult mother-child dyad of negotiating a path toward psychological maturity. This dyad decreases the opportunity for social and emotional advancement, thus continuing the downward cycle of teenage pregnancy, poverty, and drug use among many other negative consequences (Farber, 2014). These discoveries deemed to be applicable in the case of the female presented.

In a quantitative study performed on the intentions of teenage pregnancy regarding teenagers who viewed MTV's *16 and Pregnant*, Aubrey, Behm-Morawitz, and Kim (2014) found that that the show had a reverse negative impact on teenage viewers. The purpose of the show was to deter teenagers from early parenthood, but an initial field experiment revealed the opposite occurred. In each case, "regular viewing of *16 and Pregnant* resulted in beliefs, perceptions, attitudes, and behavioral intentions" opposite to the intended goal of the show, which was to prevent teenage pregnancy (Aubrey et al., 2014, p.1156). Most teenage girls who viewed the show believed that the benefits of teenage pregnancy outweighed the risks (Aubrey et al., 2014). Teens reported that after viewing this television show, teenage pregnancy is more of a positive experience than an adverse risk (Aubrey et al., 2014). The episodes were filled with solutions to the problems the teens faced and showed regular sexual interactions with minimal

discussion of contraceptive use or interference from the parents of the teenage parents (Aubrey et al., 2014). Teenagers are easily influenced and viewing a television show based on seemingly reality increases teenage intentions to engage in teenage pregnancy (Aubrey et al., 2014).

Teenage pregnancy intentions change from conception to early postpartum years (Joyce, Kaestner, & Korenman, 2000), and their initial decision of intent can waiver, causing stress and depression in parenting. Not all adolescent pregnancies are unplanned or unintended. In a study of 15- to 19-year-olds, one in five or 20% of all adolescent pregnancies in 2002 were intended, with a larger Latina sample reporting their desire to become pregnant (East et al., 2012). East et al. (2012) revealed that teen mothers who planned their pregnancy experienced a healthier bond with their babies than those teenage mothers who felt a sense of regret or whose pregnancies were unintended. However, this study reported a difficult first year of parenting for the unintended and unwanted teenage pregnancy group (East et al., 2012).

There are more quantitative studies available on this issue than qualitative studies, denoting the need for this qualitative study. Qualitative studies allow for a deeper exploration of the phenomenon of teenage pregnancy intentions than quantitative studies, and this observation is based on research that I have reviewed regarding this topic.

Consequences of Teenage Pregnancy and Birth

There are many consequences of teenage pregnancies and births to teenage girls, such as poor health, mental health outcomes, economic issues, and lack of sexual education. Risks associated with teenage pregnancy include “poor maternal weight gain, pregnancy-induced hypertension, preterm birth, low birth weight, and neonatal death” (Phipps & Nunes, 2012, p. 1820). Furthermore, teenage mothers struggle with several developmental and emotional challenges (Martin, 2009). Phipps and Nunes (2012) found that pregnant teenagers who were

not emotionally ready to enter motherhood were more than twice (2.2 times) likely to experience depression at the time of the first prenatal visit as compared to those who indicated emotional readiness. Mothers who were not emotionally ready were also 2.7 times more likely to have inadequate prenatal care and 2.5 times more likely to experience delayed prenatal care.

Nonemotionally ready pregnant adolescents were also noted to have increased odds of smoking and drinking. Additionally, unintended pregnancies are associated with postpartum depression and anxiety in mothers (East et al., 2012)

Teenage girls are generally not emotionally prepared for pregnancy and childbirth as well as rearing (Anderson & McGuinness, 2008; Phipps & Nunes, 2012). Anderson and McGuinness (2008) found that 33% of the mothers experienced mild to moderately severe posttraumatic stress associated with labor and delivery, and 50% experienced postpartum depression (PPD) symptoms despite none of them experiencing problematic labor and delivery. Likewise, Phipps and Nunes noted that pregnant adolescents who were not emotionally ready were more likely to experience adverse pregnancy outcomes.

Sieger and Renk (2007) examined the relationships between ethnic identity, behavior problems, self-esteem, and social support among 166 ethnically diverse pregnant and parenting female teenagers who were randomly selected. Sieger and Renk revealed that pregnant and parenting teenage females experienced nonclinical levels of behavior problems, and their infants experienced at risk levels of difficulties. Depression is a problem for young teenage mothers (Bert, Jacobs, & Lanzi, 2009; Meadows-Oliver & Reid, 2007). Furthermore, Borkowski, Keogh, Weed, and Whitman (2001) stated that first-time teen mothers aged between 15 and 18 years were more depressed than first-time mothers aged between 22 and 35 years. Bert et al. reported that “teen mothers displayed higher prenatal and 6-month rates of depression than low resource

and high resource adult mothers, with significantly more teen mothers consistently depressed at the two-time points than low resource and high resource adult mothers” (p. 194). Teen mothers were significantly more depressed after giving birth compared to a low resource or high resource adult mothers (Bert et al., 2009). Adolescents are at an elevated risk of experiencing PPD (Driscoll, 2006; Martin, 2009). Postpartum is the period beginning immediately after birth, extending for about 6 weeks (Driscoll, 2006). Some of the risk factors for PPD include prenatal depression or anxiety, life stress, unplanned pregnancy, low self-esteem, and low socioeconomic status (Martin, 2009).

According to Driscoll (2006), PPD is significantly higher in adolescent mothers compared to adult mothers, with about 48% of adolescent mothers being estimated to experience PPD as compared to just 13% of adult mothers. Meadows-Oliver and Reid (2007) also found that low feelings of maternal self-efficacy, low self-esteem, stress, feelings of isolation, family conflict, and less social support were associated with increased rates of depressive symptoms in teenage mothers during their first postpartum year. Gainsburg et al. (2006) found that parents of teenage mothers were often locked into the silence of fear as well as shame that prevented them from offering mutual support. This, combined with poor family relations, can result in higher levels of stress as well as negative coping skills (Meadows-Oliver & Reid, 2007).

PPD or depression, in general, has been shown to be negatively related to parenting practices (Bert et al., 2009; Meadows-Oliver & Reid, 2007). Bert et al. (2009) observed that “as depression increased, mothers scored less favorably in maternal warmth and sensitivity, contingent responsiveness, and general verbalness, and their children scored less favorably in warmth-seeking toward them” (p. 194). In summary, PPD experienced by teenage mothers may result in less positive interactions with their children (Meadows-Oliver & Reid, 2009).

Becoming a teen mother takes the adolescent off society's normative life trajectory (Bert et al., 2009). The adolescent is no longer able to engage in age-typical social events or even date easily. This early onset of parenthood restrains the development of stable relationships, which leaves the teenage mother with minimal or no support from her partner (Bert et al., 2009). According to Borkowski et al. (2001), 6% of babies born to teen mothers received support from their fathers or a male figure. This is contrary to their expectation that having a baby would help them keep the father around and help alleviate loneliness (Minnick & Shandler, 2011).

Teenage pregnancy may also have negative economic consequences for teenage parents (Hoffman & Maynard, 2008; Minnick & Shandler, 2011; Phipps & Nunes, 2012). Martin (2009) acknowledged that teenage mothers are faced with many social, economic, and developmental challenges that included obtaining financial support, staying in school, and getting childcare while trying to take care of the baby. Therefore, compared with their peers who are not teen parents, teenage girls with children are less likely to complete high school, more likely to depend on public assistance, and more likely to earn low incomes due to their low educational achievement (Hoffman & Maynard, 2008).

Sheeder et al. (2009) found that teenage mothers who became pregnant because these young mothers wanted a baby to love, had a partner who wanted a baby, or believed that a baby would bring her partner and herself closer together were not likely to enroll in school at the one-year postpartum mark. In fact, these mothers were more likely to conceive again. The CDC (2015) and Minnick and Shandler (2011) noted that about 50% of female adolescents fail to earn a high school diploma, and one of the reasons for this was teen pregnancy. Thirty percent of teen girls drop out of school due to pregnancy or parenthood (Solomon-Fears, 2014), leaving them with only the ability to earn an average income of \$6,500 for the first 15 years of parenting,

meaning these parenting teens must often rely on public assistance (Minnick & Shandler, 2011). According to Solomon-Fears (2014), 67% of teen mothers who move out of their family's house to start their own household live below the poverty level. Overall, 63% of teen mothers receive some type of public benefits within the first year after having given birth.

Also, teen mothers are likely to raise children who have an even lower educational achievement, poor health outcomes, and behavioral problems (Hoffman & Maynard, 2008). According to Solomon-Fears (2014), "children of teenage mothers are more likely than children of older mothers to have chronic medical conditions, rely heavily on provided health care, do poorly in school, give birth during their teen years, and spend some time in juvenile detention facility or jail" (Solomon-Fears, 2014, p. 4). It has been noted that these children born to mothers below 18 years of age score significantly low on measures of school readiness, including math and reading tests (Solomon-Fears, 2014). These children are also likely to be unemployed or underemployed as young adults, meaning that the poverty cycle for this population continues (Solomon-Fears, 2014).

Intergenerational Teenage Pregnancy

Intergenerational cycle of teenage pregnancy implies that daughters of teenage mothers may have an internalized preference for early motherhood (Meade et al., 2008). Intergenerational cycles of teenage pregnancy occur when female members of a single family repeat the pattern of teenage pregnancy. The intergenerational cycle can include a grandmother, mother, and daughter all of whom experienced pregnancy in their teen years. Some environmental factors such as low or no parental monitoring, close relationships with boys, and unprotected sex can likely lead to teenage motherhood (Meade et al., 2008).

In her quantitative study, Whitehead (2009) examined the significance of intergenerational teenage pregnancy experience on the teenagers themselves, their immediate family, friends, and society. This study was conducted among 95 teenage women; 48 were pregnant and 47 were not pregnant in two contrasting demographic areas in the United Kingdom. The subjects were given semi-structured interviews to allow for breadth or a wide range and in-depth exploration. The study was divided into two categories, the first category discussed the contextual risk of daughters of teenage mothers becoming pregnant, and the second addressed the possible influences and tensions within the experience of intergenerational teenage pregnancy. The study provided evidence indicating that intergenerational teenage pregnancy exists, with 69% of pregnant women stating that their mother had her first baby when she was below 20 years of age and only 26% of the non-pregnant women stating that their mother was pregnant when she was under 20 years of age. This difference was found to be statistically significant.

East et al. (2007) also found significant differences in teenage births for teenage women who had family histories of teenage births and those without a history of teenage births. In their quantitative study, East et al. (2007) compared young women of teenage births using a sample of 127 Latina and Black adolescent females. There were multiple research questions addressed in this study that are as follows: What is the risk of early pregnancy among young women who have both a sister and a mother who had a teenage birth, relative to the risk among young women who have neither? Is having a mother who had a teenage birth associated with a greater risk of pregnancy than having a sister who had a teenage birth? Is having a sister and a mother who had a teenage birth associated with a greater risk of pregnancy than having only one or the other? Do family socioeconomic factors or mothers' parenting qualities and attitudes explain the link

between a family history of teenage births and youths' greater risk of adolescent pregnancy? Does the level of young women's companionship, warmth and closeness, or rivalry or conflict with an older sister or with a sister who had a teenage birth increase their likelihood of early pregnancy? The results showed that teenage women "whose sister had had a teenage birth and those whose sister and mother both had had teenage births were significantly more likely to experience a teenage pregnancy, with odds ratios of 4.8 and 5.1 respectively" (East et al., 2007, p. 108). The odds ratio generally "represents the odds that an outcome or event will occur given a particular exposure, compared to the odds of the outcome occurring in the absence of that exposure" (Szumilas, 2010, p. 227).

The study also showed that having a sister who had a teenage birth was more influential compared to a mother who had a teenage birth, with more than four times (4.5) the odds of experiencing a teenage pregnancy. This experience could be partly explained by the close association between the young woman and her older sister. Overall, having both a sister and a mother who had a teenage birth was associated with high risk of pregnancy, even after controlling for the teenage woman's socioeconomic background as well as the mother's parenting characteristics. The quantitative study by East et al. (2007) is like this current qualitative research study. However, my research study is primarily an exploratory study that gains access to the research participant's opinions, underlying reasons, and motivations for engaging in the phenomenon of teenage pregnancy and offers a look into the lives of their mothers and sisters as a unit of analysis of those who also experienced teenage pregnancy to determine their influences.

Several quantitative longitudinal studies specifically focusing on survey research have also provided results consistent with the findings of East et al. (2007) and Whitehead (2009).

Barbieri, Barbosa, Bettiol, Cardoso, Da Silva, et al. (2013) also conducted a study that examined middle to low-income societies in the city of Ribeirao Preto, Brazil, and the cohort included a total of 1,059 mother-daughter pairs. The mothers were recruited in 1978 - 1979, and the cohort included mothers who gave birth to live females who were aged below 20 years and those aged above 20 years. The daughters of the mothers who formed the 1978-1979 cohort were assessed in 2002-2004.

Among the daughters of the first-generation adolescent mothers, the rate of childbearing was 26.7%, compared to 12.7% among the daughters of non-adolescent mothers. The risk of teenage childbearing for the second-generation females was found to be 35% higher for teenagers whose mothers had teenage pregnancies. In fact, the risk of becoming a teenage mother among those who were born to adolescent mothers was noted to be more than two times higher than that of daughters of adult mothers. The risk remained higher even after controlling for socioeconomic status. Although this study was not conducted in the United States, the findings are like other studies occurring within the United States and still inform the literature.

Similar findings were also noted in Meade et al. (2008) in which 1,430 adolescent girls in the United States were recruited in their early adolescence and interviewed annually throughout their teenage years. The purpose of this study was to prospectively examine predictors of teenage childbearing from early adolescence through young adulthood. Interviews were conducted where participants answered various questions about their pregnancy histories. Baseline predictor variables included the individual, family, peers, environment, and maternal age at first birth. After controlling for other risks such as economic status, school performance, maternal education, marital status of the family, number of siblings, peer pressure (dating history), and environmental factors, girls whose mothers had teenage births were found to be

66% more likely to experience teenage childbirth. In my search of the literature, I was unable to find any qualitative studies that explored the phenomenon of teenage pregnancy and the influence these pregnancies have on a teenager's decision to become a teenage mother.

Mediating Factors of the Intergenerational Teenage Pregnancy Phenomenon

Several factors, according to East et al. (2007), mediate the intergenerational phenomenon including socioeconomic background, mother's level of education, parenting characteristics, and sibling relationships. In this context, mediating factors are described as factors that have been revealed to bring about or contribute to the occurrences of generational teenage pregnancy. In their study, Meade et al. (2008) found that low parental monitoring, deviant peer norms, poverty, and being Hispanic were risk factors unique to daughters of teenage mothers. Studies consistently document children of teenage mothers being more likely than the children of older mothers to become teenage parents themselves, further perpetuating an intergenerational cycle. Meade et al. (2008) further revealed that parents are vital role models for their children even in the wake of them spending more time with their peers and struggling to gain their own identity during their adolescence. The factors listed were found to affect the population in this study directly.

However, Wildsmith et al. (2012) did not find racial or ethnic differences in risk of teenage birth among girls. Using data from the National Longitudinal Survey of Youth, Wildsmith et al. (2012) examined how "early maternal characteristics, an adolescent's family environment, and adolescent's attitudes, and behaviors were associated with non-marital teenage birth" among teenagers who were born by teenage mothers (p. 258). This longitudinal study included 12,686 men and women between the ages of 14 and 22 in 1979, and data were collected in 1986 on all children born to females in the 1979 study. In 1994, children ages 10 and older

completed self-administered questionnaires, and children 14 and older completed young adult self-administered questionnaires.

According to the results of this research, the three variables, early maternal characteristics, adolescent's family environment, and adolescent's attitudes and behaviors, were found to be closely related. It was noted that initial maternal characteristics shaped the parenting quality as well as the home environment, which, in turn, influenced the attitudes and behaviors of teenagers that put them at risk of non-marital teenage pregnancy. Additionally, parenting quality was labeled at low, resulting in a less stimulating home environment. Teenage mothers were emotionally unavailable and promoted a less cognitive stimulating home environment. Although there are other factors that shape adolescents' attitudes and behaviors, home environment and parenting quality are the main determining factors (Wildsmith et al., 2012). The findings also showed, these mediating factors as contributors to teenage pregnancy. Several processes may influence the relationship between a sister's teenage birth and a teenager's high pregnancy risk. For example, East et al. (2007) found that frequent companionship with an older sister was significantly related to a teenager's risk of experiencing pregnancy. Having an older sister who had a teenage birth was associated with even higher levels of the odds of pregnancy, with odds ratios of 5.0 to 7.4.

It is important to note that two different articles from the same author are discussed. East (1999) "sought to understand the consequences of adolescent pregnancy and childbearing for the family. This study included 189 mothers from three types of families: teenage daughters who had never been pregnant, teenager daughters who were currently pregnant, and one teenager who delivered a baby within the previous 6 months. In contrast, East et al. (2007) researched the extent to which a young women's risk of adolescent pregnancy is associated with having a

mother who was a teenage parent, a sister who was a teenage parent, or both. A sample of 127 Latina and Black teenage females completed in-depth surveys at three-time points. Both studies offer different perspectives while sharing overlapping mediating factors of teenage pregnancy.

Two different studies containing one of the same authors are discussed in this section, as both studies focus on teenage pregnancy and the family cycle. As noted in East's 1999 study that explored adolescent pregnancy phenomenon, mothers of teenagers who have never been pregnant monitored their children more, were stricter on their daughters and had higher expectations for their children than mothers of teenage mothers. In contrast, mothers of teenage mothers were more accepting of teenage pregnancy or childbearing (East, 1999). East et al. (2007) termed this kind of parenting as lenient management of children, which is characterized by lax and inattentive parenting. However, mothers who clearly communicated the hardships that come with early pregnancy to dissuade their daughters from becoming pregnant were found to reduce the possibility of teen pregnancy in their homes (East et al., 2007).

This study used a sample of 127 Latina and Black adolescent females who completed in-depth surveys at three time points between 1994 and 2000. Logistic regression analyses were then used to examine whether socioeconomic factors, mothers' parenting characteristics, and specific female relationship qualities explained the association between a family history of teenage births and a young woman's risk of pregnancy (East et al., 2007). These dynamics, according to the quantitative study by East et al. (2007), explained teenage girls' tendency to engage in risky sexual behaviors that may lead to pregnancy and that may contribute to high teenage pregnancy rates among teenagers with sisters who have had childbirth. According to East (1999) and East et al. (2007), "a teenage sister's childbearing is associated with the

mother's reduced ability to monitor her children and increased acceptance of teenage parenting” (p. 306, p. 109).

Summary

The literature reviewed provided important insights into the issue of teen pregnancy and birth as well as intergenerational teen pregnancy and birth. Teenage pregnancy and birth are on the decline, but it remains a major social problem in the United States, especially due to the consequences associated with it. This issue is critical because teenage birth has an intergenerational effect such that daughters and sisters of teen mothers are likely to become teen mothers themselves and continue the cycle of teen pregnancy. Major themes identified in the literature revealed that teen mothers are not emotionally, psychologically, socially, and economically ready to deal with the outcomes of pregnancy and birth. Not being ready sometimes leads to the poor health of both the teen mother and the child and a continuation of intergenerational poverty, among other consequences. A review of studies that examined this issue showed most studies had adopted quantitative research methods. What was unknown was the exploration of this issue using a qualitative approach, and this study provided an opportunity to explore this issue using a qualitative research method. Chapter 3 will investigate the research method specifically focusing on the research design and rationale.

Chapter 3: Research Method

Introduction

The purpose of this qualitative study was to understand the influences of mothers and sisters who experienced pregnancy in their teen years on expecting or current teenage mothers from the same family. This chapter provides a description of the selected research design, the researcher's role, and ethical issues. An explanation of the research method, data collection tools, data collection and analyses, and threats to data quality are also included. In this study, I identified common themes in the family cycles of teenage pregnancy and focused on revealing the structures and patterns relevant to the influences of teenage pregnancy among girls with mothers and sisters who also experienced pregnancy in their teenage years.

Research Design and Rationale

The following question served as the basis for the research:

What are the factors, attitudes, and experiences of girls and women who have been pregnant as teens within a family?

The paradigm of qualitative research was chosen for this study because words can express the true meaning of the experiences of the research participants more appropriately than the numerical data of quantitative research. According to Denzin and Lincoln (2011), qualitative researchers

seek a method that would allow them to accurately record their observations while also uncovering the meanings their subjects brought to their life experiences. This method relies on subjective verbal and written expressions of meaning given by the individuals, which are studied as windows into the inner life of the person. (p. 11).

Additionally, as stated by Denzin and Lincoln, “the open-ended nature of the qualitative research project leads to a perpetual resistance against attempts to impose a single, umbrella-like paradigm over the entire project” (p. xiii).

According to Yin (2003), case study approaches focus on bounded situations that are examined within their context. Researchers use case studies to discuss real-life issues to gather empirical data (Yin, 2003). This method of inquiry was used because I wished to create an understanding of the concept of teenage pregnancies within families. A review of multiple cases helps obtain various views from the perspectives of the teenage mothers. I used a case study to gain a deeper understanding of the phenomenon of a family history of teenage pregnancy. According to Maxwell (2013), a case study “justifies selecting a particular case regarding the selected goals outlined for the study and takes into consideration the existing theory and research. It requires a different kind of argument to support the generalizability of its conclusion” (p. 78). The goal of this study was to understand the structures and patterns relevant to the family cycle of teenage pregnancy.

Methodology

Settings and Participants

Participants were chosen for this qualitative study because the participants possessed the shared experience of a generational cycle of teenage pregnancy. The participants were mothers or expecting mothers as teenagers and had a mother and sister residing in the same household who were also mothers as teenagers. The target group for this qualitative research was selected by snowball sampling. The initial recruitment of this study’s participants was my responsibility, and I received assistance from my professional contact who maintained contact with alumni students outside the public school setting through a personal and private relationship. Upon

approval by the university, I gave copies of my letter of invitation (Appendix A) to my professional contact to distribute to potential participants who were not current students at the school in which she was employed. These students were alumni students and students who had graduated from high school and met the criteria for this study. Potential candidates who directly contacted me because of the letter of interest (Appendix A) were questioned about their willingness to participate. Those participants under 18 years of age were immediately notified that their mothers must approve and speak to me first regarding her approval and willingness to participate in this study. The establishment of a community-based research advisory board encompassing key members in the community to facilitate continued planning occurred if the desired amount of research participants were not achieved by my original recruitment efforts. I was able to obtain three trios, nine research participants, to interview and determine the same or similar recurring responses minimizing the need to establish a community-based research advisory board.

Telephone contact was made with the nine potential research participant 18 years of age and older and the parent or legal guardian of those potential participants 16 and 17 years of age to provide background information about the study; discuss a meeting date and time; and provide information on the meeting location, which was a private conference room at a local public library.

A nonprobability convenience sample of a trio of three expecting or current teenage mothers between the ages of 16 and 19, three biological mothers of the expecting or current teenage mothers who experienced teenage pregnancy, and three sisters who were expecting or were mothers who also experienced teenage pregnancy was selected as a unit of analysis. Additional family trios were on standby if saturation was not achieved. Before beginning the

research, parental consent was obtained from the parents or legal guardians of the teenage research participants; however, this consent was obtained after the expecting or current teenage mothers had been identified as viable candidates for this study. See Appendix B for the parental consent form, Appendix C for the minor assent form, and Appendix D for the adult consent form. Completion of the consent forms and the face-to-face interviews were conducted in a private conference room at a local public library, which was the setting for this study. Each interview occurred within a 60-minute time frame.

Before the research procedures occurred with all nine participants, a pilot study occurred with one expecting teenage mother, her sister, and her mother that gave me the opportunity to practice the interview questions that were asked to the participants, establish rapport with the research participants, and ensure that I was comfortable with the established research procedures. The pilot study included having one research participant to answer the interview questions, the background information, and complete appropriate consent or assent; then, the information was transcribed. The transcript was reviewed by my committee before proceeding further with the research. Because no changes were needed, the data from the pilot study participants were included in the final study.

Instrumentation and the Researcher's Role

Methods begin with a socially situated researcher who moves from a research question to a paradigm or perspective to the empirical world. The researcher serves as both the instrument in the critique of power as well as a collaborative agent in joining with communities (Denzin & Lincoln, 2005, p. 85). I developed open-ended interview questions (Appendix E) that were used during the interview process that addressed the current teenage mother. Slightly varied interview questions were asked to the sisters and mothers of the expecting or current teenage mothers.

Probing questions were asked during the research participants' interviews, and all questions were presented in Appendix E. I conducted a pilot study to test the research instruments for clarity and quality and to ensure its relevance to answering this study's research question. The pilot study was also conducted to test the study's design before applying it on a larger scale. I transcribed the responses to a Microsoft Word document where tables were created with keyword headings and spaces to distinguish between research participants to organize the data. Audio recordings of the research participants' responses were used to contribute to the validity of the responses.

The process used to select the interview questions stemmed from the study's research question. I performed the backward design where the research starts with the end in mind. I studied the research question and then compiled a list of interview questions that would assist in answering the research question as well as clear any ambiguity remaining as to other causes of teenage pregnancy for these research participants. The interview questions served as the interview protocol used during all interviews to ensure a consistent process of data collection across all interviews. A subject matter expert in the field who researches in this area was asked to review the interview protocol and provide feedback. Open-end questions were posed during each interview because of the usefulness in seeking information about the attributes and influences of the phenomenon under study (Krueger & Casey, 2000). A demographic survey is found in Appendix F. As stated by Weiss (1994), scholars use interviewing to observe others by allowing the researcher to learn about places never been and settings never lived (p.1).

I have 13 years of experience in the school district in which the participants were enrolled. I had been employed 6 years in a middle school where I served as the dean of students and had worked in elementary schools in other employment capacities for 8 years. However, it

was not until my middle school teaching experience that I noticed a growth in teenage pregnancy. During the 2015-2016 school year, there were three female students on our middle school campus who were mothers and one expectant mother.

Data Collection Procedures

The data collection process began once the participants verbally agreed to participate in this study voluntarily. The data consisted of the responses from face-to-face interviews where I used open-end questions (Appendix E), the demographic information form (Appendix F), and probing questions (Appendix G). Before addressing the open-end questions and completing the demographic information form, the parents of the teenage participants aged 16- and 17-years-old were given parental consent forms (Appendix B) that allowed their teenage daughters to participate in this study. Parents read the parental consent forms, completed them, and returned them to me. Research participants over 18 years of age all read and completed the consent forms for adults (Appendix D) before any part of the study occurred. These participants included the sisters of the expecting or current teenage mothers, the mothers of the teenage mothers, and expecting or current teenage mothers. Lastly, minor assent forms (Appendix C) were read to the expecting or current teenage mothers between the ages of 16 and 17. I asked all participants if there were any questions about the forms, answered the questions, and proceeded with getting signatures if all was understood. The demographic information forms were distributed to the participants for them to read, complete, and return to me. All forms were read and completed at the time given to the participants and immediately returned to me. I aided in completing all forms as requested by the participants. After all forms were completed, signed, and collected, I proceeded to ask the research participants the open-ended, questions along with probing

questions as needed. The interviews were projected to take at least 60 minutes to complete, and all were completed in this time frame.

All documents will be kept, along with all other pertinent documents about this research, in a single key locked file cabinet in my home, and I will maintain sole possession of the key. I created all forms used as data collection instruments for this study. The basis for the development of these instruments derived from the research question and the need to gain information from participants to gain the appropriate information necessary for this study.

The data collection occurred in one distinct phase that included obtaining background information (Appendix E). The interviews occurred in a private conference room at a local public library, and I recorded the interviews with a secure digital recording device. Expecting or current teenage mothers, their mothers, and sisters were interviewed separately, accounting for a minimum of nine interviews as it related to the identification of teenage pregnancy. After each interview, I transferred the audio recordings to my computer and stored the recording in a data analysis software secured with a unique password. The recordings of the interviews will be kept 5 years after my dissertation completion.

I asked the interview questions, as outlined in Appendix E, during the interview process and wrote the research participants' responses in the appropriate area underneath each question. I wrote down any other additional information offered during the interview process at the bottom of the interview question document; however, the transcripts of the recordings were the primary source of data. I used the probe questions found in Appendix G to have the interviewee clarify or expound on her responses or offer further information. The probe questions were built in the participants' interview questionnaire. Upon ending the interview, I asked for the participant's permission to contact her by telephone at a later time and date if there were future questions or to

clarify her responses. I marked their response on the document as either can contact again or do not contact again. A letter was mailed to each participant thanking them for their participation in the study and advising them that the study was concluded. The \$20.00 Walmart gift card was included in the letter to each participant except for those participants who chose to have their gift cards hand-delivered to them at the end of the interview. I analyzed data immediately after each interview occurred, ensuring that number codes were used instead of any identifying information of the participants. I used a Microsoft Word document and created a data display table with each participant's identifying participant number as opposed to her name or other identifying information. This created ease in typing participant's responses.

Data included anything seen, heard, or communicated to me while conducting the study. This study was deemed to be one of minimal risk, and the probability or magnitude of harm or discomfort anticipated in the research was not greater than any ordinarily encounter in daily life, or during the performance of routine physical or psychological examination or tests.

Data Analysis

According to Denzin and Lincoln (2011), researchers begin data analysis with open coding, the initial coding where the researcher examines and categorizes the data (p. 370). I followed an interactive model of a component of data analysis. According to Miles and Huberman (1994) the interactive model is a four-step model that includes data collections, data display, data reduction, and the conclusion. This data analysis plan was used because it allowed an accurate interpretation of the data and a deeper understanding of the data to identify the factors, attitudes, and experiences of girls and women who have been pregnant as teens within a family. First, I began by collecting all raw data of field notes and images collected during interviews. The raw data included notes taken upon initially meeting the research participants at

the research site. An interview ensued where a recording device was used during the private interview process with the research participants. The transcription process entailed listening to the audio recording of the interviews and inputting the research participant's exact words into a Microsoft Word document. Hatch (2002) suggested that researchers transcribe immediately to offer a sense of confidence in the data collected and to mitigate gaps in the data. I transcribed each interview immediately after it occurred. Discrepant cases were analyzed and included in the data because contradictions in data can reveal unexpected findings thus strengthening theories (Hsiung, 2010).

The second step that occurred in the data analysis was data display. Data display is an organized, compressed assembly of information that allows researchers to draw conclusions and actions (Miles & Huberman, 1994, p. 11). I created a matrix visual display of the data that began the transference and helped organize, summarize, and simplify the data. The matrix allows two or more dimensions, variables, or concepts of relevance to be crossed with the topic of interest (Verdinelli & Scagnoli, 2013). This visual display assisted in showing patterns and connections in the data. A review of all the written data were conducted to gain a general sense of the information collected and reflect on its overall meaning. As stated in Maxwell (2013) all data should be treated critically. In this study, all data were treated critically instead of being accepted at face value. Then, data reduction occurred that was a form of data analysis that sharpened, sorted, focused, discarded, and organized data to allow conclusions to be drawn and verified (Miles & Huberman, 1994, p. 11). Codes were created based on topics revealed by the research and placed in the margins of the Microsoft Word document. I alphabetized the codes and used the data tables to organize the data systematically. Finally, during the conclusion and verification phase of data analysis, I began to review the meaning of the data and patterns.

Trustworthiness

The four criteria of trustworthiness are credibility, transferability, dependability, and confirmability. Trustworthiness does not mean absolute proof but by persuading others to accept the researchers' findings. Researchers goals are to build trustworthiness through rigorous methods to ensure valid results, providing confidence in consumers to implement, move forward, or build on the results or conclusion of the study (Denzin & Lincoln, 2017). Qualitative researchers strive to explore daily interactions, how events transpire, and the individual meanings of the events for those involved in research thoroughly (Lapan, Quartaroli, & Riemer, 2012).

Credibility refers to confidence in the truth of a study's findings (Lincoln & Guba, 1985). To ensure credibility, I used member checking to check for accuracy after the interviews were conducted. Each participant was contacted by telephone, at their convenience, to receive my interpretation of their interview. This interpretation derived from the audio recording of their initial interview where I transcribed the data. Data were analyzed before sharing with participants. This process focused on confirmation, modification, and verification of my interpretation. Data sets were combined to enhance the trustworthiness of the whole data sets. Peer review was another form of credibility that was used in this study. I solicited the assistance of a colleague to review the data and ask questions about the study to ensure that the interpretations makes sense and resonates with others. The peer was not vested in this qualitative study. She is a coworker, an educator, and a doctoral degree recipient and had no personal vested interest in pregnancy prevention programs that allowed her to make objective decisions regarding this study.

Transferability refers to the applicability of a study's findings to contexts, situations, times, and populations (Lincoln & Guba, 1985). As a form of transferability, I used a thick

description or specific descriptions of my experiences during data collection and provided this detailed account in data collections section. Dependability showed that the findings of the study are consistent and could be repeated (Lincoln & Guba, 1985). My committee reviewed transcripts from the participant's interviews and the data display tables to ensure accuracy and dependability in this study's interpretation and findings. Confirmability is the researcher's ability to be unbiased and have no alternative interest or motivations for the study's findings, and the findings are shaped by the research participants. Reflexivity was achieved by completing a written journal or account of the reasons certain choices were made.

A pretest of the documents was conducted by a subject matter expert, Dr. Ross, who currently conducts research on generational trends. She currently serves as a professor at a university and an Exceptional Student Services Supervisor at a middle school. Dr. Ross validated the interview questions (Appendix E) and demographic information form (Appendix F) for clarity. Results revealed the interview questions were clear and easily understood. A grammatical error was located and corrected in Appendix F question number eight in that the word pregnancy was used instead of pregnant. Pretesting seeks to eliminate any errors or biases that may result from the usage of improper instruments (Reynolds, Diamantopoulos, & Schlegelmilch, 1993). The pilot study further strengthened the trustworthiness of the interview process.

Ethical Considerations

It is the researcher's full ethical responsibility to safeguard the data collected from the research participants by maintaining complete confidentiality. No participants were contacted, and no data were collected until I received approval of the dissertation proposal from the Walden University's faculty advisor and my dissertation committee members. I applied to the Walden

University Institution Review Board (IRB) to receive permission to begin research before soliciting participants, arranging interviews, or collecting data. As the researcher, I instilled a sense of protection to my research participants and built trusting relationships with them. I researched with integrity to ensure that I reflected the university and myself in a positive manner. Additionally, I followed the codes of ethics as outlined by Walden University. Participant recruitment efforts were kept secure. Participants' privacy was respected and letters of invitations were given on an individual basis, separate from anyone else. Participants understood that their participation was voluntary, and were not pressured to participate in this study. Participants had the right to withdraw from this study at any point and were informed that their participation was voluntary as stated in the assent and consent forms. Digital data will be kept on my home computer and protected by password restricting access. I will be the sole holder of the password for all digital access. Paper copies will be kept in a locked file cabinet in my home for at least 5 years after completion of my dissertation. After this time, all paper copies will be shredded, and digital data will be permanently deleted from my home computer.

Summary

The purpose of this research was to identify patterns and themes associated with a family history of teenage pregnancy. The study's research question studied the factors, attitudes, and experiences of girls and women who have been pregnant as teens within a family. Chapter 3 has described the methodology used to design this qualitative research on the family history of teenage pregnancy. Chapter 3 included a discussion of the qualitative paradigm and the rationale for my choice. Also, this chapter included a description of the research design, setting and participants, researcher's role, data collection procedures, data analysis, internal and external

validity, and ethical considerations about this current study. Chapter 4 provides a detailed analysis of the results of this study.

Chapter 4: Results

Introduction

The purpose of this qualitative case study was to identify the influences of intergenerational teenage pregnancy among families in the Southern region of the United States. A trio of nine total participants encompassing three current or expecting teenage mothers, three sisters, and their mothers was selected as the participants for this study. The life history theory was used as a theoretical framework for this study and was used to aid in the understanding of this phenomenon. According to the life history theory, different environmental circumstances are selected and identified as patterns over time (Gladden et al., 2008). In this chapter, I describe the pilot study, setting, demographics of participants, data collection and, the trustworthiness of evidence, results, and summary as it relates to the research question.

Research Question

What are the factors, attitudes, and experiences of girls and women who have been pregnant as teens within a family?

Pilot Study

A pilot study was conducted with a triad of one expecting teenage mother, her sister, and their mother, who all experienced adolescent pregnancy. The pilot study was conducted to evaluate the participants' interview questions and to ensure these questions could answer this study's research question. The pilot study also allowed me to become familiar with and confident about interviewing participants. Finally, the pilot study provided me with an opportunity to gain insight into my study. According to Stadtlander (2015), the researcher may use the pilot study participants as a part of the main study if no changes are made to the questions, materials, or techniques. The trio in the pilot study met the qualifications and was

included in this study. All participants had to have experienced or were currently experiencing teenage pregnancy. Current or expecting mothers were between the ages of 16- to 19-years-old. All participants provided their written consent, and the trio collectively agreed to participate. The pilot study participants were recruited the same way additional participants from the primary study were recruited as described in chapter 3. I delivered several copies of my letter of invitation (Appendix A) to my professional contact. She distributed the letters of invitations to potential candidates who were alumni students at the school where she was employed. She kept in contact with these students through private means separate from any affiliation with the school. I was contacted on my cell phone by the sister of the expecting teenage mother who received a flyer from my professional contact. She noted that she read my flyer and her family met the qualification of the family dynamics of a mother and two sisters all having experienced or experiencing teenage pregnancy. I explained that all participants would have to agree to participate in a face-to-face interview and sign consent and assent forms. She decided to participate in this study and then allowed me to speak with her mother over the phone who gave me verbal confirmation of their family dynamics and informed me of her willingness to participate in the study and verbal permission for her daughter to participate.

I met with two members of the triad, the expecting teen, and her mother, on a Monday in March 2018 at a public library in a private conference room. I met with the third member of the trio on the following Tuesday due to the availability of her work schedule. Before beginning the interviews, I asked the participants to complete a demographic information form that asked questions about their age, annual income, race, current living arrangement, number of children and their residence, school status, highest grade level completed, employment status, main sources of financial support, and sources in which the participant receives financial assistance.

All participants were interviewed individually with audio recordings used to allow for accurate transcription of the data. I used the participant interview questions to guide the interview (Appendix E). This document contained 14–17 questions relevant to answering this study’s research question. After completing all three interviews, I transcribed them and submitted the transcriptions to my committee chairperson and committee member for review and feedback.

Based on the feedback provided, I made several adjustments to the interview questions. The questions were revised to be more open-ended and allowed participants to dive deeper into their responses instead of providing one-word answers. I followed up with more probes to gain additional information. Stadtlander (2015) stated pilot studies allows for an evaluation of a study on a smaller scale to determine if changes are necessary. Finally, the completion of a pilot study allowed me the opportunity to evaluate if the study worked in the way it was proposed, the length of time necessary to complete each interview, and affirm all the questions and information were clear to participants (Stadtlander, 2015).

Setting

The interviews were conducted in a public library in a private conference room. I used a digital recording device to document the interviews to be able to transcribe the data later. I also had a copy of the participants’ interview questions (Appendix E), so I could write essential notes after the participants’ responses to each question. There were no interruptions throughout the entirety of the interviews. Participants are identified as triad 1,000, the first group of research participants interviewed; 1,001 was the mother of the teen mothers, 1,002 was the sister of the expecting teen mother, and 1,003 was the expecting teen mother. Triad 2,000, the second group of participants interviewed, consisted of participants 2,001, the mother of the teenage mothers, 2,002, the sister of the current teenage mother, and 2,003, current teenage mother. Included in

triad 3,000 were 3,001, the mother of the teenage mothers, 3,002, the sister of the expecting teenage mother, and 3,003 the expecting teenage mother. Triad 1,000 served as my first triad interviewed in the pilot study and was added to the study because there were no major changes made to the interview protocol that could affect the data. I met with the remaining two triads, 2,000 and 3,000, on two consecutive Saturdays based on their availability. I met with each participant individually with no other family member present at the time of their interview. The additional family members waited in the courtyard outdoors or in the main library.

Demographics

Before beginning each interview, I asked the participants to complete the demographic sheet. I collected participants' demographic information from the demographic information form (Appendix F). Information on the demographic form included their age, annual income, race, current living arrangement, number of children and their residence, school status, highest grade level completed, employment status, primary sources of financial support, and sources in which participants receive financial assistance.

All participants were residents of the same city, state, and zip code located in the Southern region of the United States. Participants included three mothers of teenage girls between the ages 35 to 38, three sisters of current or expecting teenage mothers between the ages of 19-21, and three current or expecting teenage mothers between the ages of 15-17 for a total of nine participants. All participants identified their ethnicity as Black. The participants had a range of 0-4 children who resided with their mother or the father of her child. Two participants were currently pregnant with 6 and 7 months remaining in their pregnancies. The demographic breakdown is in Table 1.

Table 1

Interviewee Demographics of Age, Number of Children and Residence of Children

Interviewee Number	Age	Number of Children	Child Resides
1001	35	3	Mother
2001	38	4	Mother
3001	35	2	Mother and Child's Father
1002	19	1	Mother
2002	21	2	Mother
3002	19	1	Mother
3001	17	0	Not born
3002	18	1	Mother
3003	15	0	Not born

Five participants were high school graduates completing 12th grade, and four were working on their high school diplomas, two having completed the 11th grade, one completing the 10th grade, and one completing the ninth grade. The mother's annual income ranged between \$20,001 and \$40,000 per year. The teen's sisters' annual income ranged between \$5,001 and \$20,000 per year. The current or expecting teenage mother income range was less than \$5,000. The three mothers were employed fulltime, the three sisters were employed parttime, and the current or expecting teens were all unemployed. This demographic breakdown is in Table 2.

Table 2

Interviewee Demographics of School and Employment Status

Interviewee Number	High School Status	Highest Grade Completed	Employment and Status	Annual Salary
1001	Graduate	12 th	Yes – Full-time	\$20,001 - \$30,000
2001	Graduate	12 th	Yes – Full-time	\$20,001 - \$30,000
3001	Graduate	12 th	Yes – Full-time	\$30,001 - \$40,000
1002	In Progress	11 th	Yes – Part-time	\$5001 - \$10,000
2002	Graduate	12 th	Yes – Part-time	\$5001 - \$10,000
3002	Graduate	12 th	Yes – Part-time	\$10,001 - \$20,000
3001	In Progress	10 th	No	Less than \$5,000
3002	In Progress	11 th	No	Less than \$5,000
3003	In Progress	9 th	No	Less than \$5,000

The three current and expecting teenage mothers were unemployed due to a lack of transportation, school commitment, a lack of childcare, or inability to obtain a work permit. The mothers of the teenage moms were all homeowners while two of the sisters of the current or

expecting teenage mothers lived with their mother and one sister lived with the father of her baby. All current or expecting teenage mothers lived with their mothers. The main source of financial support for the mothers of the teen mothers were their jobs, and two named a spouse as providing financial support. The sisters of the current or expecting teens' financial support stemmed from their jobs while the current or expecting teens' main source of financial support derives from their parents. Two participants received additional financial support from child support, eight participants received Medicaid health care benefits, and five participants received Supplemental Nutrition Assistance Program (SNAP) benefits. Six participants received Women Infant and Children (WIC) services. This demographic breakdown is found in Table 3.

Table 3

Interviewee Demographics of Unemployment, Residences, and Financial Support

Interviewee Number	Residence	Financial Support	Assistance
1001	Own home	Own job	Child support/ Medicaid
2001	Own home	Own job and spouse	Child support/ Medicaid
3001	Own home	Own job and spouse	No assistance
1002	Mother	Own job	SNAP/WIC/Medicaid
2002	Mother	Own job	SNAP/WIC/Medicaid
3002	Father of baby	Own job	SNAP/WIC/Medicaid
1003	Mother	Parents	SNAP/WIC/Medicaid
2003	Mother	Parents	SNAP/WIC/Medicaid
3003	Mother	Parents	WIC/Medicaid

Data Collection

I was contacted by four triads who all met the qualification of the study including (a) residing in the Southern region of the United States; (b) experiencing teenage pregnancy; (c) a current or expecting teenage mother with a sister and mother who had experienced teenage pregnancy; (d) willingness to participate in a 60-minute, face-to-face interview; and (e) agree to sign consent or assent forms. All participants who contacted me by telephone were 18 or older. Of the four triads, three triads were selected for this study for a total of nine research

participants. The first three triads who contacted me and met the qualifications were included in the study. All members of the fourth triad were not able to participate in the study. Both daughters were interested and willing to participate, but their mother was not able to participate due to her own personal undisclosed reasons. The participants were provided background information about the study and explained the family dynamics required to participate. Upon receiving a verbal commitment from the trio, an interview date, time, and location was discussed. The data were collected through face-to-face interviews where the participants were asked open-ended questions. Each participant was interviewed individually in a period that ranged from 20 to 40 minutes. Participants were asked to complete consent and assent documents (Appendices B, C, and D) and demographic information forms (Appendix F) before beginning the interview. The current or expecting teen mothers answered 17 questions, the teen's sister answered 15 questions, and the mother of the teens answered 14 questions (see Appendix E). Probing questions were built in the original questions to be used to gather additional information about the questions. All interviews were audio-recorded and took place at a public library in a private conference room. I took notes on the interview question form to assist me in guiding the interview with probing and follow-up questions. I also identified themes or patterns with questions that received duplicate responses across all participants. I transcribed the interviews using a Microsoft Word document within 1 week of the interview. After completing the transcriptions, the audio was replayed, and the transcript read to ensure accuracy. Research participants were given an opportunity to listen to their response via telephone ensure accuracy. Transcripts were also sent to my dissertation committee members for review and feedback.

Data Analysis

Each participant's transcript was printed, resulting in nine total transcripts and stapled to their interview questions (Appendix E), as it contained handwritten notes from the actual interviews and demographic information forms (Appendix F). The triad's packets were bound with a large clip to keep them separate and in order. A data display table was created using a legal-sized Microsoft Word document in landscape view. Two- to five-word categories were assigned from the 14-17 interview questions and used as headings in the data display table. I read the participants' responses several times before deciding on short phrases deriving directly from the participants' answers to the interview questions to input into the data display table under each respective participant's triad number. I shared the data display tables with my committee for feedback on phrases. I began writing down patterns as I transferred the transcripts to the data display table.

An additional data display table was created for the participants' demographic information (Appendix F) in the same manner as described above. A Microsoft Word document in landscape view was created using 15 columns, one column for each of the 14 questions on the demographic information form and one column for the triad number. The participants' answers were input into the table representing everyone's response.

Themes

I used several techniques to identify major themes. I transcribed the audio recordings from the interviews and listened to these recording several times ensuring accuracy. According to Ryan and Bernard (2003) identifying themes is the heart of a qualitative study and there are a dozen techniques to use to identify common themes. The identification of themes helped me to become familiar with the participants' experiences. I counted word and word phrase repetitions

to discover themes among the participants' responses and looked for connections between the participants' responses and the research question. The participants were asked about the factors, attitudes, and experiences of girls and women who had been pregnant as teenagers within their family. The responses are listed on the data display table, and the following 13 participant questions were identified as pertinent to answering the research question for current or expecting teens: perception of sister's experience, influence on pregnancy, influence of mom's pregnancy, influence of sister's pregnancy, impact of mother's birth on decision, impact of sister's birth on decision, feelings about teen mothers, reactions of teen's mothers and teen's sisters to current or expecting teens' pregnancy, initial awareness of mothers' and sisters' teenage pregnancy experience, feelings about mother and sister as teenage mothers, and why the teenagers became pregnant. The breakdown is found in Table 4.

Table 4

Themes Among Current or Expecting Teenage Mothers

Interviewee number	Perceptions of sisters' experience	Your influence on pregnancy	Influence of mom's pregnancy
1003	Unexpected	Boyfriend and love	No effect
2003	Morning sickness	Unprotected sex	No effect
3003	Good mother	Lack of contraceptive	No effect

Interviewee number	Impact of mother's birth	Impact of sister's birth	Mother's reaction to pregnancy
1003	Follow in footsteps	Looked up to and admired	Sad and cried
2003	Follow in footsteps	Made pregnancy easy	Embarrassed
3003	No impact	No impact	Depressed

Interviewee number	Sister's reaction to pregnancy	Feelings about teen moms	Age of mother's teen pregnancy
1003	Unhappy	No bad feelings	15 years old
2003	Gave advice	No judgement	16 years old
3003	Upset	Good mother	1 years old

Interviewee number	Feelings about mothers and sisters as teenage mothers	Why became pregnant
1003	No problem with it	Love of babies
2003	Wish they were more informed	Lack of sex education
3003	Doing well despite situations	Improper use of birth control

Interviewee number	Initial awareness of sister's teen pregnancy	Influence of sister's pregnancy
1003	Immediately	Admired
2003	Immediately	Looked easy
3003	Immediately	Don't consider a teen

The following seven questions are identified as pertinent to answering the research question for teen's sisters: effect of mother's experience, feelings about teenage pregnancy, reason participants became pregnant, effect of mother's birth on decision to become a teenage mother, pregnancy influences, contributing factors to younger sister's pregnancy, and your feelings about your teenage pregnancy. This information is found in Table 5.

Table 5

Themes Among Teen's Sisters

Interview number	Effects of mother's experience	Feelings about teenage pregnancy
1002	Initially unaware	Occurs frequently and hard work
2002	Cursed	Scary and big responsibility
3002	Cycle repetition concern	Challenging and demanding

Interview number	Why become pregnant	Mother's birth effect on decision
1002	Mistake and unprotected sex	Follow in footsteps
2002	Didn't think she could	Follow in footsteps
3002	Failed contraceptive	No effect

Interviewee number	Pregnancy influence	Sister's pregnancy reason	Feelings about pregnancy
1002	Relationship	Older sister's pregnancy	Upset and self-blame
2002	Peer Pressure	Relationship too young	Shocked and disappointed
3002	No birth control	Not thinking	Disappointment

The following seven questions are pertinent in answering the research question for the teen's mother: feelings about teenage pregnancy, reason participants became pregnant, contributing factor to youngest daughter's pregnancy, influence to become pregnant as a teenager, opinion of other pregnant teenagers, feelings when discovered pregnancy, and pregnancy impact on your life. See Table 6 for a breakdown.

Table 6

Themes Among Teen's Mothers

Interviewee number	Feelings about pregnancy	Why become pregnant	Younger daughter reason
1001	Not good, wait	Inexperience	Older guy, not listening
2001	Can overcome	No contraceptives	No parental guidance
3001	Issues in community	Didn't think she could	No sex education

Interviewee number	Pregnancy influence	Opinion of pregnant teen moms
1001	Relationship and lack of protection	Feel sorry, unaware of struggles
2001	Peer pressure	Sympathy and difficult
3001	Misinformation and peer pressure	Tough and empathy

Interviewee number	Feelings about pregnancy discovery	Pregnancy impact on your life
1001	Embarrassed and scared	High school dropout; GED
2001	Disappointed and let-down	Lost scholarship; graduation delay
3001	Numb and scared	Grow up fast

Five themes were common among all three groups of participants, the current or expecting teenage mothers, teen's sisters, and teen's mothers as indicated in Table 7.

Table 7

Themes Common Among All Participants

Interviewee number	Pregnancy reason	Feelings about teen pregnancy	Pregnancy Influence	Teen moms known	Feelings about your pregnancy
1001	Inexperience	Not good, wait	Relationship; no protection	Yes	Embarrassed and scared
1002	Mistake, unprotected sex	Frequent occurrence	Relationship with boyfriend	Yes	Upset; self-blame
1003	Love babies	Good and positive	Boyfriend and love	Yes	Happy
2001	No contraceptives	Can overcome	Peer pressure	Yes	Disappointment
2002	Didn't think she could	Scary, big responsibility	Peer pressure; no contraceptive	Yes	Shocked and disappointed
2003	No sex education	It is a big problem	Unprotected sex	Yes	Shocked and devastated
3001	Didn't think she could	Issue in the community	Misinformation; peer pressure	No	Numb and scared
3002	Failed contraceptive	Challenging and demanding	Failed birth control	Yes	Emotional and disappointed
3003	Improper use of birth control	Bad and embarrassing	No contraceptives	Yes	Sad

Question - Why did you become pregnant? All research participants were asked their reasons for becoming pregnant. This question is found on the participant's interview questions for the current or expecting teenage mother question numbers 11, teens' mother question 5, and teens' sister question 6 (Appendix E). The responses are listed in the data display table and the first theme among all participants emerged: Lack of or improper contraceptive use. Responses from the participants included:

- lack of sex education
- improper use of birth control pills
- unprotected sex
- did not think she could become pregnant

- failed contraceptive
- inexperience with sex
- no use of contraceptive
- did not think she could become pregnant

Participant 1001:

I got pregnant because I was inexperienced with sex. It was not on purpose.

Participant 1002:

I didn't do it on purpose. I got pregnant by mistake. I didn't try to do it. I had sex with my boyfriend and it just happened.

Participant 1003:

Because I love babies so much. And I love my boyfriend. I want us to be a family. I always wanted to be a mom. Me and boyfriend talked about having a baby a lot.

Participant 2001:

I got pregnant because we did not use protection during sex. Condoms were not easy to get, so every time we had sex we just took a chance, a very dangerous chance. Then I got pregnant. Well, since we weren't supposed to be having sex, we did not have condoms to use to protect ourselves. It's not like we could go to the store and buy them because we didn't have money or a ride to the store to get them. So, we just took chances with sex. My mom was always working, and we had a lot of time to spend together even though we weren't supposed to be.

Participant 2002:

Well, it wasn't an accident or purpose. I got pregnant because at the time I didn't care if I did. I really didn't think that I could get pregnant because we were having sex without

protection and nothing happened for a while. I didn't really decide to become pregnant, I just got pregnant. I never thought about getting pregnant when we was having sex. Like I said earlier, I didn't even think I could get pregnant.

Participant 2003:

In all honesty, I don't know. If I had to really think of a reason I would have to say that I wasn't thinking. I just didn't think about it. I guess I thought it wouldn't happen to me. Nobody ever talked to me about how a person gets pregnant. That's why I said they need to teach it in school

Participant 3001:

I didn't believe I could get pregnant, so I literally did not take pregnancy serious. I don't know why I thought that. Nobody never told me that. Looking back, I guess I never took it serious because I was not informed about my body and the fact that I could actually reproduce since I had a cycle.

Participant 3002:

I became pregnant because I missed my appointment to get my depo shot. A depo shot is a birth control shot. I couldn't get off work to make my appointment, so I cancelled it. I meant to reschedule it but it was too late. I was trying to change over to the implant so I wouldn't have to keep going in for the shot.

Participant 3003:

I became pregnant because I did not take my birth control pills right.

Question – How do you feel about teenage pregnancy? All research participants were asked their feelings about teenage pregnancy. This is question eight on the participant's interview question for the current or expecting teenage mothers, question five on the teen's

sisters interview questions and question four on the teen's mothers interview questions (Appendix E). The responses are listed in the data display table and the second theme among all participants emerged: Challenging and demanding. Responses from the participants included:

- good and positive
- a problem
- bad and embarrassing
- occurs frequently, hard work and a balancing act
- scary, big responsibility
- challenging and demanding
- not good, wait
- can overcome
- issue in community

Participant 1001:

I feel that teenage pregnancy is not a good experience for teenagers and they should wait until they are older to have kids.

Participant 1002:

It happens a lot. As a teen mom, it's hard. I never knew how hard it would be to study and do homework and feed and watch my baby.

Participant 1003:

I feel teenage pregnancy is a good thing. I will have a lot of energy to play with my baby. I won't be all old and tired like some older momas. The younger the better. But not too young. At least 17.

Participant 2001:

Well, I feel that teenage pregnancy is not a death sentence for girls. It is not the end of a young girl's life. They can still go on to achieve all their goals. It's just going to be a little harder. I do believe that teenagers should wait before having babies to give their mind and bodies a chance to grow up.

Participant 2002:

Well, for me I was 17 when I got pregnant so that's not bad compared to other people. I feel that it is a scary experience. I was so scared when I found out I was pregnant because I didn't know what it would do to my body. Then I was scared to have to take care of my own baby by myself all the time. Teenage pregnancy is a big responsibility and people don't realize it until they are already in the situation.

Participant 2003:

I feel that teenage pregnancy is a problem and people need to talk to teenagers more to try to stop them from getting pregnant as teenagers. Teenagers need to hear stories about how hard it is at school to prevent them from getting pregnant. Schools need programs to talk to kids both boys and girls.

Participant 3001:

I feel that teenage pregnancy is still an issue in our community. These days, teenagers don't feel shame or embarrassed to be pregnant like in my time. Today teenagers are proud or happy to be pregnant. Like in my time when I was growing up, being a teenage mother was embarrassing to me. There were other girls who were pregnant but not in my immediate circle. My mother still has the mentality during her time when teenage pregnancy was even more of a taboo so to speak. She told me stories of teenage girls going away for 9 or 10 months then returning without a baby. It was assumed that they

went to have a baby and gave it up for adoption or to a family member and never talking about the baby again.

Participant 3002:

Teenage pregnancy is challenging and demanding. Your time is not your own, it belongs to your child, that is if you're a good mom.

Participant 3003:

That it's a bad thing and it's embarrassing. I haven't told anyone at school that I'm pregnant yet. Not even my friends. I'm not ready to tell them now. I feel embarrassed to be pregnant. I had other things to do with my life than to be pregnant right now.

Question – What do you think influenced your becoming a teenage mother? All

research participants were asked what influenced them to become teenage mothers. This is question five on the current or expecting teenage mothers' participant interview questions and questions nine on the teen's sisters and teen's mother's research participant's question. The responses were written in the data display table, and the third theme that emerged was peer pressure. Responses from the participants included:

- boyfriend and love
- unprotected sex
- lack of proper contraceptive
- relationship with boyfriend
- peer pressure and lack of protection
- failed birth control
- relationship and lack of protection
- peer pressure

- misinformation about sex and peer pressure

Participant 1001:

My relationship with baby father and his well our decision not to use protection.

Participant 1002:

I was caught up my boyfriend doing grown up things. I guess being in a relationship with a boy at a young age influenced me to have sex and a baby.

Participant 1003:

I never really thought about it. I guess it was my boyfriend. He's older than me and his friends have kids and he really wants to be a daddy. He's 20 and ready to be a daddy. We in love so a baby is the next step.

Participant 2001:

Pressure from my boyfriend to have sex. I did not set out to get pregnant

Participant 2002:

Well, pressure to have sex and having sex without protection. My boyfriend was more experienced with sex than me, so he wanted to have sex with me and he didn't like to use condoms.

Participant 2003:

If I really think about it, I think we was just caught up in the moment. We didn't plan to have sex, it just happened. We wasn't thinking about the consequences of having unprotected sex. I never set out to be a teen mom. I didn't plan this. If I really knew how hard it was I would have never even had sex. I don't regret my baby, I just wish I would have waited until I was older. I can't go nowhere because it's hard to find a babysitter.

Participant 3001:

I feel just being misinformed and wanting to please a young man influenced my decision to become pregnant.

Participant 3002:

Me not getting my shot and not using a backup method of birth control.

Participant 3003:

The situation that had an effect on my decision to become pregnant was, well I didn't make a decision to become pregnant. I had sex with my boyfriend at the time and got pregnant on accident. I did not make a decision to get pregnant. It was just sex then pregnant. I missed some of my birth control pills. I missed about 3 or 4 days then I tried to take them all at one time when I remembered.

Question – Did you know of any other teen mothers before you became pregnant?

All research participants were asked if any other teenage mothers were known to them prior to their pregnancy experience. This is question twelve on the participant's interview question for the current or expecting teenage mothers, question eight on the teen's sisters interview questions, and question six on the teen's mothers interview questions (Appendix E). The responses were written in the data display table, and the fourth theme that emerged was most participants knew other teenage mothers before their pregnancy. Responses from the participants included:

- 11 total, sister and 10 classmates
- six total, sister and five classmates
- 3 total, sister and two classmates
- girls from school
- sister, cousin, and classmates
- one at school

- two family members
- one sister
- none

Participant 1001:

Yes, I had cousins who had babies as teenagers and I knew a few girls in the neighborhood who had babies as teenagers.

Participant 1002:

Yeah, a couple girls at school.

Participant 1003:

My sister and the girls at school. It's about 10 that I know of now.

Participant 2001:

Yeah, my sister got pregnant as a teenager. She five years older than me though. I don't remember any girls from school being pregnant. No, I can't remember anyone else right now.

Participant 2002:

Yep, I have cousins who were teenage mothers and girls at school

Participant 2003:

Yea, my sister and girls at school. About five that I know of.

Participant 3001:

No, I did not know any other girls who were pregnant before me.

Participant 3002:

There was a girl at school who got pregnant when we was in the 9th grade together by a boy who was a senior.

Participant 3003:

Yes, my sister and two girls at school.

Question – How did you feel when you found out you were pregnant? All research participants were asked about their feelings when their pregnancy was discovered. This is question 13 on the participant’s interview question for the current or expecting teenage mothers and questions 11 on the teen’s sisters and teen’s mother interview questions (Appendix E).

Responses were written in the data display table and the fifth theme emerged was shocked and disappointed. Responses from the participants included:

- happy
- shocked and devastated
- sad
- upset
- shocked and disappointed
- emotional and disappointed
- embarrassed and scared
- disappointed
- scared

Participant 1001:

I was embarrassed. I didn’t want to tell my mom because I was scared of what she would say. She was a “church lady” and she taught us better, I just didn’t listen.

Participant 1002:

I was upset and disappointed at myself. I didn’t want to be pregnant, but I didn’t do anything to stop it.

Participant 1003:

I was happy. I couldn't wait to tell my boyfriend. I kept telling him I thought I was pregnant and he didn't believe me. Then he went brought a pregnancy test and it was positive.

Participant 2001:

I was very very disappointed with myself. I let myself down. I had so many dreams and opportunities that I let slip through my hands by getting pregnant.

Participant 2002:

At first, I was shocked. I couldn't believe it. It took a long time for me to really believe that I was pregnant. But when I started getting sick and feeling so tired that's when it sank in. Then I was a little disappointed with myself, but I had to really think about it and I couldn't be mad because I was irresponsible.

Participant 2003:

I couldn't believe it, but I wasn't like totally devastated. I didn't necessarily want to be pregnant, but it wasn't nothing I could do about it. I cried then got over it.

Participant 3001:

I was completely numb. I couldn't process it. My mind was racing trying to figure out what it all meant and how I would juggle school and a baby. I was also scared to death to tell my parents.

Participant 3002:

I was very emotional, just overcome with emotions. I was disappointed because I had plans to go the McNeese State University.

Participant 3003:

I was so sad. I wished I could rewind time and change what I did. I just have to stay positive and keep going.

Trustworthiness of Evidence

I was careful to follow the research design as approved by the institutional review board and outlined in chapter 3 to ensure trustworthiness. Obtaining quality data, analyzing data, and validation of findings was vital to this study. The procedures were followed without deviation from the research design. To address the trustworthiness of evidence, I must assure credibility, dependability, confirmability, and transferability were addressed.

Credibility

The use of various strategies helps to establish credibility in research. Saturation was achieved in that research participants gave the same or similar responses to the research participants questions during their individual interviews. Participants contacted me to inquire about the study from a letter of invitation (Appendix A). I was contacted by four triads, and only three met the qualifications and agreed to participate in this study. Research participants received a copy of the demographic information form to complete (Appendix F), the parental informed consent (Appendix B) if their child was younger than 18 years old, minor assent form (Appendix C) if a participant was under 18 years old, and adult consent (Appendix D) for all participants 18 years or older to read and sign before beginning interviews. I followed the role of the researcher as outlined in research design to ensure credibility.

Dependability

As stated by Anney (2014) dependability is the stability of findings over time. Qualitative researchers consider dependability as trustworthiness criteria to ensure rigor in qualitative findings (Anney, 2014). Dependability is essential for quality in research. A pilot test consisting of a trio was conducted to test the participant's interview questions for clarity. The research question was identified and aligned with the design of the study. Member checking was completed to ensure the participants' responses were accurate. At the end of each interview, I allowed the participants to review their responses I had written on each research participant's document to check for accuracy. Member checking is a tool frequently used to minimize personal biases and improve trustworthiness in qualitative research (Padgett, 2017). All participants indicated on their research question form (Appendix E) that future contact could be by telephone about the study. I contacted each participant by telephone to review their responses. No changes were made to the transcripts as all participants confirmed the accuracy of their responses. My committee member reviewed the methodology section of this study and provided feedback on various occasions. The institutional review board (IRB) approval number for this study is 02-16-18-0200789.

Confirmability

Researcher biases were mitigated by conducting face to face audio-recorded interviews that were transcribed verbatim. The transcripts were reviewed by my committee along with the data table which reduced the verbose language of the participant's responses to keywords. The committee's review of the data helped to ensure that the findings were shaped by the participants instead of the researcher. I kept a diary detailing why keywords were selected from the participant's responses to maintain reflexivity.

Transferability

Transferability or the ability to apply the findings from one context or setting to another (Padgett, 2017) can be achieved as this study can transfer beyond its bounds. This study can be applied to participants in similar situations. Potential researchers can use the study's methods or results to apply to their situation. This study's setting is described in a such a way that the reader can identify the study's context and make their own decision about the value (Padgett, 2017).

Results

This study's purpose was to identify factors that contributed to the generational cycles of teenage pregnancy as it relates to families residing in the Southern region of the United States. This study examined the phenomenon of the family cycle of teenage pregnancy and the influence these pregnancies have on a teenager's decision to become teenage mothers. Data analysis produced five major themes. Five interpretations from the findings are:

1. The participants experienced teenage pregnancy due to a lack of proper contraceptive usage.
2. The participants felt teenage pregnancy is a challenging experience.
3. The participants were influenced by peer pressure to engage in sexual intercourse and subsequently become pregnant.
4. The participants knew other teen mothers before their own experiences.
5. The participants were shocked and disappointed about their teen pregnancy.

Finding One: Lack of Proper Contraceptive Use

Participants named a lack of contraceptive use as the reason for their pregnancy. Participant 1002 stated she made a "mistake" in having "unprotected sex." Participant 2001 stated she "did not use contraceptive" and Participant 3002 stated "failed contraceptive" as a reason she became pregnant.

Table 8

Finding One Coding, Categorization, and Themes

Category: Lack of proper contraceptive use	
Triad number	Why did you become pregnant
1001	Inexperience
1002	Mistake, unprotected sex
1003	Love of babies
2001	No use of contraceptive
2002	Didn't think she could
2003	Lack of sex education
3001	Didn't think she could
3002	Failed contraceptives
3003	Improper use of birth control

Finding Two: Teenage Pregnancy is a Challenging Experience

Participants used various words such as “hard work,” “big responsibility,” or “big thing” to communicate their feelings about teenage pregnancy. Most participants, five of nine, identified teenage pregnancy as challenging. Participant 1001 felt it was “not good,” Participant 2001 stated that she felt teens “can overcome the challenges of teenage pregnancy,” Participant 2003 felt teenage pregnancy is a “problem” worthy of sex education. On the contrary, Participant 1003 felt that teenage pregnancy is “good” and “positive experience.”

Table 9

Finding Two Coding, Categorization, and Themes

Category: Teenage Pregnancy is a Challenging Experience	
Triad number	Feelings about teen pregnancy
1001	Not good, wait
1002	Frequent occurrence, hard work, balancing act
1003	Good and positive
2001	Can overcome
2002	Scary, big responsibility
2003	It's a problem
3001	Issue in the community
3002	Challenging and demanding
3003	Bad and embarrassing

Finding Three: Peer Pressure is a Major Influence on Teenage Pregnancy

Seven of the nine participants stated that peer pressure was a major influence on their teenage pregnancy. More specifically, participants stated that relationships with their boyfriend or significant other pressured them to have sex. Participants 2003, 3002, and 3003 stated a lack of proper contraceptive use as an influence on their teenage pregnancy.

Table 10

Finding Three Coding, Categorization, and Themes

Category: Peer Pressure is a major influence on teenage pregnancy	
Triad number	What influenced you to become pregnant
1001	Relationship with boyfriend
1002	Boyfriend and love
1003	Peer pressure
2001	Peer pressure Lack of contraceptive
2002	Unprotected sex
2003	Misinformation and peer pressure
3001	Failed birth control methods
3002	Lack of proper contraceptive
3003	Relationship and lack of protection

Finding Four: Teenage Mothers Known to Participants Before Own Pregnancy Experience

Eight participants knew a teenage mother before their teenage pregnancy experience. One of nine participants stated she did not know any other teen mothers before their experience.

Table 11

Finding Four Coding, Categorization and Themes

Category: Teenage mothers know to participants before own pregnancy experience	
Triad number	Did you know other teen mom before your pregnancy
1001	Yes, 2 family members
1002	Yes, from school
1003	Yes, 11 sister and 10 classmates
2001	Yes, sister
2002	Yes, sister, cousins, and classmates
2003	Yes, 6 sister and 5 classmates
3001	No
3002	Yes, 1 at school
3003	Yes, 3 sister and 2 classmates

Finding Five: Shocked and Disappointed About Teenage Pregnancy

Eight participants stated their emotions were either shocked or disappointed with their teenage pregnancy discovery. Participant 1003 stated she was happy when she discovered she was pregnant in her teen age.

Table 12

Finding Five Coding, Categorization, and Themes

Category: Shocked and disappointed about teenage pregnancy	
Triad number	Feelings about your teenage pregnancy
1001	Embarrassed and scared
1002	Upset and self-blame
1003	Happy
2001	Disappointment
2002	Shocked and disappointed
2003	Shocked, devastated, cried
3001	Numb and scared
3002	Emotional and disappointed
3003	Sad

Summary

Chapter 4 provided a specific description of data collection and data analysis. The findings indicated that participants had a lack of knowledge of proper contraceptive use and experienced peer pressure to engage in sexual behaviors. All participants knew teen mothers before their teenage pregnancy experience and were shocked or disappointed upon discovering their pregnancy. Eight of the nine participants believed teenage pregnancy was a challenging experience. However, Participant 1003 responded differently to three of the five research participant questions. Her teenage pregnancy was purposeful, and she felt “good” about teenage pregnancy. She was happy when she discovered she was expecting. Chapter 5 is a detailed combination and interpretation of the study’s findings, limitations of this study, recommendations by the researcher, implications, and conclusion of this study.

Chapter 5: Discussion, Conclusion, and Recommendation

Introduction

In this chapter, I interpret the findings based on the themes identified and presented in chapter 4. I describe limitations, recommendations, suggestions for future research, and social change implications. The conclusion and a summary of the chapter and the overall study is discussed. The purpose of this qualitative study was to explore the family cycle of teenage pregnancy within family triads of a mother and her two daughters. I used a case studies and face-to-face interviews were conducted to gain an in-depth analysis of the experiences and influences of the teenage mothers. The interviews were audio-recorded to preserve accuracy, and I saved the data tables and transcripts on my personal computer with password protection to secure the information. I created 16 open-ended participant questions to aid in answering this study's research question. An analysis of the data collected from the participants' questions revealed the identification of categories that developed into five major themes:

1. Teenagers experienced teenage pregnancy due to lack of proper contraceptive use.
2. Teenage pregnancy is a challenging experience.
3. Peer pressure is a major influence on teenage pregnancy.
4. Other teen moms are known to teenagers before their adolescent pregnancy experience.
5. Teenage mothers were shocked and disappointed about their teenage pregnancy.

Interpretation of the Findings

In this study, I described the factors, attitudes, and experiences of teenage mothers in a family cycle of a mother and her two daughters. The experiences were discussed by nine female participants who experienced teenage pregnancy. The participants were Black. Three

participants were married, and six were single. Their number of children ranged from currently expecting to four and all children resided with their biological mothers. Five participants reported being high school graduates while four participants were currently enrolled in high school. Their salary ranged from \$5,000 to \$40,000 per year. Three participants were employed fulltime, three participants were employed parttime, and three participants were unemployed. Three participants owned their homes, five participants lived with their mothers, and one participant lived with the father of her baby. Six participants received financial support from their jobs while three participants received financial assistance from their parents. Two participants received child support, eight participants received Medicaid, five participants received SNAP benefits, and six participants received WIC. The demographic information about the participants can be found in Tables 1, 2, and 3 in chapter 4.

Research Question

What are the factors, attitudes, and experiences of girls and women who have been pregnant as teens within a family?

Factors

According to the analysis from the face-to-face interviews, a contributing factor to teen pregnancy was a lack of proper contraceptive use. Participants named no use, improper use, or a lack of knowledge to use contraceptives such as birth control pills and condoms. Participants only named two methods of birth control failing to account for the many other pregnancy preventative methods further indicating the lack of knowledge. These findings confirmed the previous findings in the literature. As stated in chapter 2, intentions of a high-risk population of Black and Latino teenage girls are faced with “multiple environmental and individual risk factors associated with engaging in unprotected sex” (Faber, 2014, p. 283). Teenagers experience an

increase in sexual freedom, individual freedom from a lack of parental control, and advances in contraceptive effective that has contributed to young women engaging in sexual activity earlier in life (Faber, 2014). Teenagers who lack parental supervision are at a greater risk of an early sexual debut. Wall-Wieler et al. (2016) posited that mothers of teenage mothers may have provided less supervision for their teenage daughters and communicated about sex and contraception less. Silk and Romero (2013) stated that parental involvement is necessary for teenage pregnancy prevention and adolescent risk behaviors. Frequently reported reasons for unprotected sex stated by teens included an unwillingness to take conscious responsibility for their sexual activity including not planning on having sex or allowing the sexual act to just happen (Farber, 2014). Use of contraceptives such as intrauterine device (IUD) or birth control pills require a planned visit to the doctor. Adolescents are not always mature enough to understand the chance of pregnancy or its consequences (Rome, 2015, p. 9).

Data from the research participants questions were analyzed and the category discovered was peer pressure as an influence on teenage pregnancy. Seven of the nine participants stated being in relationships with their boyfriends or significant others led them to experience pressure to engage in sex thus leading to pregnancy. Previous researchers posited that predictors such as economic status, school performance, maternal education, marital status of family members, number of siblings, peer pressure (dating history), and environmental factors influence teenage pregnancy (Meade et al., 2008). Additionally, Farber (2014) identified being easily influenced by peers as a contributing factor for adolescents at high risk of teenage pregnancy.

Attitudes

Teenage mothers reported knowing other teen moms before their teenage pregnancy experience. Eight of the nine participants confirmed knowing girls who experienced this

phenomenon before their pregnancy. These findings confirmed the literature. East et al. (2007) found that having an older sister who had had teenage birth was associated with even higher odds of pregnancy. Furthermore, the participants stated knowing multiple teenage mothers such as classmates and other family members. As stated by Wall-Wieler et al. (2016) mothers and sisters are the primary sources of family influence on teenage pregnancy for younger sibling or daughter. Older sisters and mothers aid in contributing to an adolescent's attitudes and values about teenage pregnancy. I found that older sisters who experienced teenage pregnancy significantly increased the risk of a younger sister's teenage pregnancy. There was no previous mention of this contributing factor; therefore, it is considered extended knowledge in the factors, attitudes, and experiences of girls and women who have had pregnancy as a teen in a family.

Experiences

Teenage mothers stated that teenage pregnancy is a challenging experience. Participants expressed their feelings about teenage pregnancy and stated it was "hard work," a "balancing act," a "big responsibility," and "demanding." These findings confirmed previous findings discussed in chapter 2. Teenage mothers struggle with several developmental and emotional challenges (Martin, 2009). Phipps and Nunes (2012) found that pregnant teenagers who were not emotionally ready to enter motherhood were more than two times as likely to experience depression at the time of the first prenatal visit as compared to those who indicated that they were emotionally ready. Borkowski et al. (2001) stated that first-time teen mothers aged 15-18 years were more depressed than first-time mothers aged 22-35 years. Becoming a teen mother takes the adolescent off society's normative life trajectory (Bert et al., 2009). Teen mothers are no longer able to engage in age-typical social events or even date easily further contributing to challenges. Wall-Wieler et al. (2016) stated that teenage mothers experienced greater rates of

post-partum depression. Similarly, Goossens, Kadju, and Delvenne (2015) stated that teenage mothers experience the depressive symptoms of loneliness and isolation. Their peers are busy with school responsibilities and extracurricular activities leaving little to no time to visit with mothering teens. Teenage mothers also often cannot leave their babies to engage in age-appropriate activities as these young mothers once did.

Finally, teenagers felt shocked and disappointed about their teenage experience. Participants stated feeling upset, blamed themselves, disappointed, and devastated upon discovering their pregnant. Only one participant stated she was happy with her pregnancy notification. These findings extend knowledge in the discipline as previous research was not found in the literature review.

Life History Theory

According to the life history theory, environmental conditions during an individual's developmental years predict the adaptive strategies that will follow during their lifespans (Copping, Campbell, & Muncer, 2014). The life history theory provides an evolutionary view on the phenomenon of early childbearing by examining the ecological, biological, social, and psychological factors that work together in a person's environment (Belsky, Steinberg, & Draper, 1991). This theory was used to study the factors, attitudes, and experiences of individual differences in pubertal timing. I explored the factors, attitudes, and experiences of girls and women who had been pregnant as teens within a family. The life history theory supports the findings from this study in that the theory explains adverse factors in an individual's environment lead to early reproduction. A person's environment contributes to his or her experiences and attitudes. Environments where the age of sexual maturity risks are elevated

leave younger individuals in the environment feeling little to no control over their sexual maturation leading to early reproduction (Dickins et al., 2012).

I found common themes that were consistent with the life history theory. Most current or expecting teenage mothers, their sisters, and the mother of the teenagers knew other teenage mothers before their teenage pregnancy. Current or expecting teenage mothers aspired to follow in the footsteps of their older sisters who had already experienced teenage pregnancy prior to their becoming pregnant. Current or expecting teen mothers looked up to and admired their older sisters' pregnancy and parenting skills. The current or expecting teenage mothers did not have any ill feelings or negative judgment about teenage pregnancy. Sisters of the current or expecting teenage mothers revealed that their pregnancies were a curse, and repeating a family cycle of teenage pregnancy. The sisters aspired to follow in the footsteps of their mothers feeling she had been successful in parenting as a teenager. Adolescent mothers viewed their responsibilities in a positive light despite the challenges faced.

Limitation of the Study

Findings of qualitative research are difficult to generalize to broader populations (Maxwell, 2005; Yin, 2009). The purpose of this qualitative case study was to identify factors, influences, or experiences that contributed to family cycles of teenage pregnancy for current or expecting mothers, their sisters, and their mothers in the Southern region of the United States. There was a lack of research that addressed the cyclical trend of teenage pregnancy considering a mother and her two daughters in the Southern region of the United States. This study increases the empirical evidence of this phenomenon. The study used snowball sampling that reflects just the experiences, perceptions, and attitudes of those interviewed. The study was intentionally limited to nine participants. The participant's responses to the interview questions were the same

or similar minimizing the need for further participants. As previously stated, the selection of nine participants, three family trios, were purposefully selected for this study. Although the participants gave a detailed account of their experiences, factors, and attitudes regarding their teenage pregnancy, the low number of participants created a limitation of this study. However, careful and critical consideration was given when I addressed the research problem and methods chosen for studying the problem. There was a lack of male representation in this study which created a limitation. Fathers are a vital part of teenage pregnancy, and their perspectives could play an important factor in understanding this phenomenon. It is not possible to state if teenager fathers would have the same responses as the teenage mothers in this current study. An additional limitation of this study is that only black participants were studied. A mixed variety of races could have provided more information about the family cycle of teenage pregnancy through different cultures.

All the data collected was based on the responses of the participants, therefore, creating limitations in trustworthiness. The interviewees were asked to answer questions about their perceptions of their sisters, mothers, and their own experiences and it is hoped their responses were credible. The participants appeared to be truthful and were consistent in their reporting. There were no inconsistencies or doubts in my mind that the research participants were not credible. I am confident in this study's findings and have confidence in the data genuinely. Additionally, credibility was established by prolonged engagement in the field or the research site. I engaged in telephone conversations and spent extended periods of time reviewing and analyzing the data. This time helps to minimize the distortions of information that may occur due to the presence of the researcher in the field (Anney, 2014).

Recommendations

Recommendations for future studies include exploring the perceptions of teenage fathers and their experiences with the mothers of their children's pregnancy experience. Researchers suggests first-time fathers feel concern, apprehension, fear, anxiety, joy, and ambiguity about pregnancy and childbirth (Golian Tehrani, Bazzazian, & Dehgham Nayeri, 2015). Young men are often left out of the pregnancy process and feel disconnected. Additionally, some first-time fathers think about how to balance their new role of a father while also being a husband (Åsenhed, Kilstam, Alehagen, & Baggens, 2014). Recommendations for another study include family cycles of males entering fatherhood as teenagers. I searched for the family cycle of teenage fathers and was unable to locate relevant articles relating to a family cycle of teenage fatherhood. Instead, articles focused on how to be a good teenage first-time father (Carlson, Kendall, & Edleson, 2016) and become stronger teen co-parents (Lewin et al., 2015). This search confirmed my recommendation for future studies on this topic. A third recommendation is for the fathers of the teenage mothers' perspectives on their daughters' teenage pregnancy experience. These recommendations can provide additional knowledge on the factors, attitudes, and experiences related to a family cycle of teenage pregnancy. A father's perspective is absent from previous studies in the literature review in this study. My literature review incorporated studies that sought teen girls' intentions for getting pregnant, the consequences of teenage pregnancy and births, intergenerational teenage pregnancy, and mediating factors of the intergenerational teenage pregnancy phenomenon. A look from the male perspective was not offered in this research. There was no previous discussion in the literature on this topic.

Implications for Social Change

This small group of participants' responses brought forth understated and hidden responses that provided data for new categories. The underlining reason for conducting this study was to generate thought provocation on how mothers can engage in positive conversations with their daughters about their sexual experiences and birth control methods. The implications for positive social change include the potential development of parenting programs to teach mothers, who were pregnant in their teen age, how to talk to their teenage daughters about their sexual experiences. There are practical reasons parents may be agents of parental communication regarding sexual behaviors. Most adolescents perceive their parents as being trustworthy and influential thereby allowing their messages to be positively received by their children. Parents can also act as role models exhibiting healthy sexual lifestyles for their children (Widman et al., 2016). Participants stated that a lack of sexual education was a contributing factor to their teenage pregnancy. The findings of this study revealed that parental communication is needed for effective change. Engaging in dialogue can decrease teenage pregnancy and mitigate misconceptions.

Communication is an important part of every relationship (Heide & Simonsson, 2014). There is a great need to improve communication between mothers and their daughters when it relates to sexual education and their personal experiences. Ineffective or a lack of communication is a major barrier in the parental relationships (de Vries, Bakker-Pieper, & Oostenveld, 2010). There is limited safe sex communication between mothers and adolescent, especially for girls. Parent-adolescent communication can positively affect sexual behaviors as parents play a critical role in relaying sexual information that can positively influence a teenager's attitude (Widman et al., 2016). There is a great need for clear and concise

communication from parents to their daughter. It was this study's purpose to better understanding cyclical teenage pregnancy and its influences and the potential to minimize the negative influences.

Conclusion

This study allowed me to explore the experiences of nine teenage mothers, three family triads of a mother and her two daughters, dynamics to determine the factors, attitudes, and experiences that influenced their teenage pregnancy in the Southern region of the United States. Teenage pregnancy has an adverse ripple effect in society. Teenagers engage in risky sexual behaviors resulting in severe public health issues not only including teenage pregnancy but also the acquirement of sexually transmitted diseases (Widman et al., 2016). Furthermore, parenting stress among teenagers and their lack of social support are associated with adverse mental health which negatively impacts their children (Huang et al., 2014). Statements such as these evoke the change agent within to seek to assist through education. As an educator, I witness first-hand the challenges of teenage motherhood from both current teenage mothers and women who had experienced pregnancy as teenagers. Through this study, I gained a greater understanding of these women's lives. The findings from this study can enhance awareness of the influences of teenage pregnancy as a family cycle and spark conversations within families about teenage pregnancy prevention between mothers and their daughters.

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Appendix B: Demographic Information Form

1. What is your age? _____

2. What is your annual income (or combined annual income if you have a spouse)?

Less than \$5,000 \$5,001 to \$10,000 \$10,001 to \$20,000 \$20,001 to 30,000

\$30,001 to \$40,000 Greater than \$40,000

3. With which racial or ethnic category do you identify?

Black or African American _____ Asian _____ White _____ Hispanic or Latino _____

American Indian _____ Other Race _____

4. Where do you live? (circle appropriate answer)

With own mother (include stepmother) With my own father (include stepfather)

With the father of my baby With parents of baby's father With father of my baby's father

With mother of my baby's father With partner With other relatives With friends

In a group home In a foster home Other _____

5. If currently pregnant, how many months until your due date? _____

6. How many children do you have? _____

7. My other children are: With me With paternal grandmother With maternal grandmother

With their father In foster care Adopted Other _____

8. What is your current school status? Working on my high school diploma Working on

my GED Graduated from high school Dropped out of school Other _____

9. What is the highest grade you completed: 9th Grade 10th Grade 11th Grade 12th Grade

10. Are you currently employed? Yes or No

11. Are you employed full time or part time? Full-time- more than 30 hours per week or Part time- less than 30 hours per week

12. If you are not working, why? _____

13. What is your main source of financial support?

Own Job Spouse or Partner Parents Public Assistance Other Relatives

14. Do you receive money or assistance from any of the following sources?

Food Stamps Social Security General Assistance or another Aid Child Support Parent(s)

WIC Medicaid TANF Unemployment or Workers Compensation Own Job Other_____

Appendix C: Probing Questions

A variety of probe questions keep the interview on topic and signal the interviewee about the level of depth and detail what the interviewer is looking for (Rubin & Rubin, 2012). Probes also assist the researcher in determining the topics, themes, and concepts to follow-up. Probes allow for the most in depth interviews by asking when, where, why, and with whom (Rubin & Rubin, 2012). Some types of probes are confirmation probes that repeat what the interviewer heard or thought heard the interviewee say to get clarification. Sequence probes involves asking the interviewees specific steps to what happened in an event. Lastly, the credibility probes allow researchers to understand how reliable the interviewees responses are to determine biasness exhibited by the interviewees (Rubin & Rubin, 2012). Listed below are probes that can be used during an interview process:

1. Can you tell more about that?
2. Explain what you mean?
3. Do you mean that...
4. Can you give me examples?
5. I thought I heard you say.... Is that correct?
6. Can you tell me what happened step by step?
7. What led you to...?
8. What did you learn?
9. Give me more detail about what you did, please?
10. You told me about that experience are there any other experiences that were similar?
11. Why do you think this is the case?