Planned Adolescent Pregnancy: Themes Related to the Pregnancy

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Abstract

Health-care providers need to recognize that not all adolescent pregnancies occur as a result of error. A small subset of adolescents intentionally plan their pregnancy. The purpose of this phenomenological study was to describe the experiences of 14- to 17-year-old pregnant females who had planned their pregnancies. Participants were recruited from one prenatal clinic at a large tertiary medical center in the eastern region of the United States. Three themes emerged from participant interviews that were related to the adolescents' pregnancies. Themes included living environment issues, adjustment to the pregnancy, and an increased motivation to do well in school and work to provide a good life for their infants. Understanding the phenomena of planned adolescent pregnancy can provide a basis for health-care providers to provide support to adolescent females in this life transition. Understanding the common experience of these adolescents can assist health-care providers to develop individualized interventions to best meet these young women's needs and to improve birth outcomes among this population.

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According to the Alan Guttmacher Institute (Henshaw, 2001) the incidence of adolescent pregnancy is still of major significance with nearly one million adolescent females becoming pregnant each year. In 1999, the last year for which data are available, there were 9,049 births among females 14 years old and younger, 163,559 births among females aged 15–17 years, and 312,186 births among adolescents

aged 18–19 years. While these data represent a decrease, the numbers are still of significant concern to health-care providers who assist these young women.

Much research has been done on the consequences of adolescent pregnancy: for example, increased school dropout rates prior to and following pregnancy (Barnet, Arroyo, Devoe, & Duggan, 2004); negative interactions with their toddlers and subsequent behavior problems in the child (Trautmann-Villalba, Gerhold, Laucht, & Schmidt, 2004); improving outcomes (Philliber, Brooks, Lehrer, Oakley, & Waggoner, 2003) and developing interventions to prevent adolescent pregnancy (e.g., assessing the effectiveness of abstinence-only education; Perrin & DeJoy, 2003); determining factors related to adolescent pregnancy (Kelly, Sheeder, & Stevens-Simon, 2004); and preventing second teen pregnancies with tailored clinics (Amin & Sato, 2004). However, few research studies have focused on the experience of pregnancy from the adolescent's perspective.

Spear (2001) conducted a hermeneutic study that examined the experience of eight pregnant adolescents. Pregnant adolescents were interviewed twice over a 16-week period. The experience of Spear's sample revealed an optimism and confidence in the pregnant adolescents' ability to parent alone, complete educational goals, and maintain a supportive relationship with the father of their babies. Lesser, Anderson, and Koniak-Griffin (1998) found three primary themes in their ethnographic study of adolescents' responses to preparing for motherhood. Responsibility, respect, and reparation characterized these adolescents' experience. For some adolescents, pregnancy provided an opportunity to heal past childhood wounds if appropriate psychological services were provided (Lesser et al., 1998). Paskiewicz (2001) found that communication, role change, conflict, and social isolation were characteristic of participants' experience in parenting and their relationship with their own mother or mother figure.

For some adolescents, pregnancy provided an opportunity to heal past childhood wounds if appropriate psychological services were provided.

Clifford and Brykczynski (1999) conducted an interpretive phenomenological study to explore the lived experience of teenage mothers in regard to sexuality, development, decision-making, relationships, and hopes for the future. Several interviews were conducted over a few months and revealed the following themes: "sand castles: the unreliability of support systems; tough boys, soft hearts: feeling less powerless with a strong male; erosion of trust: the deterioration of trusted kin networks; and staying the course: the intergenerational nature of adolescent pregnancy" (Clifford & Brykczynski, 1999, p. 4). Williams and Vines (1999) conducted a phenomenological study to identify what adolescent mothers view as their childhood struggles, transition to the role of mother, past history of abuse and neglect, and important relationships after they became pregnant. Seven adolescent mothers between the ages of 13 and 20 years identified five themes: an impoverished past, disintegration of relationships, emotional distance, problem fixing, and reconnecting. Participants reported using the pregnancy as a way to grow individually (Williams & Vines, 1999). Their pregnancy experience was viewed as a "second chance" for a new life. No research was identified that specifically addressed the experiences of adolescents with a planned pregnancy.

The results presented in this paper are from a study that explored the experience of planned adolescent pregnancy. Eight adolescent females between the ages of 14 and 17 years participated in this phenomenological investigation. The purpose of this investigation was to determine what the experience of planning a pregnancy was like for these female adolescents and what meaning it added to their lives.

Methods

Design

Phenomenological research methods are used to gain an understanding of the meaning an experience has for the population under study (Jasper, 1994). Philosopher Edmund Husserl (1859–1938) believed that phenomena could not be separated from one's experience of them; therefore, a phenomenon is best accessed through descriptions in a person's own words (Jasper, 1994). Bracketing, the process of putting aside preconceived

biases about the phenomenon, is essential in Husserlian phenomenology (Jasper, 1994) and was done to maintain integrity in this study.

Procedure

Young, pregnant adolescents who were enrolled in prenatal care at an adolescent prenatal clinic in New York City and who stated they had planned their pregnancy were invited to participate by the principal investigator. The purpose of the study was explained to the adolescents, and individuals who met the inclusion criteria were encouraged to participate. Interviews took place during routine prenatal care visits at the clinic and were conducted in a private conference room. Study procedures were piloted with two participants prior to beginning data collection.

The researcher completed all informed-consent procedures, recruitment, and interviews. Adolescents who were visiting a health-care provider for a pregnancy test were approached about participating in the investigation at a future scheduled prenatal visit if they met other inclusion criteria. The adolescents' parents were not present for the interviews. This study was reviewed and approved by the university and clinic institutional review boards.

Interviews began with some brief discussion to establish a level of comfort with the participant, and then proceeded to a review of the purposes of the study. With permission from the participant, the interview was tape-recorded for later transcription. The adolescent was asked to describe her experiences in planning her first pregnancy and relate what meaning the planned pregnancy added to her life. Participants were given ample time to complete all of their thoughts and were frequently asked if they had any further information to add. Additionally, silence was used to allow participants time to think and further develop their ideas. The interviews ranged from approximately 30 to 40 minutes. Interview probes (e.g., "How did that feel?" or "Tell me more about that.") were used to enhance the flow of conversation. All participants were contacted at a future prenatal visit to ensure that the researcher's interpretation of their interview was correct. Data collection continued until theme saturation occurred. Participants were compensated \$25 for their participation in the study. The themes discussed in this

paper represent experiences identified by the adolescent participants that were related to the pregnancy.

Ethical integrity was maintained in this investigation with the use of an audit and decision-making trail. An audit and decision-making trail is used to follow what the researcher did throughout the study and how decisions were made. This is useful for external review and to help the researcher remember why specific decisions were made at the time. Two researchers who have expertise in phenomenology also reviewed findings. These measures helped to ensure that the data were interpreted appropriately and adequately represented the participants' experience. Additionally, these measures assisted the researcher to remain focused on the topic of interest. The use of an audit trail and the availability of retrievable data sources, including field notes and interview transcripts, increased the project's reliability.

Sample

A convenience sample of eight adolescent females included one 14-year-old, two 16-year-olds, and five 17-year-olds. Two of the participants were Caucasian and the remaining six were African American. The fetus' gestational age at the time of the adolescent mother's interview ranged from 20 to 36 weeks. Six of the adolescents resided in a maternity group home in New York City, one participant lived with her grandmother, and one participant lived with her mother. Six of the participants were enrolled in school and two planned to take the General Equivalency Determination (GED) test. Only one of the participants was employed. All of the adolescents reported that they had planned the pregnancy with their boyfriends, though the level of planning varied (e.g., some boyfriends were more involved in the planning than others). Six of the participants remained romantically involved with their boyfriends, one maintained a friendship, and one was no longer involved with the father of her baby in any capacity.

Inclusion criteria were: being 14–17 years of age, experiencing a planned pregnancy (per self-report), having English-speaking skills, being unmarried at the time of conception, seeking prenatal care in the clinic setting, denying current use of drugs and alcohol, being able to read and write, and denying any history of psychiatric illness. Adolescents who experienced a previous pregnancy, whether planned or unplanned, were

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excluded from the study. Additional exclusion criteria included a high-risk pregnancy (e.g., vaginal bleeding, diabetes, and premature labor) and an unplanned or mistimed pregnancy. ("Mistimed" refers to a pregnancy that was not planned, but may now be wanted or will be wanted at another time, such as a later date). Some participants were recruited via the snowball technique (that is, through referral from another adolescent with a planned pregnancy).

Rigor

Rigor is the process by which strict measures are utilized to maintain high standards for qualitative research designs. Sandelowski's (1986) criteria for rigor include credibility, fittingness, auditability, and confirmability. Credibility refers to the ability of the participants to distinguish the researcher's interpretation of the data as correct. Credibility was insured by having participants review the investigator's conclusions. How well the findings of a study compare to the collected data is assessed through fittingness. In this study, fittingness was assured by checking for the completeness of the vast amounts of data, noting common and uncommon elements, and trying to disprove one's own theory about how the data fit together. Fittingness was assured by frequent review of data, written notes, and bracketed material. Auditability refers to the ability of another person to draw similar conclusions from analysis and interpretation of the data. In the current study, two expert researchers in qualitative methods reviewed and critiqued the work (e.g., collection, analysis, and interpretation) of the researcher. Confirmability refers to overall quality of the study and the interpretation of the data. In this study, confirmability was assured by an outside reviewer with expertise in qualitative methodology.

Analysis

The Giorgi method was used for data analysis (Giorgi, 1970). Following transcription of the interview, the researcher read the interview in its entirety to allow for complete understanding (Step 1). Areas of significance were noted during a second reading of the interview transcription (Step 2). After the major themes were identified within an individual interview, they were compared to the major themes of the previous interviews

(Step 3). Congruent themes among the previous interviews were noted at the end of each interview analysis. At the final interview analysis, when data saturation had occurred, all major themes were compared and contrasted (Step 4). Following the analysis, results were presented in the context of themes and patterns that emerged from the analysis of the data. After the main themes for the investigation were identified, an effort was made to categorize the themes more broadly.

Results

Themes Related to the Pregnancy

Three themes were related to the pregnancy and included: 1) living environment issues, 2) adjustment to the pregnancy, and 3) increased motivation to do well in school and work, so as to provide a good life for their infants.

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Living Environment Issues

Issues related to the living environment were grouped together as the first theme. These included adapting to a new environment with the change to participating in a maternity group home. One participant said, "It's all right. It's kinda different. You hafta come in early and they give us rules, um, and that's not the time I'm used to coming in and it's hard and...I don't do it, so I get punished for it. It's different." Another said:

Yeah, um, I don't want them to take the baby away 'cause, um, it's easy to when you're in the system. They will take the baby away if with just the little things you do...like breaking curfew or come in after. So it's hard. You just got to abide by the rules, the system rules, and just do what you gotta do, all, any, all the stuff you got to do for your baby.

Another participant talked about wanting to stay in her current environment (with her grandmother) so she would not have to move after the baby was born:

I don't want to leave there. I want to live there, 'cause my grandmother had a stroke and I was there when she had the stroke and it was like, "Wow!" And even though the house is small, and I'm still trying to come up with ways to convince her to let me stay.

Another talked extensively about her living environment. After confirming the pregnancy, she married the baby's father and moved into his home. She described the environment as dirty and emotionally difficult, with little support from her husband or others who lived in the home. After much personal turmoil, she returned to her mother's home, where she had more emotional support and a safer environment for her baby:

I found out I was pregnant on July 6 and I was about 3 months pregnant and, um...I got married July 25 and I after I got married I really, I really changed my mind about havin' the baby 'cause I was suffering emotionally 'cause I didn't want my child to go through that, you know.... It's hard for a person and you know that baby is inside me and he's feeling everything and hearing everything and I didn't want him to go through that, so you know I was suffering. I was crying a lot and I'm lucky I didn't have a miscarriage. That was the time when I regretted getting pregnant...about two weeks after [I got married]...um, because of the conditions I was living in and, um, it wasn't fit for anybody to be living in and then, um, basically the conditions in that house weren't good for the baby or for me and I had to make a decision and it involved, you know, my baby and me. Hell, my baby's life, whether I stay there and the baby gets infections, you know, and you know probably asthma and problems and I didn't wanta, I didn't wanta do that, I didn't want him to go through that. I packed up and I left...um, I get a lot of emotional support, um, from my mother...there was no emotional support [at my husband's house], no one really cared and it was like they were livin' their own lives and, you know, if anything happened, like, they weren't really around, so in reality I had no one. You know, when a pregnant woman like me...she needs someone by her side.

Adjustment to the Pregnancy

Three participants specifically spoke about needing to adjust to the pregnancy, though the range of adjust-

ments was quite varied. One participant described her adjustment this way:

The first time I felt like I, uh, could, like, in my mind, like, I can't believe I'm pregnant and, like, I don't think I'm pregnant and I know I am even after I moved to, like, I've taken five pregnancy tests already and, like, I'm, like, "No I'm not pregnant"...maybe 'cause I'm not that big yet and, um, I mean I feel the baby moving and something, um, kicking but, um, I don't feel like I, like, can't actually believe I'm pregnant...I can't wait to see my baby.

Two participants related that they did not think they were going to be able to get pregnant when the pregnancy did not happen right away. One participant said:

We used protection throughout the beginning of our relationship, um, and at, like, during the middle of it, the relationship, we, um, decided to stop usin' it and, um, I did not get pregnant. I didn't get pregnant till now and so, um, I didn't really think I could get pregnant.

The second participant said, "I'm just trying to adjust to it and we tried for, like, a year." Another noted, "For awhile, I might have to be on welfare or whatever, but I don't want to be on it forever." This same participant also said she wished she had waited longer to become pregnant:

You know, sometimes it's good to talk to people and if I was doin' the same thing you were I would want somebody to participate, so, and maybe to prevent it in teenagers because in a way, you know, I wish I would have waited longer, but then I think it is a blessing...to tell you the truth. You know, 'cause some people can't have kids. Yeah and I'm looking at it as a blessing. Maybe it's at an early age, but I'm just happy I can have one.

This participant was the only one who specifically expressed that she wished she had waited to become pregnant. However, she also viewed the pregnancy from a positive perspective, noting, "I look at it as a blessing. Some people can't have kids."

Increased Motivation to Do Well

Three participants described the pregnancy as influencing their motivation to do well in school and to be successful. The predominant attitude was "I do what I have

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to do,” indicating that their lives were or might be difficult in the future, but they were determined to proceed and live a successful life and provide for their baby.

One participant said:

Because I wanted to go down South and everything so, um, it might be harder for me to just go straight down and to take the baby and everything in, like, three months. So I said, like, I'll wait till the baby's like 2 years or, and then, that way if he [the father] wants to live somewhere close down there he can and that way he can be in touch.... Um, he's not too fond of it but, like, it's not like I'm trying to take her away from him or nothin'. I'm just trying to get myself together because my mom didn't make it as far as I'm makin' it and I want to make it farther and I already told him I'm not letting nothin' or nobody get in my way. I'm takin' me and my child and, even though it may be part his, she is just as much mine and I'm going to get me a better future and, so, if he takes it the wrong way then, hey, I'm the one that has to deal with it, to tell you the truth, and he might not, he might...he's not a person you know...he takes care of his responsibilities and, but...you can walk out and leave at anytime you want, I can't.

Another participant described no longer having the time to be involved with fighting or cutting school. A different participant noted:

I feel better if I'm not associating with people, like um, 'cause I'm going to want to go out and go to clubs and stuff like that and right now I'm pregnant and I can't stand being out there like that. 'Cause I don't want to lose this baby and I know I'll be doin' stuff [drugs, alcohol] if I go out.

This same participant also stated:

Yeah like, there's people around and they call me on the phone and ask me what I'm doin' and they want to know....And I'll go for a walk or go somewhere in the daytime, but after 6 or 7 o'clock I don't go nowhere.

Another participant talked about the baby making her stronger as a person, which motivated her to perform better in school. However, she did not provide this as an explanation for her desiring to become pregnant. Another participant talked about the plans she had for her baby, including purchasing life insurance and diapers and opening a bank account. Of the girls

who were still in school ($n=6$), all but one planned to attend college immediately.

Another theme included “I never really used to care about anything.” One participant talked extensively about her plans to leave the group home when she turned 18 years old, which would be six months after the baby's birth. She and her boyfriend had a definite plan to locate an apartment and “fix it up” prior to state officials coming for approval (the state she lived in requires state approval of the living arrangements for the adolescent mother and her infant after she signs herself out of the system). She also noted that she had an agreement with a modeling agency and that she planned to pursue this option after the delivery (she also planned to complete her GED).

Discussion

The descriptions provided by the participants in this study allow health-care providers to see how adolescents' lives have changed since they decided to become pregnant. The adolescents specifically described three different aspects that related to the pregnancy. Living environment issues, adjustment to the pregnancy, and an increased motivation to do well to provide for their infants were evident from the stories they shared.

The pregnant adolescents who participated in this study had diverse living environments when the pregnancy occurred; however, it should be noted that six of the participants lived in a group home at the time of the interview. Some of these adolescents had lived in this same group home prior to the pregnancy, others were transferred after their pregnancy was confirmed, and some of the adolescents were told to leave their prior living arrangement for various reasons, by various individuals. For some, this was the first group home they ever lived in. Others had multiple prior living arrangements. From the data gathered in this study it is impossible to tell if the experience of these participants represents that of all adolescents with a planned pregnancy or if the various living arrangements or other factors influenced the decision to become pregnant during adolescence.

The themes that emerged from these interviews were similar to those identified by Lesser and colleagues (1998) and by Paskiewicz (2001). Lesser and colleagues found three primary themes in their ethno-

graphic study of adolescents' responses to preparing for motherhood. Responsibility, respect, and reparation characterized these adolescents' experience. The adolescent females who participated in this study also emphasized taking responsibility through their discussion of environmental change and stability and the descriptions of how they planned to do well for their babies. Paskiewicz found that communication, role change, conflict, and social isolation were characteristic of participants' experience in parenting and their relationship with their own mother or mother figure. These descriptions are similar to those provided by the participants in this study in which the pregnant adolescents related stories regarding role change and conflict in their discussions about environment. Two participants talked about social isolation in terms of environmental changes and doing well for their babies. Role change and conflict were also similarly related in the participants' descriptions of adjustment to their pregnancies.

Spear (2001) conducted a hermeneutic study that examined the experience of eight pregnant adolescents. The experience of Spear's sample revealed an optimism and confidence in the pregnant adolescents' ability to parent alone, complete educational goals, and maintain a supportive relationship with the father of their babies. Spear's results are similar to the stories described by the participants in this study, particularly in their ability and planning to care for their infants, obtain a college education, and successfully adjust to their pregnancies.

Results of this study are less similar to the findings of Clifford and Brykczynski (1999), who conducted an interpretive phenomenological study to explore the lived experience of teenage mothers in regard to sexuality, development, decision-making, relationships, and hopes for the future. Themes from their study included: "sand castles: the unreliability of support systems; tough boys, soft hearts: feeling less powerless with a strong male; erosion of trust: the deterioration of trusted kin networks; and staying the course: the intergenerational nature of adolescent pregnancy" (Clifford & Brykczynski, 1999, p. 4). Some similarity exists in the responses from participants in the current study. One of the adolescents talked about achieving more than her mother did; however, that was a more isolated comment and did not appear as a predominant theme. It may be that the participants in Clifford and Brykczynski's study had different perceptions because

they had already delivered their babies and were parenting, whereas the participants in the study reported here were still pregnant at the time of the interview.

Williams and Vines (1999) conducted a phenomenological study to identify what adolescent mothers view as their childhood struggles, transition to the role of mother, past history of abuse and neglect, and important relationships after they became pregnant. Participants identified five themes: an impoverished past, disintegration of relationships, emotional distance, problem-fixing, and reconnecting. Participants reported using the pregnancy as a way to grow individually (Williams & Vines, 1999). Their pregnancy experience was viewed as a "second chance" for a new life. The participants in the current study had less in common with the themes described by Williams and Vines. One participant talked about the disintegration of her marriage; however, this was not a predominant theme in the study.

Applications for Practice

Individuals working with pregnant adolescents who have planned to become pregnant need to be aware of the above areas. Helping adolescents to cope with and solve environmental concerns, successfully adjust to their pregnancy, and provide for their infants encompasses a broad array of disciplinary efforts. The health-care provider can explore these areas with the pregnant adolescent to assist her in decision-making. Appropriate referrals to providers in other disciplines may also be needed to assist the pregnant adolescent with these issues. Childbirth educators can address some of these issues in classes or individual sessions with these young women. Childbirth educators need to be aware of these concerns, as they may be a contact the adolescent is exposed to or they may be perceived as a trusted resource person. It is conceivable that an adolescent who has planned her pregnancy may be more likely to attend childbirth education classes than adolescents who did not. Many of the adolescents who participated in this research did show signs of attachment to their fetuses and mentioned that they desired to provide for them. Childbirth preparation classes are one avenue in which adolescents may meet this objective. Thus, childbirth educators should be knowledgeable of these issues.

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Pregnant adolescents who are having difficulty with environmental issues may be assisted to explore resources to resolve any problems. Depending on the type of difficulty identified, adolescents can be referred to appropriate sources to assist in problem resolution. For example, local housing bureaus, the Environmental Protection Agency, shelters, and governmental assistance offices may be helpful. The key is assisting (and helping to empower) the adolescent to identify the source of difficulty, problem solving to resolve the issue, and contacting the appropriate agency (when necessary) to make resolution a reality.

For adolescent females who are struggling to successfully adapt to their planned pregnancy, support groups and resources for information (including the Internet) may be useful to them. For the adolescent who is experiencing severe difficulty, psychological services may be recommended. In addition, it may be useful for adolescents who are having difficulty with adjustment to participate in a support group with other pregnant adolescents or talk with adolescent females who have experienced pregnancy and birth. A knowledgeable adult woman who relates well to adolescents may also be helpful. Childbirth educators are in an ideal role to facilitate some of this networking.

Adolescent females who are working hard to ensure a successful future for themselves and their infants should not only be supported in their efforts but also assisted to realistically appraise their future. Problem-solving skills related to working in the real world and identification of necessary skills to be successful may be useful to help adolescents realize this goal. Additional resources that are available to families in need (e.g., Women, Infants, and Children [WIC] programs) may also be appropriate to assist the pregnant adolescent (and the adolescent mother) to provide for themselves and their infants. These topics might be helpful to include in childbirth education classes that are specifically tailored for pregnant adolescents.

Further Research

More research efforts are warranted to advance nursing science in this area. Further qualitative research methods with serial interviews may more accurately capture participants' lived experience. Additional in-depth information might also be gained after repeated

interviews with the same adolescents. Additional research is also warranted to examine birth outcomes of planned adolescent pregnancies. While previous research has identified a host of complications associated with adolescent childbearing and parenting, it is not clear whether or not these outcomes are similar for adolescents who planned their pregnancies.

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Conclusion

While the themes identified through this research are insightful and interesting, it should be remembered that the goal of this research was to examine what this experience is like for adolescent females 14–17 years of age. The experiences described by individuals in this study represent initial information about planned pregnancy for adolescent females. The goal of collecting qualitative data is to gain an in-depth understanding of an experience. Therefore, these findings cannot be generalized to a wide range of adolescents. They merely represent the descriptions provided by this group of participants and offer a beginning to understanding issues related to the pregnancy for adolescent females with a planned pregnancy.

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Preventing Postpartum Smoking Relapse

Many women who quit smoking during pregnancy often relapse and expose their infants to all the problems associated with environmental tobacco smoke. Childbirth educators may consider referring pregnant women who have quit smoking during pregnancy to participate in a study that offers materials that may help them avoid relapse after their baby is born. The intervention consists of written booklets.

The study is located at the University of South Florida and the H. Lee Moffitt Cancer Center. It is funded by the National Cancer Institute. There is no cost or obligation to patients. In fact, they will be paid to participate.

The number to call is 1-877-954-2548 (or 1-877-9-KICK-IT).