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Black Adolescent Mothers' Perspectives on Sex and Parenting in Non-marital Relationships with the Biological Fathers of their Children

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Abstract

Objective—The objective of this study was to understand single Black adolescent mothers' perspectives on the sexual and parenting related aspects of their relationships with the biological fathers of their children.

Methods—The study was a qualitative description of perspectives from a convenience sample of Black single (non married) adolescent mothers. Data were generated through focus groups and interviews. Participants were recruited using self-referral and health provider referrals.

Setting—The study was conducted in a county public health department sexually transmitted diseases clinic in Rochester, New York.

Participants—Single mothers (n=31) ages 15–19 participated in the study. The mean age of participants was 17.5 years (*SD* 1.4).

Findings—Four themes were identified that reflected the major characteristics of the relationships between the mothers and the biological fathers of their children: (1) You will always care about your *baby daddy* because of your child, (2) Negative behavior is tolerated to keep the family together, (3) The *baby daddy* can get sex as long as we are not on bad terms, and (4) He will always be part of our life.

Conclusion—Black adolescent mothers have complex relationships with the biological fathers of their children that may include ongoing sexual activity. The intersection of co-parenting and sexual health needs among adolescent mothers highlights the importance of integrating sexually transmitted infections prevention with perinatal health programs. It is important to consider this unique co-parenting relationship when providing risk-reduction counseling to young mothers.

Keywords

adolescent health; teen parenting; teen pregnancy; focus groups; African-American

Overall, the rates of human immunodeficiency virus (HIV) and other sexually transmissible infections (STIs) in adolescent females are higher among non-Hispanic Blacks than among other racial/ethnic groups in the U.S. (Centers for Disease Control, 2009a; 2009b; Forhan et al., 2009). While condoms are primarily the first line of defense against the sexual transmission of HIV and other STIs, Black adolescent mothers are less likely to use condoms than Black adolescent females who have not previously given birth (Crosby et al., 2002; Meade & Ickovics, 2005). One factor known to influence condom use among adolescent females is male sexual-partner type. Partner types are categories that symbolize various configurations of relational and/or emotional characteristics of sex partners (Nelson, Morrison-Beedy, Kearney, & Dozier, 2011a). Considerable research has examined the relationships between partner types and condom use for HIV/STI prevention, finding that condom use among female adolescents was higher with casual sex partners than with main sex partners (Macaluso, Demand, Artz, & Hook, 2000; Rosengard, Adler, Gurvey, & Ellen, 2005).

Several recent studies indicate the salience of the father of baby or *baby daddy* in the sexual health milieu of young mothers. For example, researchers have found that unwanted sex among 14–19 year old females (Blythe et al., 2006) and condom nonuse among 15–19 year old females (Johnston-Briggs et al., 2008) were associated with having a partner who was also the biological father of the baby. Others have found that Black adolescent mothers were less apt to use condoms with the biological fathers of their children than with other male sexual partners (Nelson, Morrison-Beedy, Kearney, & Dozier, 2011b). Furthermore, repeat unintended pregnancies among Black adolescent mothers are high and are more likely to occur with men with whom they have previously conceived children (Coard, Nitz, & Felice, 2000; Rubin & East, 1999). Even with the growing body of knowledge regarding the influence of the father of the baby on sexual intercourse and condom use, there is very little research in the literature that describes the underlying influences of co-parenting and co-parenthood status on sexual risk.

Given the evidence that Black adolescent mothers exhibit low and inconsistent condom use behaviors with the biological fathers of their children (compared to other male sexual partners), and the associated high risks for HIV/STI infection and repeat unintended pregnancy, it is important to understand their relationships with their children's fathers and how these relationships influence sexual risk behaviors. Therefore, the objective of this study was to understand Black single (non-married) adolescent mothers' perspectives on the sexual and parenting aspects of their relationships with the biological fathers of their children.

METHODS

Qualitative description was used as the overall design of the study. Data were generated from focus groups and interviews that were conducted as part of a larger qualitative study exploring male partner-type influence on condom use decision-making by Black adolescent mothers, including male partners who were also the biological fathers of their children. The University of Rochester Medical Center Institutional Review Board approved the study. All study personnel completed training on the ethics of research with humans.

Setting and Participants

The study was conducted in Rochester, New York, an urban mid-sized city in the western region of the state. We targeted sexually active adolescent mothers who self-identified as Black. To be eligible for this study potential participants had to be females ages 15 to 19 years old, self-identify as Black race, have given birth to at least 1 child, and report being sexually active with 2 or more people in the past 6 months, including a male who is the biological father of 1 or more of their children. The total sample ($n=31$) consisted of Black non-Hispanic ($n=28$) and Black Hispanic ($n=3$) mothers. Their ages ranged from 15–19 years with an average age of 17.5 years (SD 1.4). None were married and all had at least one living child. All participants reported being sexually active with at least two male sex partners in the six months prior to enrollment ($M=2.2$), with one or more of these males being the biological fathers of 1 or more of their children.

Recruitment, Screening, and Informed Consent

Brochures and flyers were placed in community health centers and health providers were asked to mention the study to young Black mothers who visited their clinics. Participants were also recruited via self-referral in which interested young women contacted the study office in response to seeing flyers that were posted in sites across the community. A potential participant who either contacted the study office or was intercepted in the community by a recruiter was given a brief explanation of the study's purpose and was further advised that the eligibility screening involved being asked to answer questions about her recent sexual history. If the young woman was still interested to proceed further then she was asked a short series of eligibility screening questions. If eligible, the woman was then invited to visit the research office so that the study could be explained in more detail.

During the process of obtaining informed consent, each woman was advised that the focus groups would involve discussion regarding sexual content and that her participation in the study was completely voluntary; thus, she could withdraw at any time for any reason without repercussion. Each woman was also advised that although there had not been any reported breaches of confidentiality in the current study or other studies in the research team's portfolio, we could not guarantee 100% confidentiality of any statements made during the group since the possibility remained that participants could disclose elements of the group discussion. Once she was satisfied that we had answered all of her questions and that she understood what her participation entailed, she could sign the form indicating that her consent was informed. All participants provided written informed consent. Once informed consent was obtained the woman was invited to attend the next scheduled focus group. We also received consent from the women to contact them 24 hours prior to their scheduled focus group to confirm their intention to attend and to remind them of the time and location of the focus group.

Data Collection

Data were collected by two family nurse practitioners (one White woman, one Black man) using focus groups and interviews. The nurse practitioner (NP) that was a woman was the primary facilitator for the focus groups and the sole interviewer for the interviews. The decision to have the woman NP lead the facilitation was informed by research with local Black adolescent mothers indicating their preference for group discussions regarding sexual health to be led by women, regardless of race or age (Nelson & Morrison-Beedy, 2007). Both nurse practitioners had clinical and research experience working with adolescent girls regarding sexual health related issues. For example, the man NP provided clinical care to adolescent girls in a local public health sexually transmitted diseases clinic, while the woman provided primary care to adolescent girls in an urban health center located in a low-income, primarily African-American neighborhood. Both NPs also apprenticed on a

randomized controlled trial of a gender-specific HIV prevention intervention for adolescent girls (Morrison-Beedy, Carey, Crean, & Jones, 2010)—including recruitment, data collection, and intervention group facilitation. All group and interview sessions were conducted in a private conference room of a local public health clinic and audio recorded for later transcription.

Five focus groups (n=27), two individual interviews (n=2), and one paired interview (n=2) were conducted. Focus groups were selected as the primary data collection method due to their successful use in qualitative sexual health research with adolescent girls (Morrison-Beedy, Carey, Aronowitz, Mkandawire, & Dyne, 2002; Morrison-Beedy, Carey, Côté-Arsenault, Simpson, & Robinson, 2010). On two separate occasions only one woman attended the scheduled focus group. On those occasions we proceeded with data collection as one-on-one interviews. On one occasion, only two women attended the scheduled focus group in which case we opted to proceed with data collection as a paired interview. Although these interviews were unplanned, they nonetheless served as meaningful adjuncts to the focus group data (Michell, 2001). For example, the women in the interviews provided very intimate and detailed accounts of their experiences in the relationships with their children's biological fathers, whereas the focus group discussions tended toward the general experiences of adolescent mothers in relationships with the biological fathers of their children. The lengths of focus groups ranged from 90 to 120 minutes, while interviews lasted approximately 60 minutes. Focus group sizes ranged from four to nine participants. A semi-structured question guide was developed and used to help ensure that the sequencing of questions were systematic across groups and interviews while still being flexible enough to allow for variations in the discussions (Krueger & Casey, 2000). The guide contained open-ended questions that were used to elicit broad responses (e.g., What sorts of things about the relationships between young mothers and their sexual partners do you think are important for us to understand?) and we used probing statements such as, "say more about that" and "give an example of what you mean by that." Once the discussion was underway, we also used specific questions to explore, more in-depth, topics that arose in the group conversation; for example: "What is so different about your relationship with the children's biological fathers that might lead you to make different decisions about sex with him than with other male partners?" We used the same question guide for interviews.

Data Preparation, Organization, and Synthesis

All focus group and interview data were transcribed verbatim. During transcription all identifying information (e.g., names of participants and their sex partners) were removed from the transcript. Notes on group interactions and other non-verbal data were integrated into the transcripts to situate the data in context (Côté-Arsenault & Morrison-Beedy, 2005) and to provide added levels of depth for use in the analysis (Duggleby, 2005). Data were then uploaded into the ATLAS.ti software program that was used as a tool to help organize the transcribed text.

Qualitative content analysis was performed on the data (Miles & Huberman, 1994). The man NP was the primary analyst. Portions of the text that represented relevant elements of meaning were labeled with codes that reflected those meanings. Codes that were conceptually similar were combined, as appropriate. Related, but conceptually distinct, codes were then clustered into categories. Then a data display table was used to organize the categories (Miles & Huberman, 1994). In the display table, columns represented groups/interviews and rows represented code categories. Exemplar quotes that reflected the code category were arranged under the group or interview from which it originated. After these arrangements were completed preliminary themes were developed by reviewing the sets of categories (and quotes) across the groups and interviews and identifying the common stories that were being conveyed (Morse, 2008). Themes were clarified and refined through

immersion in the data and regular research team deliberations over the data. Lastly, the themes were presented to a reference group of adolescent mothers (Pyett, 2003) who subsequently affirmed that the themes reflected major elements of their experiences in relationships with the biological fathers of their children.

FINDINGS

Four themes were identified from the analysis: (1) You will always care about your *baby daddy* because of your child, (2) Negative behavior is tolerated to keep the family together, (3) The *baby daddy* can get sex as long as we are not on bad terms, and (4) He will always be part of our life. These themes move beyond identifying individual factors that influence sex among Black adolescent mothers, towards describing the complex relationship contexts in which decisions about sex and parenting occur. While the themes represent separate overarching stories about the co-parent relationship, they are not parallel stories, but rather intersecting stories that come together to highlight hopes, ambivalence, and sacrifices experienced by the mothers. The findings are organized and re-presented in four subsections, which reflect the four themes.

You Will Always Care About Your “Baby’s Daddy” Because Of Your Child

While all the women in the study described that the fathers of their children were current or recent sexual partners, only a few (n=4) women indicated that these men were also their current boyfriends. Nonetheless, this particular theme reflects the women’s description of retaining emotional connections with these men—connections grounded in the fact that the men were the biological fathers of their children. In an example from a focus group, one woman highlighted the special connection with the father of her child which, she believes, is anchored in paternity: “sometimes you still be in love with him because you feel, like, dang we have a baby together so there is always going to be a connection” (Group 3). Another participant expounded on this by detailing how her love for the biological father was steeped in the connection to their shared child:

It’s a love..., a love. You’ll always care about them because you look at your child and you see them in your child. I can’t say anything, but I love my son. I love him [baby daddy] because I got my son (Group 3).

Even when participants did not precisely identify why they still experienced feelings of emotional connectedness, they instinctively concluded that the connections were related to their shared children. For example, one participant stated, “I don’t know. For me, like, I don’t know, like I be struggling with that, like, do I love my baby daddy or not? I probably love him because I have, like, a beautiful child with him [and] everything” (Group 4).

Overall, and largely independent of relationship status with the biological father of the baby, the shared children were central in women’s experiences of emotional connection to their children’s biological fathers. This is reflected in the structure of the women’s narratives about their emotional connections with these particular men. For example, the women did not state that they cared about these men “and” they have children together, or that they love the men “in addition to the fact” that they have children together. Rather, the women very clearly and consistently stated that they care about these men “because” they have children together. Thus the children were integral to the emotional bonds women felt towards their children’s fathers.

Negative Behavior Is Tolerated To Keep The Family Together

This theme reflects the women’s experience of sacrificing their personal self-interests in order to avoid alienating the biological fathers of their children, which they believe may lead

to social distancing between the fathers and the children. Participants' descriptions of their relationships with their children's biological fathers included accounts of unwelcome behaviors with accompanying high degrees of tolerance. Tolerance refers to the various ways that women accepted and/or accommodated the men's behaviors, even if the women had negative attitudes towards the behavior. The extra-relationship affair, or "cheating," was a commonly tolerated behavior. For example, when asked how she feels about her partner having sex with other women, one woman dismissed this reasoning that it was more important that he acknowledged the primacy of their relationship as co-parents. She replied:

You can cheat, you can sleep, you can suck, and do what you wanna do, as long as you remember "baby momma" was the first one to have your seed. You better come [home] to me (Group 3).

The women offered other vivid examples of unwelcome behavior or poor treatment that they tolerated while maintaining sexual relationships with their children's biological fathers. For example, in the first focus group, when the women were discussing the difficulties of "doing it all by yourself" (i.e., child rearing) a mother poignantly recounted how she forfeited her educational goals because her child's father did not offer her assistance with basic child rearing tasks and most other supports:

I had to stop going to school 'cause he wouldn't watch him for 3 hours you know, and little shit like that, you know. He wasn't man enough to step up to the plate, he should've been doing stuff but he wasn't doing nothing! (Group 1).

Nonetheless, even as the women gave account after account of feeling like the men had treated them wrongly, they still balanced these transgressions against the perceived benefit of having "family" which the women understand as active social engagements between members of the conjugal triad consisting of the biological mother and father and their baby. In one example, the facilitator pointed out an inconsistency in the women's conversation in which the group members insisted that they would "get rid" of any man who treated them in ways that they did not like, yet were simultaneously describing being treated in these same ways by their children's biological fathers. The women grappled with this discrepancy for a few minutes but were unable to resolve their ambivalence; however, in an effort to make sense of the inconsistency, one of them expressed clearly that the ambivalence was caused by their inclination to act in the best interest of their children—which to them meant ensuring that the father stayed close. She stated:

It's more easier for you to leave your boyfriend alone because you don't have no child by him. Like, if I didn't have no child by my baby dad, then it could be whatever, go home. But because I got babies by you we supposed to be together, 'cause you family...and I feel like I don't want to take my kids away from him (Group 2).

Thus, what appeared at first to be inconsistencies in the women's stated intentions regarding ending relationships in which they did not like how men treated them, were actually situational adaptations in which the mothers took the interests of their children into account.

The Baby Daddy Can Get Sex As Long As We Are Not On Bad Terms

Sexual intercourse was another way that the women expressed connections between them and the biological fathers of their children. This theme reflects the women's perspectives that there was ongoing potential for sex with these men as long as their relationships had pleasant dispositions at the times of the potential encounters. The following sample quote conveys the general perspective among the women that sex was permissible, yet contingent upon the overall quality of mother-father interpersonal relations:

I think if you and your baby daddy is like in good standing where ya'll really don't hate each other, like some people and they baby daddy, they hate each other...but as long as ya'll like ended up on good terms, I think that's an all access pass at all times (Group 5).

In terms of contingencies on sex with the biological fathers of the children, the participants generally expressed that "if you're handling your regular responsibilities that you can, then maybe you can get some [sex] every now and then" (Group 2). One mother indicated how her baby's father's patterns of providing material and financial support to her and her child is a factor in considering whether to have sexual intercourse with him. She remarked:

If you take care of business, [then] every once in a while I might. [It is] not that you're buying [sex] from me, [but it is] because you're doing what you need to be doing and I'm in the mood [for sex] (Group 2).

While some of the women in the study did not routinely engage in sex with the fathers of their children, the women acknowledged that there was still likely to be some intermittent sexual contact. For example, when one group was discussing how it was not unusual for young mothers to still have sex with their children's fathers even after they "break up," one participant shared a personal account of her current, and potential future, sexual activity with the father of her child although they did not purport to be each other's primary partner. She stated "me and my son's father, like, we still having sex and stuff and we still love each other even though we not together. So I can't say I won't have sex with him no more" (Group 3). In another group in which a similar discussion took place one participant bluntly called into question the notion that any of the women in her group completely refrained from sexual contact with the fathers of their children by stating that "some of these girls saying they don't deal with them but they're not saying that every once in a while they don't give them some [sex]" (Group 2). The women quickly reached consensus around this statement, agreeing that, technically—yes, they do still have sex with their children's fathers, even if only occasionally. [CALL OUT #1]

The women also discussed that a main part of the reason they maintain flexible policies with regard to sex with these men is related to the men's status as "the fathers" of the children. Across the groups and interviews, the women articulated a social norm that if you have a child by a male, then ongoing sex is understood to be a part of the co-parent relationship even if the mother and father break-up. This is reflected in one mother's metaphorical comment that sex between her and the father of her child was a socially sanctioned expectation:

It's an unwritten law that anytime I want some sex from you I can get it because I gave you your child and you're my baby daddy. We're always going to have some kind of relationship (Group 3).

In one of the individual-interview sessions, a woman expressed the same sentiments that were shared in the focus groups with regard to viewing ongoing sex as a norm in the co-parent relationship context. As in the previous quote, she also used metaphor to convey her point:

Just because it is the father of your child, it's like almost a free pass, like—yeah, he'll come back for sex whenever he wants to because it's there. It's just like, if he really wants to come back, he's the father of her child, like how are you going to deny him, you know what I mean? (Interview 1).

¹Unwanted sex and condom nonuse among 14–19 year old females was associated with having a partner who was also the father of the baby.

That the perspective of sex as a norm in the co-parent relationship context came up in an interview offers some evidence that its emergence in the group discussions were not the mere functions of provocative performances by adolescents, but authentic glimpses at the rules that young mothers follow with regard to sex with the biological fathers of their children.

He Will Always Be A Part Of Our Lives

The women expected their relationships with the biological fathers of their children to continue well into the future. This expectation was most directly related to their beliefs that a father's presence was in the best interest of the child. This is reflected in one woman's explanation that the reason why her child's father remained in her life was because she wanted him to have an active role in the life of their child:

...because you got his child. You want him to be a part of your life, his, the baby life, and want him...I don't know...I wouldn't say want him to be there forever, but you wouldn't want your child to be without a father (Group 5).

Another woman in the group concurred that she too expected to maintain the patency of the paternal-child relationship, which she believed was crucial for the child's development to be more complete and well-rounded:

I would let my baby have the father. I couldn't let my baby run around not knowing who his father is. He'll have a void. He's going to need that male figure to help him out, you just can't do it yourself (Group 5).

Similarly, the women viewed the fathers' efforts to maintain close relationships with the children as valuable contributions, even when viewed against the men's difficulties in providing material resources. For example, when one group was discussing the types of contributions that fathers make to the lives of their children, one mother's stated that "although my baby daddy, he buys the baby stuff when he got money...but even if he don't have it, he's still around. He's there..." (Group 2). Her statement was indicative of the sentiments of the other mothers who valued most the father's presence in the child's life, not necessarily the provision of material resources.

There was also an expectation that, because of their children, the men would remain involved in the lives of the women themselves—including sexual involvement, even in situations in which the mother-father dyad was no longer a formal romantic couple. For example, one woman described how she believed that even if an adolescent mother and father end their formal romantic partnership (i.e., break-up) he will remain involved in her life because of the child:

I feel like if you break up with your 'baby daddy' he always going to be there because you got a baby by him, but if he still got different kids, I feel like he still always going to be there, so ya'll could be [together] in the future don't matter what (Group 2).

The expectation regarding the fathers' involvement with the mothers, after a break-up, also transcended situations in which the mother and/or father formed other romantic relationships. One clear example of this was reflected in a woman's description of how she and the father of her child both had other primary partners, yet still maintained a current relationship together, stating "The type of relationship we have now: he got his girlfriend, I got my boyfriend, but we still mixed in a relationship" (Group 2). In an attempt to help the interviewer understand the conundrum of this phenomenon, that is sometimes misconstrued as promiscuity, one participant explained her own view of how some teenage mothers'

relationships with the fathers of their children are unique and uncharacteristic of how they would behave with other partners:

...the girl might have a boyfriend but that doesn't mean anything. I mean, she might love him with her whole heart. She won't cheat on him with any other person, but with the father of her child, yeah...because he's the father of her child (Interview 1).

These examples highlight the ways (e.g., parental and sexual) that these women still expected that the men would be involved in their lives, and how these expectations persisted even when the women and the fathers of their children ceased to be couples. [CALLOUT #2]

DISCUSSION

These findings are detailed descriptions of Black adolescent mothers' perspectives on their relationships with the fathers of their children and how paternity influences their decisions regarding sex and efforts to maintain their relationships. Most of the published research aimed at understanding sexual risk among young mothers has not included any singular focus on their relationships with the children's fathers (Koniak-Griffin, Lesser, Uman, & Nyamathi, 2003; 2003; Koniak-Griffin & Stein, 2004; Lesser, Oakes, & Koniak-Griffin, 2003). In instances where nurse researchers have given focus to the father of the child, it was in the context of him as the primary partner (Lesser, Koniak-Griffin, Gonzalez-Figueroa, Huang, & Cumberland, 2007; Lesser et al., 2005). These findings form a modest starting point for understanding relationship dynamics between Black non-married adolescent parents who are not necessarily each other's primary partner, and how these dynamics impact sex within co-parent relationship contexts.

The caring sentiments that mothers expressed for the fathers of their children are indelibly linked to their children. The primary explanations for the strong connections between the mothers and fathers seemed to be "the babies" and were not solely attributable to direct emotional connections with the men themselves. The careful attention given to acting in the best interest of their children appeared to exert mediating-type effects on the relationships between the mothers and fathers. This phenomenon warrants further investigation such as a quantitative survey study conducted to determine whether and to what degree adolescent mothers' concerns for the best interests of their children account for differences in condom use behaviors with their *baby daddy* and non-*baby daddy* sexual partners. Nonetheless, these findings are congruent with the literature regarding relational identities among women in general (Cross & Morris, 2003; Jordan, 2004) and among mothers in particular (Hartrick, 1996; Kelly, 2009; Rabuzzi, 1988). Decisions made by persons with relational identities tend to be based on securing outcomes that are in the interests of their relational selves (e.g., self as "mother" or self as "girlfriend") versus being based on their individual selves (i.e., self as "me" or "I"). [CALLOUT #3]

Most of the mothers in the study described enduring a wide variety of unwelcome behavior by their children's biological fathers. Research evidence suggests the mothers' tolerance of unwelcome behaviors in order to maintain paternal involvement reflects power inequities within the male-female relationship. That is, the person who is most emotionally invested in maintaining the relationship has the least power (Tschann, Adler, Millstein, Gurvey, &

²The intersection of co-parenting and sexual health needs among adolescent mothers highlights the importance of integrating sexually transmitted infections prevention with perinatal health programs.

³Mothers' decisions regarding sex with their children's fathers were intertwined with the mothers' desires to maintain connections between the fathers and the children.

Ellen, 2002). The determination to maintain these co-parent relationships is so strong that other researchers have found that the relationships between adolescent mothers and their children's fathers even withstood major relational insults such as the mothers receiving STI diagnoses (Hensel & Fortenberry, 2011). Nevertheless, it remains that women in power-inequitable relationships are less likely to use condoms or initiate a discussion about condom use than those in power-equitable relationships (Moore, Murphy, & Miller, 2004; Wyatt et al., 2002).

Consistent with the literature (Ryan, Tolani, & Brooks-Gunn, 2010) the majority of the mothers in this study had short romantic relationship trajectories with biological fathers of their children—with very few ($n=4$) of them currently partnered together. Romantic relationship dissolution between co-parents is associated with poor mental health (Cardoso, Padilla, & Sampson, 2010; Ryan et al., 2010) and sexual health (Kershaw et al., 2010) outcomes. For example in their study of 295 parenting and non-parenting adolescents girls, Kershaw et al (2010) reported that those who ended their relationship with the father of their baby were three times more likely to be diagnosed with an STI over the course of the research study compared to those who remained in relationships with the children's fathers. The findings from our study advances that of Kershaw et al.'s by illustrating that, while a mother's formal relationship with the father of her child may terminate, the co-parent sexual relationship may still exist concurrent with other sexual partnership(s) that she may develop. Similarly, regardless of the frequency of interpersonal interaction, the mothers conceded that the relationships with the children's fathers retained potential for ongoing sexual intercourse. The findings from this study offer a qualitative narrative for how Black adolescent co-parents can essentially "not be together" yet "still be together" which suggests a perpetual quality to the concurrency that may equate to perpetual sexual risk given that concurrency is positive associated with STIs (Adimora et al., 2002; Senn, Carey, Venable, Coury-Doniger, & Urban, 2009; Taylor et al., 2010).

The mothers distinctly described that these partners would have roles in their families' lives because these men were the children's "real" (biological) fathers. The importance that mothers conferred on the biological paternity of the father is consistent with other studies of single mothers (Edin & Kefalas, 2005) and aligns with traditional American models of kinship that define the conjugal dyad as the core of the classic American "family" (Brown, 1974). The beliefs that conjugality is core to the configuration of a legitimate family unit and that the biological father and mother should be together with their children are very clearly present in the findings—highlighting the need for nurses to appreciate the serious psychosocial significance that adolescent mothers place on biological paternity. It is also important for nurses to understand how the baby's father factors into mothers' lives, even while promoting health within young moms' current constructions of family that may include other types of father figures.

IMPLICATIONS FOR PRACTICE

The intersection of co-parenting and sexual health needs among adolescent mothers highlights the importance of integrating sexually transmitted infections prevention with perinatal health programs. To date most health programs targeted for adolescent mothers focus primarily on maternal parenting education with scant emphasis on evidence-based HIV/STI risk reduction in a mother's unique relationship with the biological father of her baby. Nurses can play a major role in promoting adolescent co-parenting functioning by helping to identify and support strategies for young fathers' healthy involvement in the lives of their children (Garfield, Clark-Kauffman, & Davis, 2006); thus, reducing the need for well-intentioned adolescent mothers to use sex strategies to leverage and maintain father involvement. Adolescent fathers are already primed to act in the best interests of their

children (Tuffin, Roche, & Frewin, 2010); however, research has long implicated the perinatal health system to be disinterested and/or antagonistic to the needs of adolescent fathers (Chandler & Field, 1997; Robinson, 1988). By supporting adolescent fathers' engagement, nurses may facilitate opportunities to identify and address health and social needs of the fathers themselves such as role stress and depression (Isacco, Garfield, & Rogers, 2010) or substance use. By adapting perinatal programs to better address the needs of adolescent fathers, nurses can help build men's capacity to be available to engage in healthy, equitable co-parenting with the mothers of their children (Nepomnyaschy & Garfinkel, 2011)

FUTURE RESEARCH

Future research attention must be given to understanding dyadic perspectives on sex and parenting within the co-parent relationships of Black adolescent mothers and the fathers of their children. It is important to elicit the stories of the fathers regarding the barriers and facilitators to supportive, engaged co-parenting and safer sex with the mothers of their children as well as their other sexual partners. Deeper understandings from the perspectives of both parents may help identify relationship level constructs that can be targeted in sexual health promotion/risk reduction research. More research is needed to determine the most appropriate and effective interventions for promoting co-parenting and sexual risk reduction among young parents who may not be "couples" or each other's primary partners. An increasing focus on the co-parent relationship as the target of health promotion intervention will represent a shifting paradigm towards more integrated research approaches that more seriously consider the influence of co-parenthood and gender dynamics on sexual behavior of adolescent mothers and fathers.

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References

- Adimora AA, Schoenbach VJ, Bonas DM, Martinson FE, Donaldson KH, Stancil TR. Concurrent sexual partnerships among women in the United States. *Epidemiology*. 2002; 13:320–327. [PubMed: 11964934]
- Blythe MJ, Fortenberry JD, Temkit M, Tu W, Orr DP. Incidence and correlates of unwanted sex in relationships of middle and late adolescent women. *Archives of Pediatric and Adolescent Medicine*. 2006; 160:591–595.
- Brown CH. Psychological, semantic, and structural aspects of American English kinship terms. *American Ethnologist*. 1974; 1:415–436.
- Cardoso JB, Padilla YC, Sampson M. Racial and ethnic variation in the predictors of maternal parenting stress. *Journal of Social Service Research*. 2010; 36:429–444. [PubMed: 23308031]
- Centers for Disease Control and Prevention. Cases of HIV infection and AIDS in the United States and dependent areas, by race/ethnicity, 2003–2007. *HIV/AIDS Surveillance Supplemental Report*. 2009a; 14:9–14.
- Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2008. Atlanta, GA: U. S. Department of Health and Human Services; 2009b.
- Chandler S, Fields PA. First-time fathers' experience of labor and delivery. *Journal of Nurse-Midwifery*. 1997; 42:17–24. [PubMed: 9037931]
- Coard SI, Nitz K, Felice ME. Repeat pregnancy among urban adolescents: Sociodemographic, family, and health factors. *Adolescence*. 2000; 35:193–200. [PubMed: 10841306]

- Côté-Arsenault D, Morrison-Beedy D. Maintaining your focus in focus groups: Avoiding common mistakes. *Research in Nursing & Health*. 2005; 28:172–179. [PubMed: 15779066]
- Crosby RA, DiClemente RJ, Wingood GM, Sionea C, Harrington K, Davies SL, Hook EW. Pregnant African-American teens are less likely than their non-pregnant peers to use condoms. *Preventive Medicine*. 2002; 34:524–528. [PubMed: 11969353]
- Cross SE, Morris ML. Getting to know you: The relational self-construal, relational cognition, and well-being. *Personality and Social Psychology Bulletin*. 2003; 29:512–523. [PubMed: 15273004]
- Duggleby W. What about focus group interaction data. *Qualitative Health Research*. 2005; 15:832–840. [PubMed: 15961879]
- Dush, CMK. Sliding out: Cohabitation dissolution in low-income families (Fragile Families Working Paper WP10-16-FF). Princeton, NJ: Princeton University; 2010 Dec.
- Edin, K.; Kefalas, M. Promises I can keep: Why poor women put motherhood before marriage. Berkeley, CA: University of California Press; 2005.
- Forhan SE, Gottlieb SL, Sternberg MR, Xu F, Datta D, McQuillan GM, Markowitz LE. Prevalence of sexually transmitted infections among female adolescents aged 14 to 19 in the United States. *Pediatrics*. 2009; 124:1505–1512. [PubMed: 19933728]
- Garfield CF, Clark-Kauffman E, Davis MM. Fatherhood as a component of men's health. *JAMA*. 2006; 296:2365–2368. [PubMed: 17105800]
- Hartrick GA. The experience of self for women who are mothers: Implications for the unfolding of health. *Journal of Holistic Nursing*. 1996; 14:316–331. [PubMed: 9146189]
- Hensel D, Fortenberry JD. Adolescent mothers' sexual, contraceptive, and emotional relationship content with the fathers of their children following a first diagnosis of sexually transmitted infection. *Journal of Adolescent Health*. 2011; 49:327–329. [PubMed: 21856528]
- Isacco A, Garfield CF, Rogers TE. Correlates of coparental support among married and nonmarried fathers. *Psychology of Men & Masculinity*. 2010; 11:262–278.
- Johnston-Briggs BD, Liu J, Carter-Pokras O, Barnet B. Effect of partner relationship on motivation to use condoms among adolescent mothers. *Journal of the National Medical Association*. 2008; 100:929–935. [PubMed: 18717143]
- Jordan, JV. Relational awareness: Transforming disconnection. In: Jordan, JV.; Walker, M.; Hartling, LM., editors. *The complexity of connection: Writings from the Stone Center's Jean Baker Miller Training Institute*. New York: Guilford Press; 2004. p. 47-63.
- Kelly U. I'm a mother first: The influence of mothering in the decision-making processes of battered immigrant Latino women. *Research in Nursing & Health*. 2009; 32:286–297. [PubMed: 19350663]
- Kershaw TS, Ethier KA, Niccolai LM, Lewis JB, Milan S, Meade C, Ickovics JR. Let's stay together: Relationship dissolution and sexually transmitted diseases among parenting and non-parenting adolescents. *Journal of Behavioral Medicine*. 2010; 33:454–465. [PubMed: 20607596]
- Koniak-Griffin D, Lesser J, Uman G, Nyamathi A. Teen pregnancy, motherhood and unprotected sexual activity. *Research in Nursing & Health*. 2003; 26:4–19. [PubMed: 12532363]
- Koniak-Griffin D, Stein JA. Predictors of sexual risk behaviors among adolescent mothers in a human immunodeficiency virus prevention program. *Journal of Adolescent Health*. 2004; 38:297e1–297e11. [PubMed: 16488829]
- Krueger, RA.; Casey, MA. Focus groups: A practical guide for applied research. 3rd ed. Thousand Oaks, CA: Sage; 2000.
- Lesser J, Koniak-Griffin D, Gonzalez-Figueroa E, Huang R, Cumberland WG. Childhood abuse history and risk behaviors among teen parents in a culturally rooted, couple-focused HIV prevention program. *Journal of the Association of Nurses in AIDS Care*. 2007; 18:18–27. [PubMed: 17403493]
- Lesser J, Oakes R, Koniak-Griffin D. Vulnerable adolescent mothers perceptions of maternal role and HIV risk. *Health Care for Women International*. 2003; 24:513–528. [PubMed: 12851171]
- Lesser J, Verdugo RL, Koniak-Griffin D, Tello J, Kappos B, Cumberland WG. Respecting and protecting our relationships: A community research HIV prevention program for teen fathers and mothers. *AIDS Education and Prevention*. 2005; 17:347–360. [PubMed: 16178704]

- Macaluso M, Demand MJ, Artz LM, Hook EW. Partner type and condom use. *AIDS*. 2000; 14:537–546. [PubMed: 10780716]
- Meade CS, Ickovics JR. Systematic review of sexual risk among pregnant and mothering teens in the USA: Pregnancy as an opportunity for integrated prevention of STD and repeat pregnancy. *Social Science & Medicine*. 2005; 60:661–678. [PubMed: 15571886]
- Michell, L. Combining focus groups and interviews: Telling how it is, telling how it feels. In: Barbour, RS.; Kitzinger, J., editors. *Developing focus group research: Politics, theory, and practice*. Thousand Oaks, CA: Sage; 2001. p. 64–78.
- Miles, MB.; Huberman, AM. *Qualitative data analysis*. 2nd ed. Thousand Oaks, CA: Sage; 1994.
- Moore SJ, Murphy ST, Miller LC. Relationship violence and women's reaction to male and female controlled HIV prevention methods. *AIDS & Behavior*. 2004; 8:207–214. [PubMed: 15187482]
- Morrison-Beedy D, Carey MP, Aronowitz T, Mkandawire L, Dyne J. Adolescents' input on the development of an HIV risk reduction intervention. *Journal of the Association of Nurses AIDS Care*. 2002; 13(1):21–27.
- Morrison-Beedy D, Carey MP, Cote-Arsenault D, Seibold-Simpson S, Robinson KA. Understanding sexual abstinence in urban adolescent girls. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*. 2010; 37:185–195.
- Morrison-Beedy D, Carey MP, Crean HF, Jones SF. Risk behaviors among adolescent girls in an HIV prevention trial. *Western Journal of Nursing Research*. 2010; 33:690–711. [PubMed: 20921127]
- Morse J. Confusing categories and themes. *Qualitative Health Research*. 2008; 18:727–728. [PubMed: 18503013]
- Nelson, LE.; Morrison-Beedy, D. Input on the recruitment and retention strategies for HIV risk research with young African-American mothers: What researchers need to know. Poster session presented at the Annual Conference of the Association of Nurses in AIDS Care; Orlando, FL. 2007 Oct.
- Nelson LE, Morrison-Beedy D, Kearney MH, Dozier A. Sex partner taxonomy use among urban Black adolescent mothers. *Canadian Journal of Human Sexuality*. 2011a; 20:1–10.
- Nelson LE, Morrison-Beedy D, Kearney MH, Dozier A. Always, never, or never: Examining variation in condom use decision-making among Black adolescent mothers. *Research in Nursing & Health*. 2011b; 34:270–281. [PubMed: 21633960]
- Nepomnyaschy L, Garfinkel I. Father's involvement with their nonresident children and material hardship. *Social Service Review*. 2011; 85:3–38. [PubMed: 21822335]
- Pyett P. Validation of qualitative research in the "real world". *Qualitative Health Research*. 2003; 13:1170–1179. [PubMed: 14556426]
- Rabuzzi, KA. *Motherself: A mythic analysis of motherhood*. Bloomington, IN: Indiana University Press; 1988.
- Robinson BE. Teenage pregnancy from the father's perspective. *American Journal of Orthopsychiatry*. 1988; 58:46–51. [PubMed: 3278623]
- Rosengard C, Adler NE, Gurvey JE, Ellen JM. Adolescent partner-type experience: Psychosocial and behavioral differences. *Perspectives on Sexual and Reproductive Health*. 2005; 37:141–147. [PubMed: 16150662]
- Rubin V, East PL. Adolescents' pregnancy intentions: Relations to life situations and caretaking behaviors prenatally and two years postpartum. *Journal of Adolescent Health*. 1999; 24:313–320. [PubMed: 10331837]
- Ryan RM, Tolani N, Brooks-Gunn J. Relationship trajectories, parenting stress, and unwed mothers' transition to a new baby. *Parenting*. 2009; 9:160–177. [PubMed: 20333272]
- Senn TE, Carey MP, Vanable PA, Coury-Doniger P, Urban M. Sexual partner concurrency among STI clinic patients with a steady partner: Correlates and associations with condom use. *Sexually Transmitted Infections*. 2009; 85:343–347. [PubMed: 19204019]
- Tschann JM, Adler NE, Millstein SG, Gurvey JE, Ellen JM. Relative power between sexual partners and condom use among adolescents. *Journal of Adolescent Health*. 2002; 31:17–25. [PubMed: 12090961]
- Tuffin K, Rouch G, Frewin K. Constructing adolescent fatherhood: Responsibilities and intergenerational repair. *Culture, Health & Sexuality*. 2010; 12:485–498.

Wyatt GE, Williams JK, Kitchen CR, Loeb T, Carmona JV, Wyatt LE, Presley N. Does a history of trauma contribute to HIV risk for women of color? Implications for prevention and policy. *American Journal of Public Health*. 2002; 92:660–665. [PubMed: 11919068]