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Discovering Self: Childbearing Adolescents' Maternal Identity

Janelle L. B. Macintosh
Brigham Young University - Provo, janelle-macintosh@byu.edu

Lynn Clark Callister
Brigham Young University - Provo

**Janelle Macintosh, PhD, RN and
Lynn Clark Callister, PhD, RN, FAAN**

Abstract

Purpose: Adolescent pregnancy and motherhood have long been a topic of interest for many healthcare professionals. However, there are limited data on how childbearing adolescents incorporate motherhood identity into their sense of self. The purpose of this study was to explore how childbearing adolescents perceive motherhood as becoming part of their personal identity.

Study Design: This qualitative study using ethnographic data collection involved 7 months of observation, interaction, and interviews.

Methods: Data were collected from nine expectant adolescents during in-depth interviews. All participants were patients at a teen mother and child clinic staffed by certified nurse midwives and a pediatrician.

Results: Narrative content analysis revealed the overall theme of discovering self, with three major themes: confirming the pregnancy, the loss of my body, and imagining my child in my arms.

Clinical Implications: Adolescent mothers may need assistance to construct their maternal identity in order

DISCOVERING SELF: *Childbearing Adolescents' Maternal Identity*

to strengthen self-perceptions and improve maternal/child outcomes.

Key words: Adolescent; Maternal identity; Mothers; Narrative inquiry; Parenting; Pregnancy.

Women undergo many changes associated with making the transition to motherhood (Husmillo, 2013; Mercer, 2004). Some changes are observable, such as the physical manifestations of pregnancy. Some changes, however, are less visible, such as the transition of women's internal sense of identity as they move from being adolescents to becoming mothers. Most research on mothering has focused on behaviorist theories of attachment centering on needs of the child or the individual mothering tasks performed by the woman, leaving a gap in understanding the construction of motherhood identity (Herrman, 2008; Herrman & Waterhouse, 2011; SmithBattle, 2009).

The pathological discourse of teen pregnancy and motherhood has also been the emphasis of previous research. Research on adolescent pregnancy has focused on incidence and prevalence rates, factors associated with teen pregnancy, the structure of adolescent mother's family of origin, and the effectiveness of pregnancy prevention programs (Doğan-Ateş & Carrión-Basham, 2007; Erdmans & Black, 2008; Hoffman & Maynard, 2008; Mercer, 1981, 1985; SmithBattle, 1995, 2007; Tanner et al., 2013). Researchers have also studied teen pregnancy as a phenomenon linked to individual behaviors and risk-taking lifestyle choices (Breheny & Stephens, 2010). There is limited research on experiences and perspectives of adolescent mothers (Herrman, 2008; Herrman & Waterhouse, 2011). Therefore, the purpose of this qualitative study was to explore and describe motherhood identity in childbearing adolescents.

National adolescent pregnancy rates have declined steadily over the past 20 years. Adolescent pregnancy rates in 1990 were 116.9 per 1,000 as compared to 26.6 pregnancies per 1,000 in 2013 (United States Department of Health and Human Services [USDHHS], 2015). This significant decline is believed to be due to a combination of increased teen use of contraceptives and an increased percentage of adolescents who are delaying having sexual intercourse (USDHHS).

Programs have been developed to meet the unique needs of childbearing adolescents. Programs for adolescent mothers either explicitly or implicitly draw on the widely recognized behavioral or psychological theories that have been constructed and popularized in the 20th century, specifically attachment theory (Bretherton, 1992) and maternal role theory (Rubin, 1967).

Rubin (1967) introduced groundbreaking work on maternal role attainment. Rubin and her colleague Mercer theorized that women go through phases, presented as sequential building blocks. In order for a woman to progress from one phase to the next, she must complete or achieve all the developmental tasks of the previous phase. If she does not achieve these tasks, she cannot continue through the process and will not achieve maternal role attainment (Mercer, 2004; Rubin 1984).

Unlike maternal role attainment, *motherhood identity* is more than just executing observable actions and behaviors. Motherhood identity encompasses a broader, deeper, and more complete sense of self (McLean & Morrison-Cohen, 2013). Motherhood identity offers beneficial changes to life trajectory such as making realistic, future-oriented decisions that motivate teens to complete secondary school, apply to college, pursue vocational training, and leave dangerous situations such as gang life and substance abuse (Barnes & Stringer, 2014; Lesser, Koniak-Griffin, & Anderson, 1999). Images, icons, and concepts from daily life are used as bits and pieces to negotiate and construct socially and personally acceptable identities, roles, and behaviors (Abrams & Curran, 2011).

Motherhood identity takes into account the complex interplay between individuals within their sociocultural contexts (Abrams & Curran, 2011). Laney, Curruthers, Hall, and Anderson (2013) report that women often form identities within the context of relationships and connections with others. The dynamic natures of context, narrative, and relationships are mirrored in the ever-changing performance of self.

Individuals are forever constructing images and impressions of themselves (Goffman, 1959). People also continually project definitions of who they are or who they want to be, claims they make about themselves, and the world around them. People are constantly testing the world and negotiating identities with themselves and others. When faced with a difficult situation, people assume identities perceived as being the most desirable for that situation. Understanding and performing multiple self-representations, roles, and identities is common during all stages of life but most notably, in western culture, during adolescence (Harter, Bresnick, Bouchey, & Whitesell, 1997).

A metasynthesis on adolescent motherhood concluded that these women live in two worlds, adolescence and motherhood, each viewed paradoxically as hardships versus being positively transforming (Clemmens, 2003). DeVito (2010) states that parenting teens report "being caught between two worlds, feeling alone and desperate" (p. 29). Teen mothers face the dual challenge of moving toward their identity as new mothers while continuing to developing through adolescence (DeVito).

Study Design and Methods

The setting for this study was a teen mother and child clinic staffed by certified nurse midwives and a pediatrician. Participants for this study included nine adolescents. Inclusion criteria included age between 15 and 19 years, in good general health, able to communicate in English, and experiencing their first pregnancy with the intent of keeping their child.

Data were collected over a period of 7 months. Data collection methods consisted of participant observation, face-to-face semistructured interviews, and investigator field notes. Following institutional review board approval and informed consent, participants were assured that

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participation in the study would not have an effect on their healthcare. A global, open-ended question such as "tell me about your pregnancy/baby" began conversations and interviews.

Respondent answers shaped and guided the interviews, which lasted 30 to 100 minutes. All interviews were conducted at a location chosen by the study participant; seven of the nine interviews took place in the participant's home, one interview took place at the clinic, and one interview was conducted at a local library. All interviews were conducted by the first author and were audio-recorded and transcribed verbatim.

Results

Data were analyzed using narrative methods as described by Riessman (1993, 2008). Data collection and analysis were conducted simultaneously. Individual team members read transcripts multiple times. Data were coded individually for key themes and overarching ideas. Research team members conferred on a regular basis to evaluate codes and themes. Once census of themes was reached, key themes were grouped into categories, which were synthesized into three main themes.

To increase trustworthiness, two members of the team were qualitative research experts. Although key ideas were repetitive during the first few interviews, data collection and analysis continued until saturation was achieved. Once data were reviewed and categorized, representative quotes were selected to report study results. All names associated with data are pseudonyms.

The study participants ranged from 15 to 18 years of age, with a mean of 16.8 years. Maternal education ranged from 8 to 12 years, with a mean of 10.2 years. Five women self-identified as Hispanic, three as White, and one stated she was multiracial. All the women were single and seven indicated the father of their child was involved. Five lived with at least one of their biological parents, three with the parents of the father of the baby, and one lived with foster parents. All participants were planning to keep their newborn (not relinquishing for adoption). Participants ranged from 14 weeks to 37/6 weeks with a mean of 25/2 weeks gestation when interviewed. The overall theme was discovering self, with three major themes including confirming the pregnancy, loss of my body, and imagining my child in my arms.

Confirming the Pregnancy

The first theme centers on accepting the pregnancy. Teens reported life had changed greatly for them after the confirmation and sharing results of positive pregnancy tests. The pregnancy test was infused with meaning. The positive pregnancy test was tangible proof of pregnancy. Interestingly, all the study participants took at least 2 pregnancy tests, and one teen took 10 because *"they come in a box of ten."*

Madison reported taking a pregnancy test, which was positive and, wanting to confirm the result, she took another. When the second test came back positive, she sent her boyfriend to get a third, *"just to be sure."* After the third positive test, she waited 3 days, went to the clinic, and took another test. When the fourth test came back positive she reported feeling like, *"the world came crashing down."* She reported having physical symptoms prior to taking the test, such as not being able to sleep, focus, or sustain a conversation, and having an ache in her lower back. She said that the physical symptoms and discomforts were confusing even after she had four positive tests. She said, *"I just didn't know what was going on."*

Including others in the acceptance and confirmation of pregnancy was universal to study participants. Paternal involvement was exemplified when Samantha described the reaction to the news about pregnancy from the father of her baby, *"He was happy about it. At first, for us, it was kind of surprising because we could not believe that it happened."*

The adolescent women described the responses of family members, specifically their parents. Teens reported trepidation regarding informing guardians and grandparents to be about their pregnancy. Most teens reported being frightened to tell their parents. Olivia said, *"I thought, my parents are going to kill me."* She reported telling her mother but let her mother inform her father.

Madison talked about confirming her pregnancy and the revelation to her mother on the same day. Madison had gone to the store for a subsequent pregnancy test. Believing her mother had an idea of why she went to the store on her way home, she sent her mother a text message asking, *"is it safe to come home."* Madison reported being worried *"Cause you don't know how a mother is going to react to her seventeen year old daughter being pregnant."*
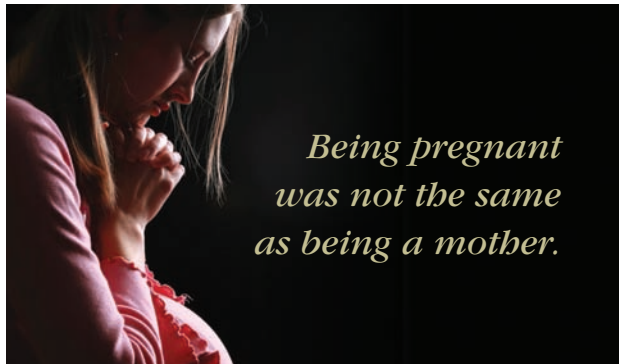
Being pregnant was not the same as being a mother.

Grace told how she informed her mother: *"I walked in the door and I had a sweater* [on], *and so I put the box with the pregnancy test under my sweater and I said, 'Mom, don't be mad at me.'"* Fear and concern of the reactions of family members, specifically from the grandmother to be, dominated teen narratives of informing parents of pregnancy.

Teens reported initial negative parent reactions changing to positive. Emily reported her mother's reaction, *"she was kind of like, 'oh you know you are too young' but then she got over it and now she is happy."* Olivia was surprised by the initial reaction of the paternal grandfather to be *"at first he didn't want us to have a baby, he said it would be too hard on us, and that nobody would help us at all and everything, but just…. over time, I guess, he got used to it."* Time was a factor in positive reactions to confirming pregnancy with family members.

Although teens informed their families of the pregnancy early, the reality of the child came later. Brooke said, *"In the beginning of the pregnancy I was like, 'it's nothing, nothing at all.' And then I started to hear its heartbeat. That's when it came alive."* Hannah also spoke about her change in perceptions, *"Wow! That's my baby and there's actually, like, like I knew there was a baby in there, but it's like, you know, there's something actually, really, like, alive, growing in my stomach."* The child became "real," when the teen heard the fetal heartbeat.

The Loss of My Body

The second theme involved physical changes occurring throughout pregnancy and the perception of sharing her body with her unborn child. The narratives progressed from the past to describing the present. Study participants described physical alterations both currently experienced and expected changes during the remainder of the pregnancy. Grace stated, *"like, I don't think it's an experience that you could imagine. I think you have to be in the moment to feel it."* Physical and emotional changes were surprising to pregnant teens. Madison stated it best, *"My body is totally out of whack. Like hunger, like using the bathroom all the time, you know, the pain, the aches, the stress, things like that. It is just complete chaos."*

Study participants grappled with finding understanding and meaning of their new pregnant body that was constantly changing. Adolescents still did not associate their unborn child, which was abstract, with causing the changes occurring to their bodies. Grace complained about the inability to wear her clothing,

> *I didn't think that I would gain as much weight as I have. 'Cause I try and put my old clothes on but it's depressing that I can't fit into them anymore. My legs are like "thunder thighs." I can't pull up my pants any higher than my knees anymore. My old pants, I only have three pair of pants now, and I used to have like, over twenty-five pairs of pants.*

Physical alterations confirmed a heightened reality of their pregnancy but the baby and motherhood continued to be illusive. Teens found it difficult to verbalize or describe what it meant to be a mother. Emily said *"I don't know, I don't think you do know, I don't know …I don't know …I guess I cannot know, until it comes."* These adolescent childbearing women reported that they *"sometimes"* felt like a mother or *"kind of a mother,"* yet not equal to the idea of being a mother.

Imagining My Child in My Arms

Perceptions of making the transition to motherhood focused on the expected future of themselves and their child, the lives of each, individually and together. When asked if they thought of themselves as mothers already, all study participants immediately responded, *"No."* When asked to elaborate, several said they would feel like a mother after the birth when they could physically hold their newborn in their arms. Emily stated,

> *Well, after it happened, when I knew I was pregnant, I was thinking like, "Oh, I guess I'm going to be a mom." But I really didn't think about it. I didn't really think about being a mom, like having a baby, like for real. I just knew I was pregnant.*

Study participants spoke of their hopes and dreams of what their child would be like. Emily stated she hoped her child would be *"energetic, happy, jumping around everywhere, playful, always wanting to do something."* Abigail said, *"I hope she will be more like me than her dad. I hope she has all of both our good qualities."* Brooke wanted to give, *"him* [the baby] *everything that he wants. Giving him the world."*

Brooke talked about the growth of both she and the baby; *"we're going to grow together."* Most study participants shared Brooke's ideas about continuing to grow and think of their own futures, often independent of the child. When the teens talked about the future as a mother, they mentioned their children and their own hopes and dreams. Hannah explained:

I want to be able to enjoy being a mom. Enjoy taking Avery to the park and doing activities with her. I also want to focus on doing what I want to do because I want to be an interior decorator, and so I don't want to let, like motherhood, like, stop me from doing things that I also want to do.

Madison said, "So after I turn eighteen and probably after the baby is born, I am going to get my GED [general educational development tests] and get into college classes."

The projected future as a mother and as an individual woman allowed these adolescents to contemplate abstract ideas and thoughts, and insert and test each as a potential identity. The childbearing adolescent, firmly linked to the present, could only truly imagine herself as a mother once she held her child in her arms. Her dreams and plans of her child were the canvas for the portrait she painted of herself as an emerging mother. These childbearing adolescents discovered themselves as they anticipated becoming a mother and the dramatic changes that would occur in their lives.

Although maternal role attainment theory suggests that women begin preparation during pregnancy to assume the role of mother, teens in this study only intermittently incorporated maternal identity into their sense of self, and even then it was only futuristically with the dream of child. In contrast to previous theories that focus on behaviors as a manifestation of maternal role, the purpose of this study was to explore the performed narrative of maternal identity of pregnant teens. Discovering self in these women sometimes complemented and at other times challenged their other identities, especially the transitional stage of being an adolescent. Being pregnant was not the same as being a mother for the teens in this study.

Clinical Nursing Implications

Recognizing the individuality and personal circumstances of young women, healthcare professionals possess the power to reinforce resistance to the negative images and myths associated with adolescent motherhood. "Clinicians who are cognizant of their adolescent patients' developmental capacities are generally better equipped and more effective in individualizing service delivery and educational efforts" (Flanagan, McGrath, Meyer, & Garcia-Coll, 1995, p. 277) than clinicians who do not take into account a teens cognitive development.

Such understanding potentially will lead to appropriate anticipatory guidance, more realistic expectations of a young mother's ability to care for her child, and better mobilization of both formal and informal support systems. Fostering a sense of confidence and competence in these mothers is essential because high levels of confidence and competence are associated with lower levels of maternal parenting stress (Liu, Chen, Yeh, & Hsieh, 2012).

CLINICAL IMPLICATIONS

- When educating adolescent mothers, keep the focus on the mother; for example, nurses can teach pregnant adolescents about the importance of a healthy diet and exercise by focusing on the personal benefit to the adolescent, like fitting into her prepregnancy clothes.
- Be aware that the adolescent's development as a person and mother continues alongside the development of her child.
- Incorporate infant care and child development along with self-care and family planning into postnatal visits.
- Tailor physical and emotional prenatal and postnatal care and education to meet individual racial, ethnic, and developmental needs and preferences of pregnant adolescent.
- Be aware that high levels of confidence and competence in pregnant adolescents are associated with lower levels of maternal parenting stress and have the potential to help teens be optimistic and make positive life choices.

Study limitations include data collection being done in one clinic, which may limit transferability of findings in other populations of adolescent childbearing women. Follow-up interviews and longitudinal studies may bring to light greater understanding of motherhood identity for adolescent mothers. The majority of participants in this study identified as first- or second-generation Hispanic. The cultural influences of motherhood for these young women were not explored, which further limits the generalizability of the findings. Future research that includes cultural influences is warranted.

Comments made regarding paternal involvement in this study suggest future research with fathers could lead to further understanding of the parental relationship and importance that fathers play in the lives of their children. More research is indicated on the effects of multigenerational families on maternal role and identity in adolescent mothers because so many of the study participants lived with extended family.

The narrative performance of motherhood by the teens in this study interwove their life stories with their experiences in becoming pregnant. Motherhood identity was one of multiple selves conceptualized and operationalized during the narratives performed. As healthcare professionals who assist and are responsible for the care and education of teen mothers across the childbearing year, nurses are in a unique position to influence and understand the process of coming to think of oneself as a mother. Understanding of how adolescent childbearing women perceive impending

motherhood is essential to guide nursing interventions and care.

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Janelle Macintosh is an Assistant Professor, College of Nursing, Brigham Young University, Provo, UT. The author can be reached via e-mail at Janelle-macintosh@byu. edu

Lynn Clark Callister is a Professor Emerita, College of Nursing, Brigham Young University, Provo, UT.

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