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Rapid Repeat Pregnancy among Unmarried African American Adolescent Couples

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Rapid repeat pregnancy (RRP), getting pregnant or giving birth within 24 months of giving birth, has been associated with prematurity, low birth weight, inadequate prenatal care, and school dropout, as well as, increased potential for poverty and prolonged welfare dependence (Klerman, 2004; Partington, Steber, Blair, & Cisler, 2009). To date RRP has only been described for adolescent females and has not been examined for adolescent males or within the context of the adolescent parent couple. The purpose of the article is to describe the phenomenon of RRP in a group of unmarried, low-income, African American adolescent parent couples from the perspectives of their kinship system; i.e., the adolescent parents and their parents or parental figures. Qualitative approaches excel at finding common traits that define a particular group or subgroups (Patton, 2002). The research question for this study asks, *Which shared factors define the subgroups of kinship systems in which the adolescent parents reported RRP?* Examining RRP within the context of the adolescent parent couples and their parents can expand our knowledge of contributing factors, thus, improving data for evidence-based, efficacious interventions.

An ecological approach (Bronfenbrenner, 1989, 1998) provides rationale to expand the definition of rapid repeat pregnancy (RRP) beyond adolescent females. This theoretical approach explains the dynamic and mutually accommodating interactions between a human and the changing properties of the immediate settings within which the human lives that occur throughout his or her life course (Bronfenbrenner, 1989, 1998). This approach is particularly suitable for studying first-time, unmarried, low-income, African American adolescent parents, who are experiencing both developmental and role transitions, while coping with challenges in the larger contexts that influence their immediate settings; e.g., age, race, and socioeconomic status. The immediate setting of these adolescent parents includes the parents of the adolescent parents, the grandparents of their babies.

Births to adolescents have reached a historic low despite an overall 28% increase in the number of adolescent females in the United States (Hamilton & Ventura, 2012). The rate of births for females age 15–19 years, 34.3 live births per every 100,000 15–19 year-old females, is lower than any year since the mid-1940s. There are, however, significant regional differences with both initial and repeat births higher in the south and southwest and lower in the northeast and upper Midwest, a pattern that has persisted for some years (Hamilton & Ventura, 2012; Manlove, 2011; Schelar, Franzetta, & Manlove, 2007).

In addition to regional trends the risk factors for RRP have been linked to race, age, academics, pregnancy intention, and relationships. African American and Latina adolescent females are more likely than White adolescent females to experience RRP (Klerman, 2004; Schelar et al., 2007). Girls whose first birth was at or before age 16 years face increased risk of RRP (Gillmore, Lewis, Lohr, Spencer, & White, 1997; Klerman, 2004; Parthington, et al., 2009). Increased risk has also been associated with repeating a grade and dropping out of, or

being expelled from, high school (Klerman, 2004; Raneri & Weimann, 2007). Pregnancy intention has been linked with RRP. Adolescent females who plan, or whose partners plan, a subsequent pregnancy within five years or whose initial pregnancy was not intended have greater incidence of RRP (Boardman, Allsworth, Phipps, & Lapane, 2006; Gillmore, et al., 1997; Raneri & Weimann, 2007).

Evidence regarding the influence of relationships on RRP is less clear. Researchers reported greater risk of RRP for adolescent mothers who married and either lived with, or received support from, the fathers of their babies (Coard, Felice, & Nitz, 2000; Klerman, 2004) or from their families of origin (Coard, et al; Sims & Luster, 2002). Other researchers reported increased risk when adolescent mothers lived apart from their parents (Gillmore et al., 1997; Klerman, 2004) received lower family support (Raneri & Weimann, 2007), and when the fathers of their babies were not identified (Parthington et al., 2009) or those relationships ended within three months of the initial birth (Raneri & Weimann). Additional risk factors for RRP for adolescent females include: current or ongoing intimate partner violence (IPV) (Jacoby, Gorenflo, Black, Wunderlich, & Eyler, 1999), pregnant or parenting friends (Gillmore et al., 1997; Raneri & Weimann), and a history of fighting or drug use (Gillmore et al., 1997).

Subsequent pregnancies for adolescent males have not been nearly as well studied but research with similar adult fathers suggests the potential for negative outcomes. Fathering children during adolescence has been linked with having children with multiple female partners in later life, which may lead to decreased involvement with the initial child(ren), and consequently potentially poorer developmental outcomes for those children (Marsiglio, Day & Lamb, 2000). African American fathers are twice as likely as either Caucasians or Latinos to become fathers during adolescence and have approximately double the incidence of fathering children with multiple partners as the general population (Carlson and Furstenberg, 2006, 2007; Elo, King, & Furstenberg, 1999; Graham & Beller, 2002; Guzzo & Furstenberg, 2007a, b; Hamer, 2001; Lerman, 1993; Meyer, Cancian, & Cook, 2005; Sorensen, 1997).

Methods

Data for this article are from a larger longitudinal qualitative study that examined paternal involvement of unmarried, low-income, African American adolescent fatherhood (Dallas, Norr, Dancy, Kavanaugh, & Cassata, 2005a, b). Data were collected in a large Midwestern metropolitan area from the multiple perspectives of their kinship systems (Dallas et al., in review). Each kinship system consisted of an adolescent father, his parent/parental surrogates, his pregnant adolescent partner, and her parent/parental surrogates. Our inclusion criteria were: both adolescent parents had to identify themselves as African American, be 14 – 19 years of age and unmarried; experiencing their first full-term pregnancy and agree that they both wanted the adolescent father to remain involved with their expected baby after the birth. Additionally each adolescent parent had to identify at least one parent or parental surrogate, willing to participate in the study and who reported a household income less than 200% of the United States Department of Health and Human Services Poverty Threshold (2009). When biological parents were not available we asked each adolescent parent to identify at least one person who acted toward them as a parent. Including both biological and surrogate parents of the adolescent parents was consistent with the flexible family roles of African American culture (Sudakarsa, 1998).

Our exclusion criteria were: the adolescent couple had plans to marry before the birth of the baby, planned to give the baby up for adoption, or that the adolescent mother's pregnancy had been diagnosed as high risk. Despite our screening criteria one of the babies in our study

died of a congenital heart condition shortly after the kinship system completed the 24-month interviews.

Adolescent mothers were the kinship system members most likely to initiate contact with the study team. Our enrollment then proceeded in four stages via telephone: a) the adolescent mother provided verbal consent to participate in the study and provided contact information for her mother, the maternal grandmother; b) research team members contacted maternal grandmothers, provided study information, and obtained verbal consent; c) The maternal grandmother, after seeking permission from the adolescent father's mother, would provide telephone contact information for her; d) research team members contacted the adolescent father's mother with study information, the paternal grandmother, who would provide verbal consent and obtain verbal consent from her son, and the paternal grandfather, if available. Acquiring verbal consent from all of the kinship system members required multiple phone calls, which gave potential subjects multiple opportunities to ask questions, facilitated the consent process, and provided the foundation to establish trust and rapport with the research team.

Over 250 individuals responded to our recruitment efforts almost half of whom (n = 120) did not meet our inclusion criteria. In descending order the most common reasons that potential subjects were not eligible were: the father of the baby was older than 19 years of age; the adolescent mother had already given birth before contacting us; one or both of the adolescents was already a parent. Other, less common, reasons included: adolescent mother was too old; one of the adolescent parents did not want the father to remain involved with the baby; the household income level was too high; the pregnancy ended prior to eligibility screening; not interested in the study or did not want to participate, and an adolescent parent, in the foster care system was unable to identify a parental figure.

Each member of each kinship system was individually interviewed during late pregnancy and when the adolescents' babies were 1, 6, 12, 18, and 24 months of age (Dallas et al., 2005a, b). The first interview was not scheduled until all of the available kinship system members had provided verbal consent and the adolescent mother was at least 28 weeks gestation. For some kinship systems that meant performing the first interviews quickly before the adolescent mother delivered. For others it meant tracking and retaining the kinship system for months prior to the first interview. Documentation of consent was obtained at each first interview visit. We received approval for the study protocol from the University Institutional Review Board.

Approximately 90% of the 1^{1/2} -2 hours audio-taped interviews took place in the subjects' homes; the remainder were performed on campus. The interviews were professionally transcribed and checked for accuracy. Each kinship system member was separately and individually interviewed using a semi-structured interview guide based on the literature regarding African American adolescent fatherhood and piloted in three preliminary studies with similar populations and received \$50 at the end of each interview.

News about new romantic partners and new pregnancies was usually volunteered by the adolescent parent experiencing it and subsequently validated by the adolescent's parental figure. Several interview questions in the interview guide specifically addressed the quality of the relationship between the adolescent parent couple but no questions specifically addressed new pregnancies. Some of the questions that might elicit new romantic partner or pregnancy information were as varied as, *How as being a mother changed for _____ (adolescent mother's name)?* or *Tell me how your relationship with _____ (adolescent mother's name) has changed since the last time we talked.*

Interviewers were also instructed to probe for information about any new romantic partners or pregnancies for either adolescent parent.

Text relevant to new romantic partners and new pregnancies was extracted from transcripts for this article. Data were analyzed using the constant comparison method described by Boeije (2010). Constant comparison involves comparing one data unit to another data unit to identify similarities and differences. For example, codes are compared to codes and themes to themes. Data units are examined within specified groups and then across multiple specified groups. Matrices are used to identify co-occurrences that define subgroups. The end product is an in-depth description of the subgroups in the sample along with an explanation of what differentiates the subgroups (Boeije).

Results

Sample

Our purposive sample of 25 kinship systems ($N = 111$) was recruited primarily via radio ads and at medical clinics, social service agencies, and high schools (Dallas et al., in review). We retained 24 ($N = 107$) of the initial kinship systems until the 24-month interviews for a total of 580 qualitative interviews. The ages and years of education of the sample at enrollment are described in Table 1. Approximately 75% of adolescent fathers were between 17 and 19 years of age; two of the fathers were 14 years of age. Twenty-three adolescent fathers attended the birth of their babies or visited the hospital after the birth. The annual household incomes of the paternal and maternal families were between \$0 – \$28K with a mean annual income of \$14,661. Twenty paternal and maternal families and two grandfathers living in separate residences reported monthly household incomes between \$0 – \$999. Eighteen paternal and maternal families and two grandfathers living in separate residences reported monthly household incomes between \$1,000 – \$1,999. The remaining 11 paternal and maternal families, and one grandfather living apart, reported monthly household incomes greater than \$2,100 but less than the poverty threshold described in the inclusion criteria. Monthly income data were not available for one paternal grandmother and one paternal grandfather.

The following kinship system members were unemployed or receiving disability at enrollment: 21 adolescent fathers, eight paternal grandparents, 13 maternal grandmothers, and all of the pregnant adolescent mothers. The remaining kinship system members worked full-time or part-time.

Situational factors

Situational factors, described in more detail elsewhere, (Dallas et al., in review) were the most commonly identified themes for kinship systems of adolescent fathers who were not involved with their babies at 24 months. The situational factor themes with brief definitions were: new romantic partner – for either adolescent parent; subsequent pregnancy – for either adolescent parent; hostility – between the paternal and maternal families for at least six months; paternity doubts – paternal family doubts regarding the adolescent father's paternity; denying access – maternal family denied access to the baby to the adolescent father; intimate partner violence (IPV) – adolescent father physically or verbally abused the adolescent mother; and physical absence of the adolescent father – not available due to physical causes such as long term imprisonment, death, or mental illness (Dallas et al., in review).

Kinship systems of adolescent fathers not involved with their children at 24-months reported almost twice as many situational factors as kinship systems of adolescent fathers who were still involved with their babies at 24 months (Dallas et al., in review). There was little

difference at enrollment in the mean ages of the adolescent fathers who reported RRP and those who did not 16.9 years versus 17.5 years respectively (Table 2). This was also true for the adolescent mothers, 16.27 years versus 17.25 years respectively. There was little difference in length of pre-pregnancy relationships between adolescent parents who reported RRP (Mean = 15.27 months) and those who did not (Mean = 14.10 months, S. D. = 10.86 months). There were, however, some differences in adolescent fathers' type of involvement at 24 months. At the 24-month interview 14 of 24 adolescent fathers were either cohabitating with their babies (n=4) and the mothers of their babies or were keeping their babies overnight (n=10) on a regular basis, usually two to three nights every week at least (Dallas et al., in review). The remaining 10 adolescent fathers did not have any contact with their babies for at least six months prior to the 24-month interview. RRP were common among the kinship systems in which the adolescent father kept the baby overnight (n =5/13) and most common in kinship systems in which the adolescent father was not involved at 24 months (n=7/13).

RRP subgroups

The total of 21 subsequent pregnancies reported within 24-months of the initial births for adolescent fathers and mothers were not evenly distributed and most (60%) were reported by the 6-month interview. Twenty-one adolescent parents within 13 of the 24 kinship systems reported RRP; some adolescent parents were involved in more than one RRP. A total of 10 adolescent males fathered 15 pregnancies; 6 with the study adolescent mother and nine with a new partner. Eleven adolescent mothers reported a total of 12 pregnancies; six fathered by study adolescent fathers and six were fathered by new partners. Two pregnancies were terminated for two adolescent mothers.

There were three types of subgroups among the 21 RRP: study adolescent parent couples who reported RRP together, study adolescent fathers who reported RRP with new partners, and study adolescent mothers who reported RRP fathered by new partners. Within these subgroups were two adolescent fathers who reported RRP with both study adolescent mothers and new partners. These adolescent fathers had broken off their romantic relationship with the adolescent mothers, impregnated new partners, and then renewed their romances near the end of their enrollment in the study so that both were involved with their babies at 24 months. One of these adolescent fathers was cohabitating with the study adolescent mother at the 24-month interview. Of the remaining nine RRP adolescent fathers, two regularly kept their babies overnight while most (7/10) were not involved with their babies at 24 months.

Study adolescent parent RRP

The RRP for the six study adolescent parent couples were usually reported at or after the 12 month interview; somewhat later than the RRP for adolescent fathers with new partners. The ages of both the adolescent fathers (mean age =16.7 years) and the adolescent mothers (mean age =15.8 years) tended to be slightly younger at enrollment than the mean ages of the entire sample (17.5 years and 16.6 years, respectively). Notably, each of the paternal family members in each of these kinship systems had expressed doubts, some unresolved during the study, about whether the adolescent father was the biological father of the first or study baby. Half of the adolescent fathers in this group (n =3) were not involved with their children at 24 months. A paternal grandmother, Irene, describes her concerns about whether her son fathered both of the children of the study adolescent mother.

Irene: I don't have doubts about this baby but I have doubts about the other one.

Interviewer: About the older baby?

Irene: Because [the adolescent mother] is a little sneaky one. She is sneaky to me.

Interviewer: What makes you say that she is sneaky?

Irene: I am not blind...so I see little things and it's just... But [the adolescent father] is saying that I do not see things right.

Adolescent father RRP with new partners

Seven study adolescent fathers reported fathering nine RRP with new partners. Four of these adolescent fathers, including two adolescent males who also fathered RRP with study adolescent mothers, were no longer involved with their babies at 24-months. All of the kinship systems with adolescents who fathered RRP with new partners reported that the adolescent father had been denied access to his baby at least once. One of these adolescent fathers, Richard, explained how the pregnancy with his new partner caused difficulties with his relationship with the study adolescent mother: Richard: It hasn't been really happening like that because I haven't been around my [first] daughter all that much. Everything changed since me and her mother stopped dating. Interviewer: So once you stopped talking and you were in another relationship...? Richard: Yeah, all that was in the mix. Do you know what I'm saying? That's why all this happened.

Most of the kinship systems in this subgroup (6/7) also reported having hostile relationships between the paternal and maternal families and having paternity doubts (5/7).

Study adolescent mothers with new partners

Six adolescent mothers reported RRP fathered by new romantic partners. Each of the six adolescent mothers reported having experienced at least one incident of intimate partner violence during their relationship with the study adolescent father. The types of intimate partner violence attributed to the study adolescent father included slapping, choking, or kicking the adolescent mother; destroying her clothes; screaming at her; insulting or swearing at her; and calling her names. Unfortunately, the new partners of the adolescent mothers were not included in the study so we lack data regarding the characteristics of the new relationship. A maternal grandmother, Angela, described how her family managed to permit the adolescent father access to the baby while protecting their daughter and grandchild.

Angela: So, you know, every time [the adolescent father] comes over here he wants to fight. You know doggone well that if my daughter took the baby over to his house we would have to call the police because he would try to keep her. We know this. If his mother wants to have any type of relationship with the baby she can call over here. She can come over here to see the baby. We wouldn't stop her from seeing the baby like we don't stop him but we won't allow him to come over here thinking you're going to whip somebody.

Slightly over half of the 24 kinship systems in our sample reported RRP. Those kinship systems that did report RRP reported a greater number of situational factors and most included adolescent fathers who were not involved with their babies by the end of study enrollment. Three RRP subgroups were identified, RRP reported by the study adolescent couple, RRP reported by study adolescent fathers with new partners, and RRP reported by study adolescent mothers with new partners. Over half of the RRP were reported by the 12-month interview.

Discussion

By utilizing an ecological approach to examine the perspectives of kinship systems, rather than just those of individual adolescent females, these findings add new concepts to consider relationship risk factors for RRP (Coard et al., 2000; Gillmore et al. 1997; Klerman, 2004;

Parthington et al., 2009; Raneri & Wiemann, 2007). Repeat pregnancies were a source of concern for all members of a kinship system. Paternal and maternal grandmothers worried about the impact of additional children on their families' financial resources and on the ability of the adolescent parents to cope with parenting challenges. Adolescent parents worried that subsequent pregnancies with new partners might decrease available resources for the study baby and that the other adolescent parent's newly formed family would complicate already strained relationships.

Paternal families experienced limited access to their grandchildren and worried about sharing their limited resources with a grandchild who may not have been related. Reports of higher non-paternity are higher for first and last-born children (Schacht & Gershowitz, 1963). Confidence in biological paternity has been correlated with actual paternity for adult men (Anderson, Kaplan, & Lancaster, 2007) and reduced probability of paternity has been linked to decreased paternal involvement in both human and animal studies (Alexander, 1974; Gaulin, & Schlegel, 1980; Gray & Anderson, 2010).

Gray & Anderson (2010) report that low paternity confidence may be perceived as beneficial if it is associated with greater overall fertility. One of the most striking study findings is the high fertility rate of a small number of adolescent males. Four of the 24 adolescent fathers were responsible for 12 RRP within their 24-month study enrollment periods in addition to their initial four pregnancies at the time of study enrollment.

Reports of the maternal family denying, or threatening to deny access is a well-documented cause of decreased paternal involvement for adult nonresidential fathers (Liebow, 1967; Parke & Brott, 1999; Waller, 2002). Maternal families struggled with trying to protect their daughters while maintaining access to the baby for what were sometimes abusive adolescent fathers. Jacoby et al. (1999) found the strongest risk for RRP when women were experiencing current and ongoing abuse. Other researchers suggest that women who undergo physical and sexual abuse that begins in childhood are more likely to experience transient unions that often produce children (Cherlin, Burton, Hurt, & Purvin, 2004).

The implications for these findings are relevant to practice, policy, and research. Clinicians who incorporate these findings in their assessments may intervene more effectively in delaying subsequent pregnancies. Clinicians have access to adolescent mothers during perinatal health care. Starting during prenatal care and continuing throughout all well-baby checkups, clinicians should assess the quality of the quality of relationships, not only with the fathers of the babies, but also with paternal family members, and how the two families are getting along. This information can provide early clues about changes in romantic relationships that often precede subsequent RRP. The potential for IPV should always be considered and assessed for regardless of whether the adolescent mother resides with the father of the baby or with her family of origin.

Male fertility information is generally collected from presumed female partners or during retrospective surveys that often undercount low-income, African American males. Health providers should take advantage of their contacts with adolescent males during school and sports physical exams to routinely collect information about fatherhood status and, for identified fathers, to collect detailed relationship information. At minimum adolescent fathers should be offered the same child care and contraceptive information that is routinely offered to adolescent mothers.

There is an urgent need for policies to promote the collection of fertility information for males as routinely as it is collected for females. Without such information it is impossible to accurately assess risk or to intervene effectively for the adolescents, their children, and their families. The four adolescent males in this study responsible for 16 pregnancies in less than

three years are an indication of the urgency of the need to have accurate data for effective interventions. Men who father children with different mothers, sometimes referred to as multiple partner fertility, have less involvement with their children than men who have children with a single mother (Manning & Smock, 1999; Smith, Krohn, Chu & Best, 2005; Stewart, Manning & Smock, 2003) and often parent across multiple households.

Finally, we need additional research to learn more about how the support of extended family members might influence fertility decisions of adolescent parents. Additional research is also needed concerning the impact of RRP influence the life courses of adolescent parents and for their families and how fathering children with different partners affects both father involvement and mother-baby interaction. This information is particularly important since the kinship systems in this study who reported RRP reported more situational challenges than the other kinship systems and included more adolescent fathers who were not involved with their children at 24 months. Additional quantitative research could determine causal relationships among these factors.

Qualitative methods do not permit extrapolation of findings to target populations permitted by probability sampling; however, these findings do contribute to knowledge that explains RRP (Maxwell, 2005). These findings should be considered within the limitations of the study design. All of the sample adolescent parent couples reported prenatally that they wanted the fathers to remain involved with their children and who were able to identify parental figures to participate. It may be that adolescents without even this minimal adult supervision may have different risks for RRP. We may have missed learning about some of the pregnancies, especially those fathered by the study adolescent fathers, since we did not directly ask about pregnancy at each visit. Including extended family members and both adolescent parents, however, may have actually improved our ability to identify RRP in this sample.

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Table 1

Sample Demographic Characteristics at Enrollment (M= Mean and SD = Standard Deviation)

Role	Number enrolled	Ages Mean and (Standard Deviation)	Years of education completed
Adolescent fathers	24	M = 17.50 (1.47) years	M= 10.38 (1.41) years
Paternal grandmothers	24	M = 41.21 (8.69) years	M = 12.58 (1.50) years
Paternal grandfathers	1	41 years	8 years
Adolescent mothers	24	M = 16.63 (1.73) years	M = 10.13 (1.91) years
Maternal grandmothers	24	M = 40.79 (9.42) years	M = 11.92 (1.53) years
Maternal grandfathers	9	M = 45.25 (5.78) years	M = 12.5 (0.84) years

Table 2

Ages of Adolescent Parents Reporting Rapid Repeat Pregnancies in Comparison to Total Sample Ages

Adolescent fathers	Ages Mean and (Standard Deviation)	Adolescent mothers	Ages Mean and (Standard Deviation)
All adolescent fathers in sample	17.50 (1.47) years	All adolescent mothers in sample	17.25 (1.73) years
Adolescent fathers who reported any rapid repeat pregnancies	16.9 (1.8) years	Adolescent mothers who reported any rapid repeat pregnancies	16.54 years (1.1)
Adolescent fathers who reported rapid repeat pregnancies with study adolescent mothers	16.5 (1.87) years	Adolescent mothers who reported rapid repeat pregnancies with study adolescent fathers	15.83 (1.2) years
Adolescent fathers who reported rapid repeat pregnancies with new partners	17.25 (1.83) years	Adolescent mothers who reported rapid repeat pregnancies with new partners	17.1 (0.7) years
Adolescent fathers with both new partner and study adolescent mothers	16.5 (3.5) years	Adolescent mothers who reported rapid repeat pregnancies with both new partner and study AF	n/a