

PERCEIVED ASSETS OF PREGNANT AFRICAN AMERICAN TEENS:
A PHENOMENOLOGICAL STUDY
USING ASSET MAPS AND PHOTOVOICE

By

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ABSTRACT

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The purpose of this qualitative study was to explore the lived experiences and perceptions of assets of pregnant African American teens. The goal of this study was to provide a forum for pregnant African American teens to voice their experiences in order to highlight area of positive influence during their pregnancy. Thirteen pregnant African American teens between the ages of 16 and 19, who were receiving prenatal care at an urban clinic in the Midwestern United States, were recruited as participants in this study. The young women completed a demographic questionnaire and participated in an initial interview and asset map formation. Participants were guided to use cameras to photograph factors related to assets using the photovoice methodology (Wang & Burris, 1997).

Human Ecology and Multicultural Feminist Theories were used as the organizing frameworks for this study. Data were collected through semi-structured interviews and each participant created an asset map and provided visual data. Interview questions were designed to elicit the perceived assets of the pregnant teens. Participant photos and asset maps were used to support and clarify personal perceptions about teen pregnancy, hence allowing for triangulation with qualitative interviews.

Data analysis revealed multiple key findings. First, the teens revealed the unborn child was the most important asset for her. Secondly, women caring for women was a primary resource for the pregnant teens. Thirdly, family was a notable asset for the participants. Fathers

of the child were noted to be a desirable asset. In addition, the young women saw education as a way out of poverty. Lastly, they felt that society-at-large judged them poorly.

This study has implications for professionals working with pregnant African American teens. The findings may lead to a greater understanding of this population's perceived assets and assist healthcare providers who can use these assets to provide improved healthcare and culturally congruent care that is satisfying and beneficial to pregnant African American teens.

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I dedicate this work to my family:

To my husband Bob who encouraged me to have a career;

To our sons Bob, Jeff, and Bill who have always known their mom as a student

and have been a constant support;

To my parents, Arnold and Maxine Foess,

who taught me the value of education and hard work;

And to all my family and friends who have provided encouragement during the journey.

Thanks be to God who makes all things possible.

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Chapter One - Introduction

Background of the Problem

Teen pregnancy rates in the United States (U.S.) dropped steadily from 1990 to 2005 (Hamilton, Martin, & Ventura, 2009). The birth rate for U.S. teenagers increased in 2006 but has continued to decline over the past several years. According to the most recent Center for Disease Control (CDC) records, 409, 840 women under the age of twenty in the U.S. became pregnant in 2009. That's a rate of 39.1 births per 1,000 for teenagers aged 15-19 years old (CDC, 2011). The birth rate for African American teens had a slight decrease in 2009 at 59.0 births per 1000 women (CDC, 2011).

Most of the teen pregnancies were reported as unintentional and unplanned (Chandra, Martinez, Mosher, Abma, & Jones, 2005). The outlook for these pregnant teens is often bleak. Studies that have looked at the risk factors of this population predict a poor prognosis in adulthood (Geronimus, 2003; Luster & Haddow, 2005). Teens often enter pregnancy with poor health habits and/or assets and are unable to make the lifestyle transition needed to promote a healthy pregnancy (Grady & Bloom, 2004). In addition, Buschman, Foster, & Vickers (2001) noted that pregnant teens place an increased metabolic demand on their still developing bodies in order to support the fetus.

Often, people pass judgment on a young pregnant woman and conclude she will not achieve expectations set by society standards (SmithBattle, 2009). This is partly due to the fact that the media, professional communication, and policy makers have focused on the negative outcomes of teen births (Furstenberg, 2007; Geronimus, 2003; Pillow, 2004; Ventura, Curtis, & Mathews, 2000). This negative attitude is reinforced by healthcare providers who may judge the pregnant teen by majority, middle class expectations of mothering (Fessle, 2003). The fact that

the majority of pregnant teens are from minority groups is a major contributor to the problem of disparities in birth outcomes for American teens (Smith-Battle, 2007). Luster and Haddow (2005) reported that teen parents are more likely to struggle in school or come from impoverished homes. However, they also stressed that teens with a “vision of their future” that includes postsecondary education and a career are less likely to become parents in their teen years. On the other hand, several studies have noted that teen mothers reported less risk-taking behavior and substance abuse compared to non-pregnant teens (Hope, Wilder, & Watt, 2003; Hunt, Joe-Laidler, & McKenzie, 2005).

The majority of research in the area of teen pregnancy has focused on risk factors and prevention. There is a paucity of research focusing on assets as a predictor of positive outcomes for the teen parent (SmithBattle, 2009). Youth assets are conceptualized in part as the youth’s ability to make decisions that contribute to good health and identify a positive vision for the future. There is clinical work—like that done by the Search Institute (2009)—that focuses on youth assets but virtually no research that looks at an asset approach to teen pregnancy. Much work has been done in the U.S. to determine what a “healthy” community does to support youth (Search Institute, 2009); however, little work has been done in the area of teen parents and assets.

Furstenberg (2007) has stated that teen pregnancy and parenting need to be re-examined through a new lens. When adjusted for mothers’ prior disadvantages—such as living in poor neighborhoods or having an uneducated mother—low birth weight and neonatal and infant mortality rates were reported to be better for African Americans in their mid to late teens than for older African American mothers, but at not at the same level as teens of other racial/ethnic groups (Geronimus, 1996; Gilbert, Jandial, Field, Bigelow, & Danielsen, 2004; Rauh, Andrews,

& Garfinkel, 2001, Rich-Edwards, Buka, Brennan, & Earls, 2003). Therefore, research needs to look at the African American pregnant teen from her perspective. It would be helpful for researchers to ask the young women about their assets so as to understand the influences that help each to make positive decisions about herself.

Identification of assets that support maternal adjustments in lifestyle is needed to ensure positive outcomes of pregnancy (Holub et al., 2007). This study will examine positive influences of the pregnant African American teen's environment, which includes the people, places, and events that influence her decisions about herself and her baby. This phenomenological study will explore perceived assets—such as family, friends, healthcare providers, education, and religion—of the pregnant African American teen using an ecological and multicultural lens.

Human ecology (Bubolz & Sontag, 1993) allows the researcher to view the interaction of the individual with the environment. Within this context, the researcher focused on looking at the relationship between the young woman and her unborn child, family, friends, teachers, healthcare providers, community, society, and culture.

Multicultural Feminist Theory (De Reus, Few, & Balter Blume, 2005) provided a theoretical foundation that gives marginalized populations a voice. This study asked pregnant African American teens to talk about their perceptions of positive support during this period of their lives. The teens were also asked to create asset maps and take photos to enhance their perceptions and views of their environment.

Rationale for This Study

This research starts with allowing the pregnant African American teen to describe positive influences as they pertain to her specific, individual circumstances. The study then looks at the intersection of being young, pregnant, and African American through the use of human

ecological theory and a feminist multicultural lens. Human Ecology Theory (Du Bois, 1993) has provided a guide for the systematic overview of different components of the young, pregnant African American teens' environment and her adaptation within that environment.

A multicultural feminist framework (De Reus et al., 2005) also guides this research. African American women have often been judged by risk factors that have included poor birth outcomes and longitudinal outcomes of the mother. Multicultural Feminist Theory has provided a framework that guided the researcher to seek the teen view in terms of being young, an African American woman, and pregnant.

In order to provide a venue for these young women's voices to be heard, this project utilized the photovoice research method. Photovoice methodology (Wang & Pies, 2004) was developed from a feminist action research perspective to give women and other marginalized populations a way to describe their environment. Using this approach, the researcher was not only able to ask questions about specific people, places, and events that the teen perceives as assets, but also was able to discuss them through the pictures that were taken by the teens to represent their experiences related to being pregnant.

Phenomenological studies look for the similarities of the lived experience. The phenomenon of interest for this project is the lived experience of the pregnant African American teen and her perception of assets available to her.

Significance of the Study

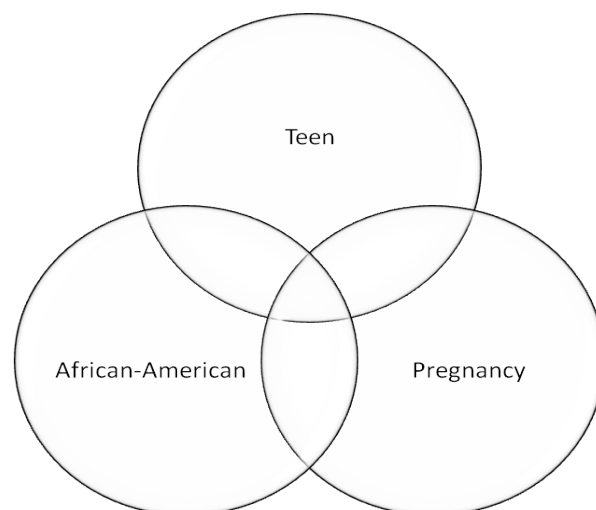
Young, pregnant African American women have experienced oppression due to the intersections of race, gender, and class (Hardin et al., 2007; Levine, Emery, & Pollack, 2007). Instead of focusing on negative influences, this research has allowed these women to talk about the positive elements in their environment that influence them to make healthy decisions during

pregnancy. Looking at the lived experience of these teens allowed researchers to examine these positive influences in their lives. This study also offers a unique opportunity for healthcare providers, community stakeholders, and legislators to look at the assets of pregnant African American teens in order to identify strategies to assist this population. Such strategies may help provide ways for parents, healthcare providers, and communities to better support these young women and their children and possibly help counterbalance the oppression they may have experienced in the past.

Conceptual and Theoretical Frameworks

Human Ecology and Multicultural Feminist Theories guide the framework for this study. Youth asset theories also provide a conceptual foundation. Human Ecology Theory provides a framework for the consideration of broad environmental influences on pregnant African American teens, whereas multicultural feminism provides a framework for recognizing the impact of the intersection of culture, class, age, and gender for this group.

Figure 1.1 Conceptual Model: Pregnant African American Teens



This conceptual model combines the unique characteristics of the pregnant African American teen. The intersection of these characteristics provides an individual that is not like

other people, thereby representing a distinct population. She brings family values and cultural norms with her as she passes from childhood to adulthood. Research needs to look at the positive influences of family and culture on the person who is pregnant, African American and between the ages of 13 and 19, inclusive.

Assets. Previous studies have defined assets as positive influences on young people (Search Institute, 2009), yet many of the studies base outcomes on the relationship of assets and risk behaviors. Assets are positive influences that allow the teen to make positive decisions. This theory guides this research process to discern the interaction of the teen and her environment. Assets can come from a variety of places. The pregnant teen is not alone in the process of pregnancy and preparation for parenthood; how she perceives other people in similar circumstances influences how she will perceive her role as a parent.

Human Ecology Theory. Human Ecology Theory focuses on the interaction of human beings (either singly or as a collective unit, such as a family or neighborhood) with each other and their environment (Bubolz & Sontag, 1993). Both resources and sources of energy expenditure are identified. Human Ecology Theory provides a context (Du Bois, 1993). This theory has fit well with a research study focused on teens and their assets. The principles of Human Ecology Theory allow for a multidimensional view of family adaptation as the family incorporates the infant into their lives. This approach allows one to view the pregnant teen from a unique perspective that respects the structure of modern families. This conceptualization also has allowed for the examination of the complexity of one's social position within a broader social structure and how that position influences the family (Bubolz & Sontag, 1993). For the teen and her family, the act of bringing home her baby was not a singular event, but rather a complex and ongoing process.

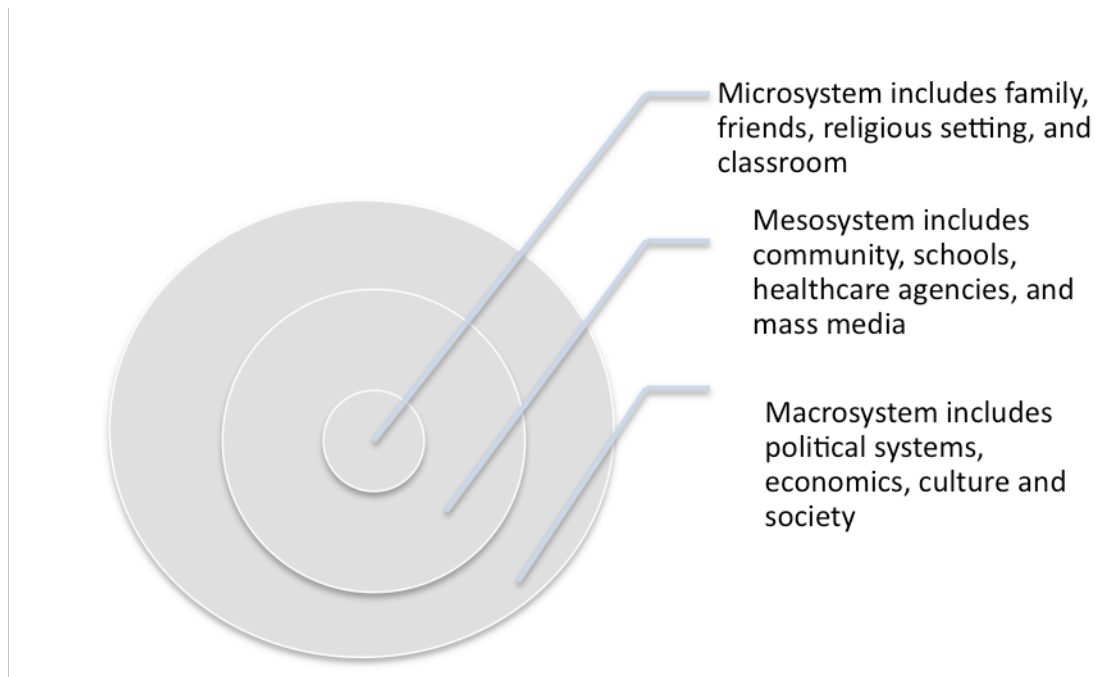
The pregnant teen is not alone in the process of pregnancy and preparation for parenthood; how she perceives other people in similar circumstances influences how she will perceive her role as a parent. Human ecology is appropriate when studying a range of problems related to families and their relationships with multiple environments (Bubolz & Sontag, 1993). Since human ecology is not based on any one family type, it allows for study of diversity in families (Bubolz & Sontag, 1993). Human Ecology Theory views humans and their environments as integrated wholes that mutually influence each other (Bubolz & Sontag, 1993). This emphasis is on the quality of life conditions for families and the individuals within these families (Goldsmith, 1996). The family ecology perspective is a holistic approach to the family (Paolucci, Hall, & Axinn, 1977). The focus of this research was on the pregnant African American teen as the phenomenon of interest along with the environment that directly affected the teen and her unborn child as a family unit.

A key component to Human Ecology Theory is *adaptation*. The interplay of “nature” and “nurture” within the specific ecosystem are determinants of human behavior and adaptation. All parts of the ecosystem are influenced by the interaction(s) of any of the ecosystem’s components (Bubolz & Sontag, 1993).

Bronfenbrenner (1999) developed Human Ecology Theory into a set of “levels” based on the proximity to the individual. These levels are concentric, with the unit of analysis (individual or family) at the center, as noted in Figure 1.2. The microsystem describes the interactions with people important to the teen (her family of origin, the baby’s father, friends, family of choice). The mesosystem shows direct interactions between the microsystem and another system such as the teen’s healthcare provider, teachers, school, religious leader, and church. The macrosystem is

the larger culture of the microsystem and discusses the cultural heritage and larger systems of life and culture (Griffore & Phenice 2001).

Figure 1.2 Conceptual Model: Human Ecology Theory



Looking through the lens of Human Ecology Theory assists in conceptualizing how the teen's environment directly impacts her choices regarding this pregnancy. For example, does she have enough money to buy necessities for herself (mesosystem: employment; or exosystem: governmental cuts in aid to low income mothers)? Does she have someone to help her with pregnancy decisions (microsystem: her parents, with whom she resides; or mesosystem: teachers, healthcare providers, social workers)? Is she continuing her education (mesosystem: school system; chronosystem: timing of return to school after birth)? What does she have for a daily support system (microsystem: her immediate family; mesosystem: her friends, extended family, father of other child, father of baby)?

The influence of all these factors, and many others, are incorporated into the Human Ecology framework. The pregnant African American teen was viewed in this study as in continuous interaction with and adapting to her environment.

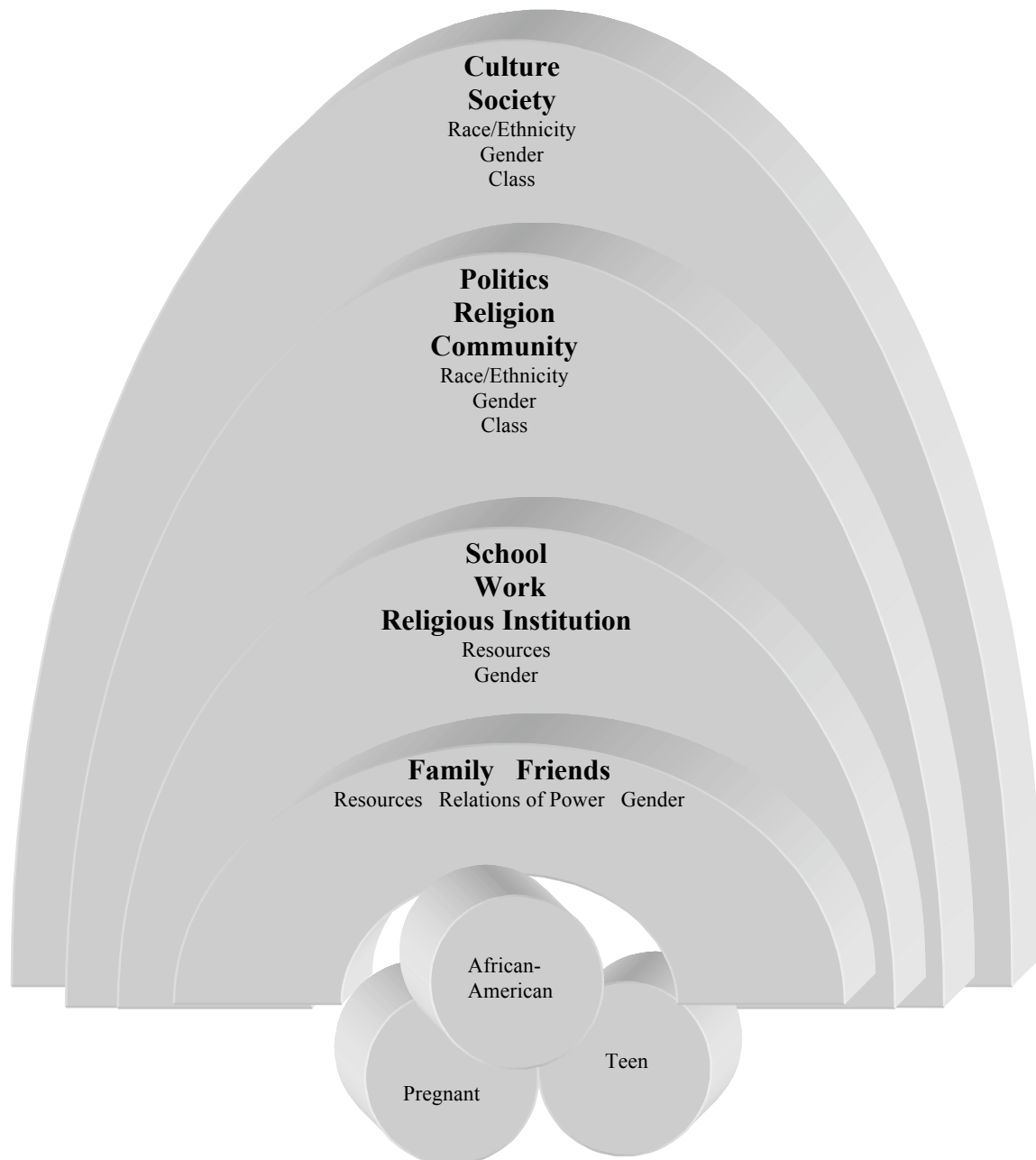
Multicultural Feminist Theory. In addition to environmental issues, the pregnant teen is subject to the intersectionality of race, class and gender (Baca Zinn, 1994, 2000). Feminist theory recognizes the outcome of this marginalization. Women are at the center of families and have historically been studied mainly in traditional families (Gilgun, 2005; Osmond, 1987). Feminists have challenged the notion of family to be more inclusive of other family forms such as the single parent family (Boss & Thorne, 1989).

Multicultural feminism (Baca Zinn, 2000; Few, Stephens, & Rouse-Arnett, 2003; McDowell & Fang, 2007) has allowed the researcher to look at the intersection of the lived experience of what it is to be young, pregnant, and African American. Research on this population must include consideration of gender-based oppression, discrimination, or inequality (Berman, 2003). Many researchers have studied the phenomenon of being a teen and pregnant and applied the conclusions to all ethnic and racial groups (SmithBattle, 2007). Multicultural feminism has added a valuable dimension to the study by giving voice to the pregnant African American teen. Few (2007) stated “we must examine how Black women come to understand themselves through the development of Black female subjectivities” (p.454). Hence, the conceptual model has guided this research to look at the intersection of gender, pregnancy, and race for this group.

The conceptual model (Figure 1.3) is based on the intersections of the three areas and has been combined with the human ecological framework to form the overall conceptual framework for this study.

Figure 1.3 Conceptual Model: Study of Pregnant African American Teens

The conceptual model shows the distinct characteristics of being African-American, pregnant, and a teenager within the environment. This perspective allows the researcher to look at the influences of the environment on the person who has the specific qualities of interest.



Orientational Definitions

The terms *teen* and *adolescent* will be used to describe the young female between the ages of 13 and 19, inclusive. The first trimester of pregnancy is the gestational period between conception and week 14. The second trimester is the gestational period between weeks 14 and 27. The third trimester is the gestation period between weeks 28 and delivery of the infant.

Research Questions

The research questions for this study are drawn from the theoretical and conceptual framework described above; human ecological theory and the systems involved; and Multicultural Feminist Theory and the intersections of race/ethnicity, class, gender and age. These frameworks will be considered from an assets perspective.

1. How does her environment influence the pregnant, African-American teen?

Areas of inquiry: Human Ecological Theory

Family
Church
Community
Peers
Healthcare
School

2. How does the intersection of race, class, gender and age—i.e., being African American, young and pregnant—influence her perceptions of assets?
3. How can the pregnant African-American teen experience be understood from an assets perspective?

Chapter Two - Literature Review

To provide a basis for this study, the literature on youth assets and families with pregnant/parenting teens will be reviewed using an ecological and multicultural perspective. This chapter also will discuss the environmental impact on pregnant African American teens. The sections focus on youth assets, environmental influences, and cultural influences on pregnant African American teens.

Research on Adolescent Development

Historically, qualitative research in the area of adolescent development has focused on models of behavior as a way to create research questions and conclude with an explanation of the domain of inquiry (Creswell, 2007). Thus qualitative research is well suited to the study adolescent behavior (Schiamberg, Paulson, and Zawacki, 1998).

Adolescence is a period of transition from childhood to adulthood and spans from approximately age thirteen to nineteen. This period is a time of biological and psychological transition and specifically one of growth and maturity. Physically the adolescent is going through many changes that are difficult enough without the added needs of maintaining a healthy pregnancy. "Nutritional status is considered to be one of the most important environmental factors affecting the health of the teenage mother and her infant" (Stang, Story, & Feldman, 2005, p.4). Psychologically, adolescents generally have a sense of indestructibility and are self-centered. They believe that rules do not apply to them and they are, in a sense, invincible (Heath, 1995, p.135). Additionally, adolescents are under higher stress during and after pregnancy, which places them at risk for maternal adjustment and emotional distress.

Adolescent behaviors place the maternal development at risk and lead to a poor outcome in relation to the newborn (Grady & Bloom, 2004). Adverse outcomes related to adolescent

pregnancies include premature birth, low birth weight, and increased infant morbidity and mortality (Koniak-Griffin & Turner-Pluta, 2001; Tilghman & Lovette, 2008). Holub, et al, (2007) describe difficult maternal adjustment in the adolescent characterized by more negative feelings about motherhood, decreased competency and care of the infant. Identifying assets that support maternal adjustment are needed in order to ensure a positive outcome of pregnancy (Holub, et al., 2007).

Asset Development

Prior to the 1990s, research on youth concentrated on risk behaviors and how to eradicate them (Benson, 1997; Roth, Brooks-Gunn, Murray, & Foster, 1998). It was during the 1990s that a few visionaries concentrated on positive, proactive teen behaviors that promoted healthy development. This change of focus—from the consequential negative outcomes of risk behaviors to the positive aspects of the teens’ lives—was a dramatic change from the other studies conducted during the same time (Jensen, Hoagwood, & Trinkett, 1999). With this change, the research on teens moved in a new direction that focused on the use of resources for positive development of individuals, families, and communities (Lerner, 2002). Lerner (2003) appropriately stated, “Preventing a problem from occurring does not guarantee that youth are being provided with the assets they need for developing in a positive manner” (p. 6-7).

Although many surveys examine youth assets, two are prominent in the literature. Youth assets (Oman et al., 2004) and developmental assets (Benson, 1997) were developed to focus on the positive influences of young people. Both of these instruments will be explored including their historical development and reliability with diverse populations.

Benson (1997) believed that communities needed to accentuate positive youth influences to build healthy communities. Often the healthy behaviors are compared to risk behaviors to

support positive behaviors that negate risk behaviors. Much of this work on assets was done with the Search Institute in Minneapolis (Benson, 1997). The main focus of this organization, founded by Benson, is to encourage healthy development of youth and communities. Benson believed community resources would be better spent reinforcing positive behaviors rather than fixing risk behaviors after they occurred. This philosophy changed the way many researchers viewed teen behaviors.

Under Benson's leadership, studies were focused on the development of what constituted a healthy youth within an environmental context. The work in this area led to the formulation of Developmental Assets (Benson, 1997). The developmental asset instrument identifies 40 assets that are necessary to promote positive behaviors and attitudes while protecting youth from high-risk behaviors. These assets are divided into two groups, with twenty in each group of external and internal assets. The external assets involve the positive experiences that impact the youth/student that come from interaction with individuals; notably family members, friends, neighbors, and school professionals. These external assets fall in to four categories: 1) support (emotional), 2) empowerment (perceived as a valued member of society with contributory worth), 3) boundaries and expectations (standards for conduct), and 4) constructive use of time (creative activities for enjoyment and skill acquisition.) The internal assets are divided into four categories: 1) commitment to learning (importance of education and belief in capabilities), 2) positive values (strong guiding principles), 3) social competencies (skills and competencies for relationships and circumstances), and 4) positive identity (strengths, potential, and self-worth) (Search Institute, 2009). These internal assets enable youth to make positive life choices and develop a sense of purpose. The development of the 40 Developmental Assets culminated in the Developmental Assets Profile (DAP) (Search Institute, 2009), the instrument used to measure the

assets. Although many school districts and communities have successfully used this excellent resource for youth development, when applied to culturally diverse populations, researchers concluded that the DAP was not reliable when used with African American youth (Price, Dake, & Kucharewski, 2002). Taylor et al. (2002) came to the same conclusion following work with African American youth in urban Detroit.

Other researchers developed tools to measure specific risks and protective factors of interest. Reininger et al. (2003) considered multiple existing surveys before developing their own instrument to measure health risk behaviors, attitudes toward adolescent sexual behaviors, and youth assets. This work was consistent with much of the work that correlated assets with risk behaviors. The goal was to reinforce positive behaviors in an effort to prevent risk behaviors. As was true for the DAP, Reininger's instrument to measure youth assets lacked reliability when used with diverse populations.

Other researchers who wanted to work on positive influences have developed instruments to use with culturally diverse populations. The Youth Asset Survey (YAS) was developed in conjunction with a Centers for Disease Control (CDC) grant to reduce teen pregnancy (Oman et al., 2002). The Healthy, Empowered, and Responsible Teens of Oklahoma City (HEART of OKC) was a project funded by the CDC. It focused on young adolescents as part of a needs and assets assessment for teen pregnancy prevention (Kegler, Bird, Kyle-Moon, & Rodine, 2001). The development of a teen pregnancy prevention program began with 13 culturally and racially diverse focus groups comprised of 102 students in sixth through ninth grade. The researchers discovered nine themes believed to strengthen the ability of these young people to become responsible, healthy, capable adults. These nine themes included: aspirations for the future, constructive time use, cultural respect, meaningful employment skills, decision making, positive

family communication, positive peer role models, relationships with nonparent adults, and service to others (Kegler et al., 2001).

Once these themes were established, the researchers moved to semi-structured interviews, which further refined the themes noted from the initial focus groups. The research team then developed the Youth Asset Survey (YAS) instrument that was shown to be reliable in diverse populations including African Americans. The instrument was used to correlate assets and risks of teens in Oklahoma City (Oman et al, 2004). Early studies in the development of the YAS included focus groups in which teen pregnancy was discussed; however, this group was comprised of non-pregnant teens.

Neither of the two major youth asset surveys has been used with pregnant teens or more specifically, pregnant African American teens. One pilot study used a third instrument to survey 29 subjects to determine the instrument's reliability with pregnant African American teens in a Midwestern city. The instrument showed validity and the researchers are currently studying 200 pregnant teens with diverse ethnic backgrounds.

Environmental Influences of the Pregnant Teen

Teen pregnancy affects the young woman who becomes pregnant but also her family, the infant's father and his family, and the community at large. Most studies view teen pregnancy from the perspective of poor outcomes. A few studies have viewed teen pregnancy through a physiological lens that requires adaptation of the family. The studies cited here have focused on the positive outcomes of teen pregnancy.

When embarking on the study of teen pregnancy using an asset-based approach, the researcher sought to have a clear understanding of how this phenomenon affects the family as a whole, whether the pregnant teen chooses to remain with her family or lives independently. How

the teen adapts to the pregnancy affects how the family will adapt to the change of membership of the family. Thus studies from the literature were chosen that have focused on the adaptation of the family with pregnant and parenting teens. Almost eighty percent of these teen mothers reside with their families for at least one year after the birth of the infant (Hogan, Hao, & Parish, 1990; Trent & Harlan, 1990).

The history of adolescent parenting serves as a paradox for researchers. The increase in single teen parents raised concern about female sexuality, family breakdown, poverty, and welfare (Furstenberg, Brooks-Dunn, & Morgan, 1987). However, some studies have shown that when a pregnant teen married prior to the birth of the child or gave up the child for adoption, teen parenting was not considered to be problematic (Fessler, 2006; Furstenberg, 2007). Teen parenting is considered a problem when more teens choose to be single parents. This was initially noted within the African American community; however, more recently, it has been noted within the white community as well (Furstenberg, 2007; Pillow, 2004).

As teen parenting became a social issue, more research was conducted to examine the causes and outcomes of adolescents having babies. The early studies focused on cross-sectional samples and disadvantaged minority adolescents (SmithBattle, 2009). These studies found low socioeconomic status (SES) predisposed teens to early pregnancy and contributed to poor maternal and infant outcomes regardless of maternal age (Coley & Chase-Lansdale, 1998). Furstenberg found that teen mothers did better over time (Furstenberg et al., 1987). Very few studies have examined the context of the pregnant teens' lives including their concerns and care giving practices from their own point of view, as shaped by families, communities, and culture (SmithBattle, 2009).

Most studies on teen pregnancy have examined the poor outcomes for the teen and her infant. When compared to women who postpone having children until after adolescence, teenage mothers are more likely to drop out of school and be single parents (CDC, 2011). Teen mothers also are more likely to repeat a grade and be in poor health (Maynard, 1997). They are more likely to have had a history of abuse and neglect, have placement in foster care, and have spent more time in foster care and incarceration at some point during adolescence or in their early 20s (Maynard, 1997). They are more likely to have dropped out of high school and be unemployed or underemployed as a young adult (Singh & Darroch, 2000).

The new teenage mother is still working on the developmental tasks of associated with that particular stage of life. As the teen grows in independence, she must discover her maturing role (Collins & Laursen, 2004). If the teen becomes pregnant and chooses to maintain the pregnancy and keep her infant, she accelerates and then combines two different developmental life stages—adolescence and young adult. Her familial relationships evolve in two separate realms as she initiates her role as a mother while continuing to evolve in her role as a daughter (Dallas & Gamble, 2000). This has shown to cause conflicts within the family until the teen parent has an established role within the family unit. Mother-daughter relationships change when the teen becomes a mother (Owens, Scofield, & Taylor, 2003; Sciarra & Ponterotto, 1998; East, 1999). The change in the relationship can have both positive and negative aspects.

There are economic consequences for the family. It is estimated that teen pregnancy in the U.S is an economic burden to society at an alarming cost of nine billion dollars per year (CDC, 2011). Geronimus and Korenman (1992) compared socioeconomic indicators of sister pairs who differed in age at first childbearing, with one sister having given birth at age nineteen or younger and the other sister having had her first child at age twenty or older. This small study

focused on indications of risks of having a child as a teenager. They concluded that, although the adolescent childbearing sister was less likely than her sibling to have any postsecondary education or be married as an adult, family income and welfare dependency rates of both sisters were not significantly different (Geronimus & Korenman, 1992). This opens up the possibility that it is the environment or other factors—not just the event of teen parenting—that affects the family adaptation.

From an ecological view, the question is then asked, “Is it the mother’s young age that affects her children or the environment in which she raises her child?” (Maynard, 1997). Studies have looked at the children of teenage mothers in relationship to low socioeconomic status, limited educational attainment, high family instability, disadvantaged neighborhood, and poor quality schools (Luster, Bates, Fitzgerald, Vandenbelt, & Key, 2000). Researchers have concluded that the adaptation of the child in this family was more related to family risk factors than maternal age at the time of the child’s birth (Chase-Lansdale, Brooks-Gunn, & Palkoff, 1991). This early work encouraged researchers to examine family adaptation rather than just individual members of that family.

Factors that were found to be associated with improved outcomes for the teen mother and her infant included early childcare for the infant by the maternal grandmother, family support that allowed and encouraged the teen to complete high school, and playful interaction between the infant and father (Cooley & Unger, 1991; Nath, Borkowski, Whitman, & Schellenback, 1991; Ketterlinus, Lamb, & Nitz, 1991). On the other hand, Zabin and Hayword (1993) found more cognitive, social, and physical developmental delays in children who had teenage mothers when compared to children born to older mothers.

For the 80% of teen mothers who continue to live with their families, changes are required in household living and sleeping arrangements, income allocation, family members' job and work commitments, and family support patterns to help care for the new infant (Brooks-Gunn & Chase-Lansdale, 1991). Maternal grandmothers of the infant may change jobs, shifts, or increase hours to pay for the family addition of the new baby. Siblings of the new mother may be asked to do additional household tasks to accommodate their mother's increased absence from the home. In addition, the sibling's future vision for obtaining an education may be forced to change. This suggests some of the family changes that occur when a teen has a child (Brooks-Gunn & Chase-Lansdale, 1991). These changes also force the members of the family to deal with the behavior of teen sexuality and parenting.

Sisters of teenage parents are more likely to engage in high risk or delinquent behaviors, use drugs or alcohol, have school problems, and become teen parents (East & Kiernan, 2001). The percentage of sisters to become mothers as teens increased significantly when the mother of these teens received financial aid or had less than an eleventh grade education, or when the teen had given birth at age eighteen or earlier. Families of young women with two or more female parenting siblings found that both teens were more likely to have permissive sexual and childbearing attitudes (East & Kiernan, 2001). Additionally, brothers who had two or more female parent siblings were associated with having their first sexual encounter at a younger age than brothers who did not have two or more female parent siblings (East & Kiernan, 2001).

Dallas and Gamble (1997) studied Navajo teen mothers and found that these young women looked to their mothers for financial and childrearing assistance. They also reported that their relationships with their mothers were stressful, and sometimes they did not feel emotionally

close to their mothers. This study showed that the Navajo families were not as supportive of the teen mother compared to teens who did not become pregnant as adolescents.

Mother-daughter relationships can affect teen attitudes about teen pregnancy. A study was done to determine how much influence maternal-daughter discussion had on teen attitudes about teen pregnancy (Jaccard, Dodge, & Dittus, 2003b). The authors concluded that when the teens had discussions with their mothers about the negative consequences of pregnancy, the teens had stronger negative attitudes toward teen pregnancy. Another study showed that teens with ambivalent feelings toward pregnancy often became pregnant within one year (Jaccard, Dodge, & Dittus, 2003a). This demonstrated the importance of looking at the pregnant teen's family environment to determine who has a positive influence on her decisions about herself. These young women initially wanted input and help from their mothers, but did not want their mothers to interfere in their own mothering role. Some expressed difficulty with the parenting role and had new appreciation for their mothers.

Rains, Davies, and McKinnon (1998) explored how teen mothers perceived their social support through qualitative methodologies. When asked about the support they received from the baby's father, most mothers claimed that they received little or no support from the baby's father; however many of the teens did not want the baby's father to be involved because they wanted independence. Some wanted the baby's father to be involved but did not want to live with him.

Another study reported that mothers of parenting teens allowed their other children to stay out later at night and showed greater permissiveness about whom the other children dated (Althaus, 1999). East (1999) reported that these grandmothers communicated less with their

children about sex and contraception than mothers who were not mothers of teen parents. Both of these studies found that teen mothers had a lack of maternal support.

Vicary and Corneal (2001) examined a group of rural Appalachian teen mothers and compared them to women who delayed pregnancy until after age twenty. Within this group, factors preceding the pregnancy had a greater effect than age in terms of how the woman felt about her social and emotional support.

Other research has looked at whether teens actively chose motherhood at an early age (Corcoran, Franklin, & Bell, 1997). Corcoran et al. (1997) examined this topic using focus groups of pregnant, parenting, and non-parenting teens from various racial backgrounds, including White, Hispanic, and African American. The major themes that emerged were the desire to receive unconditional love from the infant and the need to keep a male partner. Other research conducted had similar findings (Crump et al., 1999; Sugland, Wilder, & Chandra, 1997).

The literature presented positive and negative effects of teenage motherhood and the effects on her family. The type of research conducted is often dependent on whether the researchers view teen pregnancy as a natural flow of life or the result of risky teen behavior. Despite the viewpoint, all agree that when the teen becomes pregnant and chooses parenthood, the entire family is affected (SmithBattle, 2007).

Multicultural Aspects of Teen Pregnancy

This section examines the cultural studies of teen pregnancy as it affects the African American community. The studies discussed here provide information about whether the previous research was conducted from a culturally sensitive perspective.

Most adults in the U.S believe that teen pregnancy is found mostly in poor, African American communities (SmithBattle, 2007). In fact, teen pregnancy occurs in all communities to adolescents of every race/ethnicity and socioeconomic status. Most studies of pregnant teens explored how the phenomenon affected the family under the scrutiny of risk factors (SmithBattle, 2007). Although early studies looked at minority teen pregnancy, they were done to determine risk factors that predisposed the teen and/or her family to unwanted outcomes (SmithBattle, 2007). Much of the research focused on the risk factors of the pregnant teen within the context of race/ethnicity, while little has been done based on health disparities of the teen that becomes pregnant (Talashek, Alba, & Patel, 2006). Recent research suggests that birth and infant outcomes were better for African American teens than for older African American women (Buescher & Mittal, 2006; Rauh et al., 2001).

Focusing on the families may be one way of assessing the support the teen receives from her family and the family of the teen father. Research that has included the teen's family often looks at family composition, parent-child communication, cultural norms, and family values as predictors of teen sexuality and subsequently teen pregnancy (Luster & Haddow, 2005). Little research has looked at the noted predictors of teen pregnancy in relationship to socioeconomic status. It is unclear if socioeconomic status is a confounding variable to or a predictor of teen pregnancy in the African American community.

Health disparities of minority populations create a risk factor for African American teens in general (Moore, 2008). There has been some research that looked at the teen parent and her family in these populations. A qualitative study of African American paternal and maternal grandmothers of babies whose parents were adolescents provided insight about the woman's transition to a new stage in life (Dallas, 2004). The mothers of teen mothers who expected to

become grandmothers at an early age responded in a more positive manner than those women who did not expect this added role at a young age. Other mothers felt betrayed by their child's pregnancy, especially if the mothers had tried to provide sex education and contraceptive education to their children. Most of the women knew the partner of their child prior to the pregnancy but had not met the partner's family. Paternal families were expected to provide some financial support for the infant although the father was expected to provide minimal support for his child. There were also problems with shared childcare responsibilities between the two families.

Another area of concern is the level of cultural awareness of those who have developed programs for pregnant African American teens, as well as those who work directly with and provide care for this population. Studies have looked at mentoring programs for pregnant teens, after school programs, and group prenatal care. Few programs were developed for the African American teen and her specific cultural norms (Tilghman & Lovette, 2008). According to *Healthy People 2010* (U.S. Department of Health and Human Services, 2000), only 64% of pregnant African American teen—in contrast to the 69% of all pregnant teens—received adequate prenatal care. Having good prenatal care will affect pregnancy outcomes, so it is disturbing that the number of African American pregnant teens who receive prenatal care is lower than the average.

Apfel and Seitz (1991) studied adolescent mother-grandmother relationships of inner-city, African American families. Most of these teen moms continued to live with their families. The teens were encouraged to continue their secondary education. The siblings of these teen mothers were expected to increase the amount of time doing household tasks and participate in childcare. An interesting finding of this study was that the grandmothers expected their parenting

teens to “naturally know” how to parent and were less likely to offer parenting instruction to their daughters.

Talashek et al. (2006) looked at the developmental maturity of teens as a predictor of early pregnancy. This case control study of African American, Puerto Rican, and Mexican teens was done in an inner city cohort in the U.S. They found that the teens’ dating patterns were the primary predictor of teen pregnancy. They also found that pregnant African American teens were more likely to live in a household with more people than the other population groups, but less likely to have an older sibling living in her household. The African American teen was more likely to date, date more frequently, have more sexual partners, and believe that her best friend was sexually active.

Never- pregnant African American teens had a higher score on the *ego* identity scale, but the differences in cognitive development were not significant. A strong association was noted between age of menarche and adolescent pregnancy (Talashek et al., 2006).

Having noted the household composition of the African American teen who is more likely to get pregnant, it is important to determine the importance of parental influence on teens that get pregnant. Recent research has indicated that parents are the primary influence on the teen’s attitude toward risk behaviors and sexual attitudes (Hutchinson, 2002; Hutchinson, Jemmott, Jemmott, Braverman, & Fong, 2003). If the African American teen has the attributes of being more likely to date, dating more frequently, and having more sexual partners; there is a significant association between mother-daughter communication about sexual behavior and increased condom use by the young woman (Hutchinson et al., 2003). This should be considered as a mediating factor for teen pregnancy prevention (Hutchinson et al., 2003).

In an effort to improve the percentage of teens who receive adequate prenatal care, Cox et al. (2005) asked African American, Latina, and Haitian pregnant teens their expectations of prenatal healthcare. They responded by stating they desired comprehensive care for themselves and their children, having the same provider at every appointment, and education about pregnancy and reproductive issues. Daniels, Noe, and Mayberry (2006) also did a qualitative study with pregnant African American teens that attempted to discover their attitudes toward prenatal care. They found young women who sought early prenatal care had a positive attitude toward prenatal care and thought it was important; however, teens that entered care later in the pregnancy stated they felt the clinical staff was insensitive to their needs.

A similar study on social support looked at it as a protective factor or asset for pregnant teens (Sieger & Renk, 2007). This study suggested that interventions targeting social support might be helpful in improving the self-esteem and functioning of the pregnant teen and teen parent. Grady and Bloom (2004) looked at assets of pregnant teens as an outcome measure of group prenatal care. This study measured the teen perception about education and social support before and after completion of the group prenatal care.

After reviewing all the pertinent literature, the researcher chose the ecological framework to allow her to look at the environment from the view of the pregnant African American teen. Feminist theory gives voice to those who would otherwise not be heard. Multicultural theory encourages researchers to embrace the diversity of all cultures. Combining these theories as a framework for this research allowed the study to focus on diversity and explore the unique qualities of the pregnant African American teen within her environment with an emphasis on discovering the positive influences that may impact the outcomes of her pregnancy and her life.

Chapter Three - Methodology

This chapter describes the research methodology for this study. The topics addressed include the research design, rationale for qualitative methods, sampling, confidentiality and initial procedure, data collection procedures, reflexivity, and data analysis.

Research Design

This phenomenological study used multiple sources of data. Little work has uncovered what pregnant adolescent women believe about their own pregnancies (Rosengard, Pollock, Weitzen, Meers, & Phipps, 2006). The purpose of this study is to grasp the essence of pregnant African American teens' perceptions regarding ecological and multicultural influences on assets and their importance. The goal is to apply the knowledge discovered to improve care for the pregnant African American teen. To obtain the essence of lived experiences, phenomenological research methods are often conducted using in-depth interviews and other methods of qualitative data collection (Creswell, 2006). This study used in-depth interviews and photos using the photovoice method (Wang & Burris, 1997) to obtain the teens perception of their assets. The triangulation of data—obtained by analyzing data from multiple sources—strengthens the findings and interpretations (Marshall & Rossman, 2006).

This study consisted of two interviews with each participant. The first interview focused on the explanation of procedures and asset map creation. At the conclusion of the first interview, participants were given a camera and a self-addressed stamped envelope. During the second interview, the developed photographs were used in the photovoice approach to guide the conversation and open-ended questions (Wang & Burris, 1997).

Rationale for Qualitative Research

Qualitative research allows one to uncover the nature of an experience with a particular phenomenon and understand its nuances (Strauss & Corbin, 1990). Miles and Huberman (1994) explained that qualitative research allows for richness and holism that cannot be found in quantitative research. Qualitative methods provide the means to study the family as the unit of analysis (Daly, 1992). This method can accommodate multiple perspectives and give a fuller account of family dynamics (Handel, 1996). Qualitative research works well when studying adolescents, pregnancy, and families as it gives a voice to these populations. Traditional questionnaires often do not adequately assess the clients' views of their quality of care, nor their level of satisfaction with their care (Greenstein, 2001).

Feminist theory works to improve the lives of those who have been marginalized (Thompson & Walker, 1995). Thus, most feminist research is considered participatory action research (De Reus et al., 2005). Within the context of multicultural feminist studies, qualitative research is a preferred methodology in that it allows for the richness of voice and research reflexivity (Bell-Scott, 1995).

Sampling

Phenomenology supports the use of a small sample size of fewer than ten participants as it requires in-depth participant interviews (Dahl & Boss, 2005). Phenomenology looks at participants who have experienced a particular phenomenon and can articulate their lived experience of it (Polit & Beck, 2007). Only one type of participant should be studied (e.g. pregnant African American teens) to better understand the phenomenon of interest (Krueger & Casey, 2000). The convenience sample for this study was recruited from pregnant African American teens receiving prenatal care at an OB-GYN residency clinic in a mid-sized

midwestern city. All participants choose to maintain the pregnancy and were recruited during the second or third trimester. The 13 participants met the criteria of being pregnant, ages 16 to 19 years old, and African American. Demographic information was collected with a questionnaire after the participant signed the consent form for participation. The demographic information included age, last grade completed, school attendance, family structure, living arrangements, number of living children, and marriage status.

Confidentiality and Initial Procedures

The researcher recruited all participants through clinic staff referrals. Clinic staff members who were aware of the inclusion criteria informed the researcher of potential study participants. During the first meeting, potential participants were given a letter of introduction and a verbal explanation of the study and asked if they would like to participate. If not, she was thanked for her time. If yes, she was given an informed consent form that explained the purpose of the study, described the study protocol, and informed the woman of her rights.

For the consent process, it was necessary to form three distinct groups and develop three separate consent forms to address the women's ages. If a teen was 18 or 19 years old, she did not require parental consent and was given the consent form to review herself. The researcher answered any questions she had about the study. For teens 16 or 17 years old and living with a parent/guardian, the researcher reviewed the consent form with the potential participant. If the teen agreed to participate, she was required to obtain consent from her parent or guardian. Fortunately, the teen's mothers were with them at the clinic. If the teen was 16 or 17 years old and not living with her parent/guardian, she was given the consent form by the researcher who also answered any questions she had. If she agreed to participate in the study, a member of the clinic staff signed the consent as a witness that the teen met the participation criteria. Each of the forms

included consent for the use of the participant's photographs for publication and presentation. Consent to audiotape discussions also was obtained during the initial meeting.

After the informed consent form had been signed, each participant then met with the researcher for the initial interview and asset mapping. When the map was completed and the interview concluded, each participant was given a disposable camera and was asked to take pictures of people, places, or things that were a positive influence in her life. She was asked to return the camera to the researcher via U.S. mail in the provided prepaid envelope. The participants also received photography release forms and were instructed that any photograph that might show harm to her or others must be reported to the state for investigation. The researcher explained the importance of obtaining consent from people other than the participant who were in the photographs.

The researcher had two sets of pictures developed and set up a second interview with the participant. At the second interview, the participant was asked to discuss the photos using Wang's photovoice methodology. The participants' identities remained anonymous throughout the coding process and no identifying information was used. Photos revealing the participant's identity will only be published with participant permission and with faces blurred—per directives of the Institutional Review Board at Michigan State University—to prevent identification in publication or presentations. A professional transcriber, per HIPAA regulations, transcribed the audiotapes. To ensure participant protection, the Institutional Review Board (IRB) at Michigan State University and Synergy Medical Education Alliance approved the study. All data is kept in a locked cabinet in a locked office.

Data Collection Procedure

Data was collected during the two or more interviews with the pregnant teen through the use of semi-structured interviews focused on asset maps and photographs.

Asset map and questionnaire. Asset mapping creates an in-depth understanding of the community through the eyes of the teens by identifying local resources, networks, places of importance, and prevalent issues. The map included how these elements were already connected, and where other potential connections might exist (Kretzmann & McKnight, 1993). Such an understanding creates numerous possibilities for new and innovative approaches to community empowerment that are compatible with the maintenance of healthy environments. Asset maps also serve as a tool to engage youth in participatory action research and affect social change by educating participants, and encouraging communities to examine themselves and set up a plan for successful changes (Aberley, 1993).

For this study, the creation and use of an assets map serves a twofold purpose. In addition to its primary use as a visual representation of the teen's environment; its creation also enabled the researcher to overcome the teen's inherent hesitancy to talk with healthcare providers by opening the discussion about her assets through a visual medium. Asking the teen to make an asset map allowed her to communicate her assets verbally (through discussion) and visually (by placing them on a board representing her environment). The outline for the board is based on Human Ecology Theory with the individual as the center point of the map.

The interviews were conducted in a private room at an office that provided prenatal care for pregnant teens. The teen was shown the asset map components and asked to construct her personal asset map. First, she determined which people, places, and things had had a positive influence on her life. She then placed the assets on a blank asset map that had a drawing of a

pregnant teen in the center to serve as the reference point for asset strength. The placement allowed her to determine “stronger” influences by placing these closer to her and “weaker” influences by placing them farther away from her. The conceptual models previously presented in Chapter 1 served as the basis for this method. During the process, post-it notes with labels such as mother, father, sister, brother, father of baby, and unborn baby were used. There were also blank post-it notes on which the participant was asked to write the other people, places, and assets that she needed to complete her map. The information gained from the individual asset maps provided information about each participant’s ecological environment and was compiled to provide themes and information about pregnant African American teens.

Photovoice. Photovoice is a methodology that was based on Freire’s (1973) philosophy that people share and speak from their own experience; that they see connections amid their own lives, that they create a personal analytical perspective, and that they grow their own solutions and strategies for change (Wallerstein & Bernstein, 1988). This philosophy is congruent with this research project’s purpose of providing a comprehensive and inclusive means of sharing the experiences and perceptions of pregnant African American teens. The photovoice methodology (Wang & Pies, 2004) served as an excellent methodology for the young woman to describe her environment.

The use of photovoice as a participatory action research strategy has been previously utilized in the area of women’s health (Wang, 1999). Wang (1999) described photovoice as a process in which people: 1) photograph their everyday health and work realities; 2) participate in group discussions about their photographs, thereby highlighting personal and community issues of greatest concerns; and 3) reach policy makers, health planners, community leaders, and other people who can be mobilized to make changes (Wang & Burris, 1997). Photovoice has also been

used in research involving other marginalized populations. Wang and Pies (2004) used photovoice to study women in rural China, indigent people in Flint, Michigan, and homeless people in Ann Arbor, Michigan. Wang (1999) developed five photovoice concepts that increase the understanding of marginalized populations:

1. Images teach.
2. Pictures can influence policy.
3. Community people ought to participate in creating and defining the images that shape healthful public policy.
4. The process requires that, from the outset, planners bring policy makers and other influential people to the table to serve as an audience for the community people's perspective.
5. Photovoice emphasizes individual and community action.

For this study, participants were counseled about ethical issues surrounding the use of photovoice: this included personal safety and the potential for invasion of privacy of the people they photographed. Wang and Pies (2004) suggested that the following issues be discussed: What responsibility does one have when using a camera? What is an acceptable way to approach someone when you want to take his/her picture? What types of situations or images would you want to avoid capturing in a photograph? After the photos are developed, the researcher conducted an interview with the participant about the assets that were depicted in the photographs. These interviews have thicker, richer information than word-only interviews (Capello, 2005; Samuels, 2004).

Participants who consented were told the photos would be used as data for analysis and might be used without identifying information in journal articles and research presentations. If

abuse was suspected, the researcher must report it to appropriate authorities and the participant could receive counseling.

Compensation. Each participant was offered a \$50.00 gift card to a local retail store and a copy of the photographs she had taken. She received the gift card and photos upon completion of the second interview.

Interview questions. The interview questions (see Appendices I and J) were based on human ecology and multicultural feminist theories. Photovoice uses the mnemonic SHOWeD when eliciting information about photos in a needs assessment for maternal child health (Wang & Pies, 2004). The SHOWeD mnemonic consists of five questions: 1) What do you see here? 2) What is really happening here? 3) How does this relate to our lives? 4) Why does this situation, concern, or strength exist? and 5) What can we do about it? (Wang & Pies, 2004). This methodology was used as a basis for the questions asked during the photovoice interview. Questions for the asset interview were based on Leininger's Inquiry Guide that looks at cultural competency in nursing and healthcare (Leininger, 2002). To contribute to the study's trustworthiness using peer review, an African American certified nurse-midwife (CNM) who works with teens in the area of reproductive health reviewed all interview questions to ensure that they were culturally competent for pregnant African American teens. Finally, all participants had the opportunity to read their transcripts and the results of the study, allowing them the opportunity for debriefing and discussion of the newly obtained information.

Reflexivity

One of the important components of qualitative and phenomenological research is that it maintains the reflection of the researcher's personal history and perceptions as they pertain to the research topic. In regards to phenomenological research, this process of bracketing the

researcher's personal experience from the participants' experiences is called *epoche* (Creswell, 2006). For this process, the researcher must set aside personal experiences as much as possible, in order to take an unsullied view of the phenomenon of interest (Creswell, 2006; Marshall & Rossman, 2006).

Professional and personal experience. The researcher has provided care to many women during their childbearing years for more than 20 years as a nurse and nurse-midwife. As a certified nurse-midwife in private practice, she had frequent discussions with physicians, nurses, staff members, and families about the young pregnant women under her care. One topic of discussion was concern about sending home newly delivered teen moms. There were many questions: Who would help the teens and serve as mentors? How would they continue their education? How will the young mothers and others care for the infant? The certified nurse-midwives who were the researcher's colleagues observed that African American teens appeared to have more support at home than white teens. However, they were not able to determine which factors in the teen's environment supported this belief (personal communication).

The researcher's mother taught her to look for the good in people, and she has tried to keep that philosophy in her professional life. However, much of the research on teen pregnancy has looked only at risks and poor outcomes. This research study has helped the researcher understand the assets of the young women, which in turn has helped her as a midwife to improve healthcare. The researcher believes that these data will be useful to researchers, medical practitioners, and other interested parties who seek to improve perinatal outcomes.

Human bodies enter puberty during the teen years, and hormones are telling teens to procreate. Culturally, we advise them to abstain or at least not to have babies until they have completed the aforementioned requirements. Maybe the majority culture should change to

accommodate teens that have chosen to become parents by providing practical education for real life situations. Their families are giving these young people life lessons that are not necessarily the same as my family taught me. I believe that I need to change, to become culturally sensitive to the needs of the young, pregnant African American client.

Experience with qualitative methods. As a nursing faculty member at the University of Michigan-Flint, the researcher has been able to work with other faculty who have done qualitative research in the area of cultural competence. The researcher has had discussions about culturally competent care and evidence-based practice. The researcher has taken graduate qualitative research courses as part of her doctoral studies. Her dissertation chair has helped her to achieve a greater understanding of qualitative research. The researcher felt that these experiences provided a foundation for conducting this study.

Data Analysis

According to Gilgun (1992), the goal of qualitative research is accurate and complete communication of what the informants are really saying about the phenomenon of interest. To achieve this goal, the researcher needed to stay connected to the participants' experience. Colaizzi (1978) outlined seven steps for data analysis in phenomenological research. Creswell (2006) discussed a five-step approach based on Colaizzi's original work. These steps served as the basis for analysis in this research.

The first step described by Creswell (2006) calls for reflexivity by the researcher, or epoche. The epoche includes a full description of the researcher's experience with the phenomenon of interest. This allows the researcher to put aside personal experiences and direct her focus on the experience of the participants.

The second step is developing a list of statements in which the participants have described their experience with the phenomenon of interest. Horizontalization allowed the researcher to develop lists of significant statements for analysis (Creswell, 2006). Reviewing field notes and listening to audiotapes of the interviews accomplished this.

In step three, themes were derived from examination of the significant statements. The description of each participant's experience with the phenomenon of interest or textural description included quotes. In this study, the researcher included asset maps, quotes, and photos for each participant to achieve richness and accuracy of the data. Once themes were determined, the researcher did what Creswell (2006) called *structural description* (the fourth step), by describing the setting in which the phenomenon was experienced.

The fifth and final step in Creswell's (2006) process is a description of the phenomenon that includes both the textural and structural descriptions. This is termed the *essence* of the phenomenon. The essence of the research is the culminating aspect of the study that describes not only what the participants' experiences were, but also how they experienced the phenomenon.

The primary researcher coded the transcripts using these methods. A colleague with expertise in qualitative data analysis also reviewed the transcripts. Data coding was discussed several times in meetings with my doctoral chair. From this entire analytical process, the researcher was able to discern positive influences on the young woman's experience.

Trustworthiness. In qualitative research, trustworthiness determines rigor for the research. As Patton (1997) indicated, triangulation is an ideal way to fortify a qualitative study. Triangulation refers to combining methods or sources of data as a way to enhance understanding of the setting and the people being studied (Taylor & Bogdan, 1998). This type of research

supports the scientific status of research and increases the utility to readers (Reinharz, 1992). Triangulating multiple sources of data also enhances the study's generalizability (Marshall & Rossman, 2006; Miles & Huberman, 1994). In addition to triangulation, trustworthiness was accomplished through the use of Lincoln and Guba's (1985) four criteria for developing trustworthiness in qualitative research: credibility, dependability, confirmability, and transferability.

Credibility. Credibility refers to confidence in the truth of the data and interpretation of that data. The researcher must carry out the study in a manner that enhances believability of the data and demonstrate that credibility to the audience. Credibility in this study was accomplished through the process of reflexivity and reflective journaling.

Dependability. Dependability is a reference to the stability of data over time. Reliability in quantitative research methodology can be achieved through such means as repeating the study with the same population in a similar context. For the current study, however, dependability was addressed by careful documentation, triangulation of the data, and maintaining an audit trail.

Confirmability. Confirmability looks for objectivity in the research. This concerns itself with the potential for congruencies between two or more people about the data's meaning and accuracy. This was accomplished by the researcher's reflexivity, triangulation of data collection, peer debriefing, and a second coder review of the data for themes. As stated previously, my doctoral chair also was used in the process of confirmability.

Transferability. Transferability in qualitative research refers to the investigator's responsibility to provide sufficient descriptive data so other researchers can evaluate how the data will apply to other contexts. This is achieved by placing adequate checks on the validity of the interpretations. One can achieve this goal by inspecting the data interpretations. The current

study addressed the potential for transferability through comprehensive field notes, saturation of data, and a rich description of the phenomenon provided in the results sections.

Qualitative research was an excellent methodology to allow pregnant African American teens to talk about people, places, and events that were a positive influence on their lives as it provided the methodology to gain rich insight about this phenomenon. The asset maps allowed the teen to physically place aspects of her environment to show relationships. The combined use of photovoice and interviews allowed the teen to show and tell about the positive influences in her life. This methodology was also appropriate for the developmental stage of concrete thinking for the teens.

Chapter Four - Results

This study explored the perceptions of positive influences of thirteen pregnant African American teens. All thirteen teens completed an asset map during the first interview. Ten of the pregnant teens completed the entire process of two interviews, asset map creation, and photovoice interaction. The data is comprised of the initial interviews and asset maps of 13 pregnant African American teens and the photos and second interviews of the 10 teens who returned the camera.

The data analysis was done according to the methods described by Moustakas (1994) and Creswell (2006). The researcher analyzed the data and highlighted significant statements from the interviews, photos, and asset maps to discover how the participants perceived assets during their pregnancies. Next the researcher developed clusters of meaning (Creswell, 2006) from the highlighted data. The clusters of meaning provided the path to the textural description, which allowed the researcher to advance the data into major themes and subthemes.

In the first section of this chapter, a summary of the ethnodemographic information is provided and serves as a thick description of the cultural group to aid in the possibility of transferability of findings. Specific ethnodemographic information is found in Table 4.1. Secondly, the corresponding open-ended interview questions with subsequent informant responses linked to Human Ecology and Multicultural Feminist Theories will be given. The textural description noted as visual responses by photos and asset maps, as well as oral responses to the interview questions were categorized into themes and subthemes within six thematic sections: responsibility for the unborn child, women caring for women, family members caring for the pregnant teen, relationships with the father of the baby, community members caring for pregnant teens, and the community-at-large as a non-caring asset of the pregnant African

American Teen. Women caring for women was the strongest theme supported by participant data. Family support was the second major theme supported by the data. The data was organized to follow major themes moving from the microsystem of the pregnant teen to the mesosystem, and finally the macrosystem.

Research Findings

Ethnodemographics. The ages of the women interviewed ranged from 16 to 19 years with the mean age being 18. All of the young women identified themselves, their mothers, their fathers, and the fathers of their unborn children as African Americans. All participants described themselves as single but five said they lived with the baby's father. Six said they lived with their mother, one with her maternal grandmother, and one with her sister. One participant stated that her father also lived in the household. The highest grade completed ranged from 10th grade to one year of college. Two participants stated they were attending high school, three were not attending school, five were attending alternative high schools to earn General Education Development (GED), and three stated they had attended some college and would return but did not have a definite time in mind to return to school. Seven of the teens stated this was the first pregnancy; three women said it was their second pregnancy, and three women said it was their third pregnancy. Two participants indicated they had one living child; one was nine months old and the other was three years old. One participant indicated she had two children: seven months old and two years old. Three participants indicated they had prior pregnancies: one had two spontaneous abortions (miscarriages) and one had a spontaneous abortion and a voluntary interruption of pregnancy; one woman had one voluntary interruption of pregnancy. The gestational age of the women at intake of the study ranged from 16 weeks to 36 weeks with a mean gestation of 26 weeks.

Table 4.1 Demographics

Participant #	1	2	3	4	5	6	7	8	9	10	11	12	13
Age	18	19	18	19	17	19	17	18	18	18	19	19	18
Ethnicity/ Race Participant	A A	A A	A A	A A	A A	A A	A A	A A	A A	A A	A A	A A	A A
Ethnicity/ Race Mother	A A	A A	A A	A A	A A	A A	A A	A A	A A	A A	A A	A A	A A
Ethnicity/ Race Father	A A	A A	A A	A A	A A	A A	A A	A A	A A	A A	A A	A A	A A
Ethnicity/ Race Father of Baby	A A	A A	A A	A A	A A	A A	A A	A A	A A	A A	A A	A A	A A
Highest Grade Completed	11	11	13	12	10	11	12	12	11	12	13	11	13
School Currently Attending	GED	Saginaw	Delta		HS	ETC	Delta	Job Corps	GED		CMU	HS	
Gravida	2	2	1	1	1	3	1	1	3	3	1	1	2
Parity- term	1	1				1							
Preterm						1							
SAB, VIP									2	2			1
Living Children	1	1				2							
Ages of Children	9 mo girl	3 yo boy				2yo boy 7mo boy							
Gestational Age (weeks)	33	36	35	25	16	19	23	20	24	20	20	30	32
Marital status	Single	Single	Single	Single	Single	Single	Single	Single	Single	Single	Single	Single	Single
With whom do you live?	sister	MGM	Mom	FOB mom	Mom	FOB	Mom and Dad	FOB & Mom	Mom	FOB	Mom	Mom	FOB

Interview Data

Perception of assets. Visual and oral responses to the interview questions were analyzed and organized into categories of themes and subthemes within the six sections: women caring for women, mothers caring for their unborn children, family support, education influences, religious support, and healthcare support. See appendix I for first interview questions and appendix J for second interview questions.

Positive influences of pregnant African American teens. Pregnancy during adolescence has risks and is often the focus of concern for healthcare providers. However, focusing on positive youth development can shift this focus to the consideration of assets/positive influences, which may contribute to the teen having a healthy pregnancy and infant (Larson, 2000). Positive assets in pregnancy that promote improved outcomes for the youth have been identified (SmithBattle, 2007). Baber and Murray (2001) discussed the importance of allowing a person to define themselves and place importance in defining one's self. This study allowed each pregnant teen to describe her lifestyle. Multicultural Feminist Theory focuses on the opportunity for each person to think differently (Weedon, 1999). This thought process gives a "viable, meaningful approach to thinking differently about the diversity among women and families" (De Reus et al., 2005, p.196). The themes discovered in this study support this philosophy. Human Ecology Theory was also supported by the results of the interviews and photos. The pregnant African American teens determined that the unborn child and current children are the most positive influences noted. The asset maps created by the teens showed this as the young women placed their children (born and unborn) either directly over or next to themselves.

Interviews/Textural Description

The textural description describes what the pregnant teens experienced (Creswell, 2006). At the beginning of the first interview, each teen was asked about the positive influences in her life. She was asked to place post-it notes with the names of people, places, or things that were a positive influence to her on a board, which had a sticky note with her name in the center of the board. She was also asked how these people, places, and things in photos were a positive influence on her life. The assets maps provided two major sources of information. First, the researcher learned the major sources of positive influences for each participant when she described them verbally. Secondly, the participant indicated the strength of each positive influence by how close she positioned the paper to her name on the asset map. By allowing the participant to place the names on the board, she showed if the asset was a stronger or weaker influence for her.

At the end of the first interview, each teen was asked to take a camera and photograph the positive influences in her life. Of the 13 teens that participated in the first interview, 10 returned the cameras and granted the researcher a second interview to explain the photos and their importance in her life. Pseudonyms were assigned to each participant to provide for anonymity.

Analysis was done on the asset maps, photos, and interview narratives using the phenomenological data analysis steps outlined by Creswell (2006). Significant statements, photos, and relationships on the asset maps were highlighted. Once the highlighting was completed, the researcher looked for clusters of meanings from the data. This then lead to the formation of the themes discussed in the next section.

The overarching theme was women caring for women. Many of the subthemes were abstracted from this overriding major theme, including caring relationships with grandmothers,

mothers, sisters, and girlfriends. The participants also discussed their relationships with their siblings, parents, and children. Family support was a major theme, which overlapped the women caring for women theme.

Themes

Major theme I: Mothers caring for their unborn children.

Subtheme I A: Responsibility for the unborn child. A theme identified during this interview was the importance of her unborn child to the pregnant teen. When asked how the pregnancy influenced the young women, most placed the sticky note with the name of the baby either next to or directly over her name. The teens stated the unborn and current child were greatest personal assets. The reflection on internal assets was not measured as this would be noted as behavior.

Subtheme I B: Responsibility for self. D'Angel said, "I think it [my unborn child] will teach me to be more responsible. I am responsible, but taking care of somebody else is a whole different thing than taking care of yourself. I think that would be a good thing for me."

Jenay talked about how her unborn child was a positive influence for her, "He makes me want to go on with school and work and everything because I know I have a responsibility, so I have to make sure I am able to take care of him. Because I want to make sure that I stay on the right track for him."

Keisha added, "I came to actuality that every life is a blessing, so I don't think of it as a bad thing any more, it is just a new era in my life...I would put her [sticky note with unborn child's name] right on top of me."

Figure 4.1 Latrise described the influence of her baby, “It [my unborn baby] makes me want to mature more. That is the only way that I can explain it. I see this as my life. I see myself as this role model now. Now I have to be somebody positive so she can look up to me.”



Anniya said, “I used to be in a bad crowd and now I am close to him and do better things so he can have a better life. I know if I didn’t change, I could have gotten into trouble and I could have gotten locked up or anything and I wanted to be with them.”

Corleshia spoke of her baby, “I think the baby is going to have a positive influence on me because it is something that I know that I have to look forward to and something that I can call my own to raise.”

Freshia talked about her future as a mother, “If they [my children] weren’t in my life, I would probably be doing other things and not trying to live right and do what is going on in the world and with people who don’t have responsibilities, probably like going to parties and stuff like that. Every time I get money, I have to go buy clothes instead of just for one thing that is going on with a specific night. They keep me organized and keep me feeling like I have to do this for them so they can grow up to be the best. I don’t want them growing up not being able to accomplish anything, so I want what is best for them in their lives.”

Monea added, “Now I have moved out of my momma’s house and try to better myself so I can take of him [my unborn child].”

Figure 4.2 Janay spoke of this photo, “Because I want to make sure that I stay on the right track for him.”



Figure 4.3 Participant smiling to show her pregnant abdomen



Figure 4.4 D’Angel shows her pregnant belly as a positive influence in her life.



Figure 4.5 Asset map showing how participant placed her baby directly over her name in the asset map



The teens discussed how being pregnant changed their behavior. They reported less risk behaviors and increased assets as a direct relationship of becoming pregnant.

Major Theme II: Women caring for women.

The data analysis of photos, asset maps, and interviews clearly pointed to a theme of women caring for women. This supports the Multicultural Feminist Theory, which allows women to talk about their experiences in an unbiased light.

Subtheme II A: Mothers caring for their pregnant teen daughters. Many of the participants discussed their relationship with their mothers. Most of the teens viewed their

mothers as a positive influence in their lives. “My mom...I want to be like her.” (Beyoncé).

Ebony talked about her mom’s influence, “She helps me when I am feeling down.” Jenay added,

“She is there when I need her to be.”

Gemma shared how her mother supported her when she became pregnant as a teen, “She don’t bash me about my mistakes and she is very supportive and she talks to me and she is always there...When I got pregnant, I was still in school and my mom was telling me that I couldn’t drop out after I had my baby and I have to stay in school and continue to further my career just like my sister because she is going to nursing school now.”

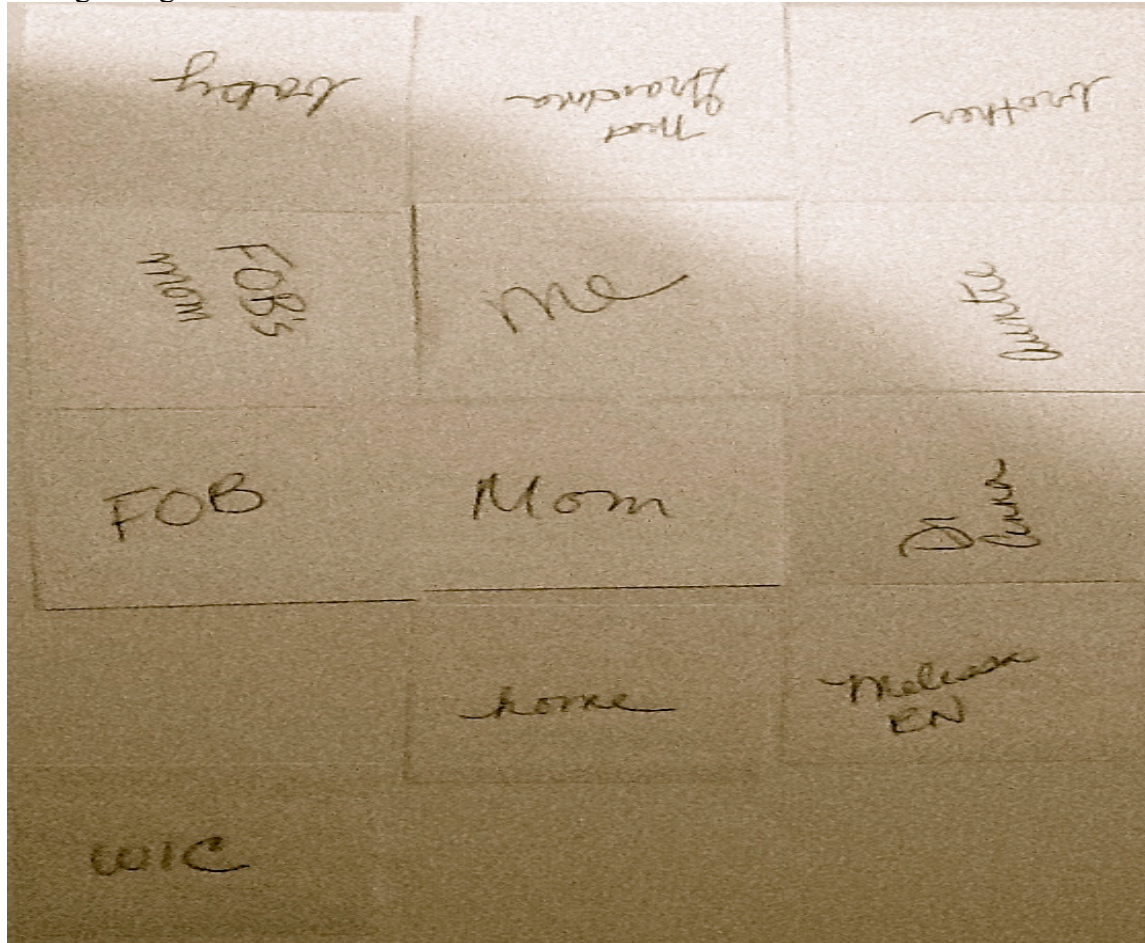
Figure 4.6 Keshia talks about her mother, “She helps me through everything, even through bad things. She always has something positive to say and always cheers me up and encourages me. My mom is my best friend.”



Figure 4.7 Latrice described her mother, “Other family members judge her as being a bad mom, but I think she is the best mom that I could have because God only gave me one mother. She has been positive to me by trying to keep me on the right path and says that I decided to be grown up at times and go my own different ways, but she did teach me the right way.”



Figure 4.8 Asset map that shows the strong relationship between mothers and their pregnant teenage daughters:



Subtheme II B: Non-caring absent mothers. For some participants, their mother was absent. Monea said, “She [my mother] hasn’t been a good influence.” Freshia added, “She tried to get me to gain her trust and stuff since she hasn’t been with her children for awhile...she hasn’t been here for her children. She hasn’t really done anything for me or my sisters or brothers.”

Subtheme II C: Grandmothers caring for their pregnant granddaughters. Many of the young women described their grandmother as being a positive influence. Grandmothers were often the primary care provider for many of the teens. Many teens saw their grandmother as a source of care for a successful future. D’Angel described her grandmother, “when I was born she

adopted me and took care of me until she died when I was five. She tried to make me better myself. Basically she wanted me to be something.”

Latrice talked about her grandmother, “She lets me know right or wrong. Because she is older, she doesn’t hold back what she is trying to say. She just gets straight to the point of how it is and that is what I really need. I don’t need anyone to bite their tongue over words and my grandma is going to tell me if I am in the wrong or if I am in the right and that is what I need.”

Freya told how her grandmother taught her about the role of being an African American woman, “Mostly black African American females don’t know how to cook and when it is time for their children they don’t know how to actually put all the things they want to do to the side and do the things they need to do and they need to know that; so my grandma would have me in the kitchen cooking and watching her cook and helping her clean up. So that basically helped me right now because I clean my house very well and I cook for my children healthy meals for breakfast, lunch, and dinner. And I learned how to do that. It is not like I cook just hot dogs and stuff. I know how to cook meatloaf and greens and cornbread and macaroni and cheese and stuff. So she helped me out because if it wasn’t for her, I would be left alone and she helped me be more of a woman and I skipped my teenage and my childhood, so basically she helped me become a positive and independent woman.”

Keisha described her grandmother as woman who gave directions for life, “I love my grandma so much because your grandparents or even your mom, they always lecture you on things and they just want you to be a better person. With her, it is no beating around the bush, it is just straightforward. Even though sometimes, it might come out a little harsh, it is the truth and I know it is because she loves me and I respect her and love her for that to always tell me like it is.”

Figure 4.9 Jenay talked of the support she received from her grandmother, “When I moved, Grandma Mary took me in. She bought me clothes and gave me money and made sure I had food.”

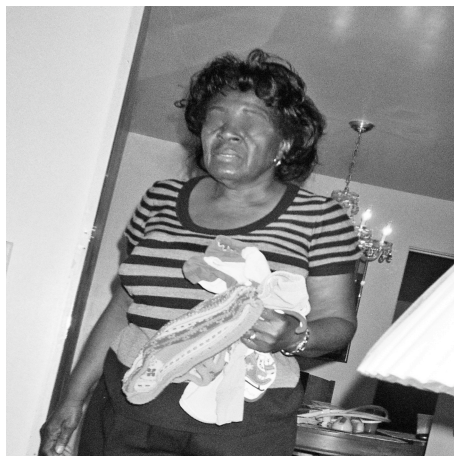


Figure 4.10 D'Angel said she owed her life to her grandmother, "Basically, if it wasn't for her, I wouldn't be here because everybody was telling me that nobody wanted me. I was a premature baby, so if she didn't take me in, I probably wouldn't be here. That is her obituary picture because she is deceased and I didn't have a lot of pictures of her."



Figure 4.11 Asset Map showing the strength of relationship between pregnant African American teen and her grandmother, in that her grandmother "keeps me grounded".

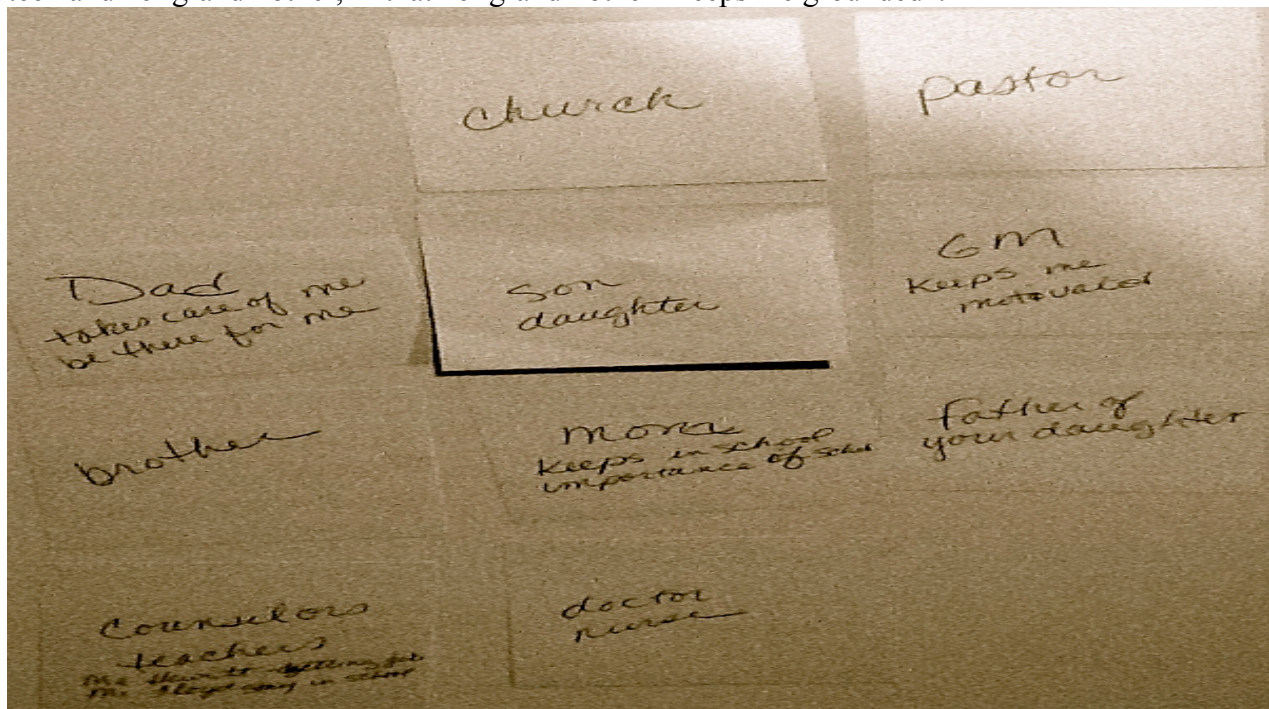
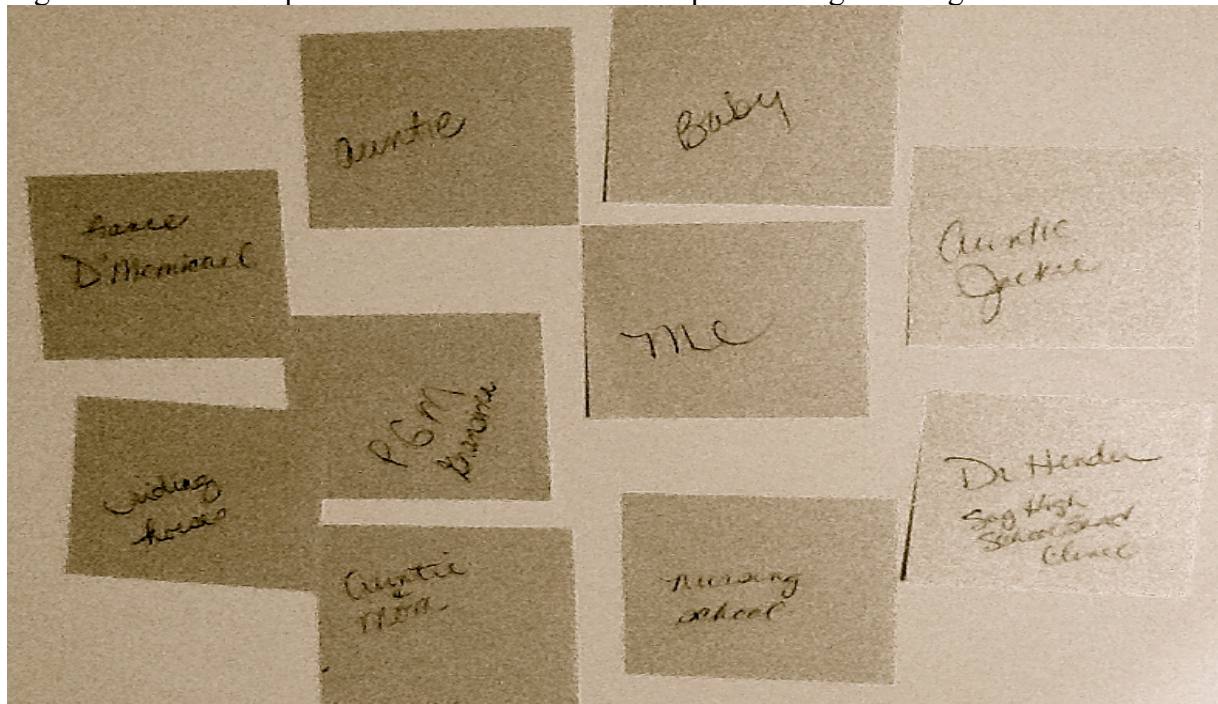


Figure 4.12 Asset Map of Grandmother's Relationship with her granddaughter



Subtheme II D: Sisters caring for pregnant sisters. Sisters were very important to the participants. They gave each other words of encouragement, watched each other's children, and looked out for each other's well being. Annaya talked about how her sister was a positive influence for her, "She helps me out a lot and she goes to cosmetology school and has been teaching it to me." Keisha told of her sister, "She always takes my side and I like that. She always tells me to keep my head up and you can do it. Even though I am the big sister, she is there for me."

Figure 4.13 D'Angel talked about how her sister followed a set of guidelines for lifestyle, "She influenced me because she is the only one who got married and graduated from high school and went to college. I try to follow her in a lot of things she does. She waited until she got married to have her kids and that is what I wanted to do, but it didn't really work out that way."



Figure 4.14 D'Angel describes her younger sister, "That is my best friend."



Figure 4.15 Latrice talked about her sister as a best friend, “That is my best friend. When I need somebody to talk to, I just go in her room and hug her and wake her up and say, ‘Hey, I have something to ask you or I have something to tell you.’ She does the same thing for me.”



Figure 4.16 Latrice talks about the positive influence of her younger sisters, “...they are positive by letting me know that my whole pregnancy is going to be okay and I don’t have to worry about anything like finding a baby sitter or having a hard time trying to raise [my baby] on my own and they are there to help me.”

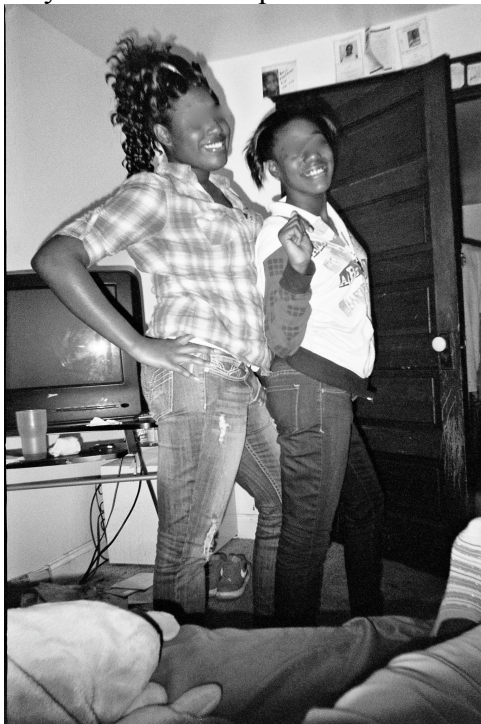
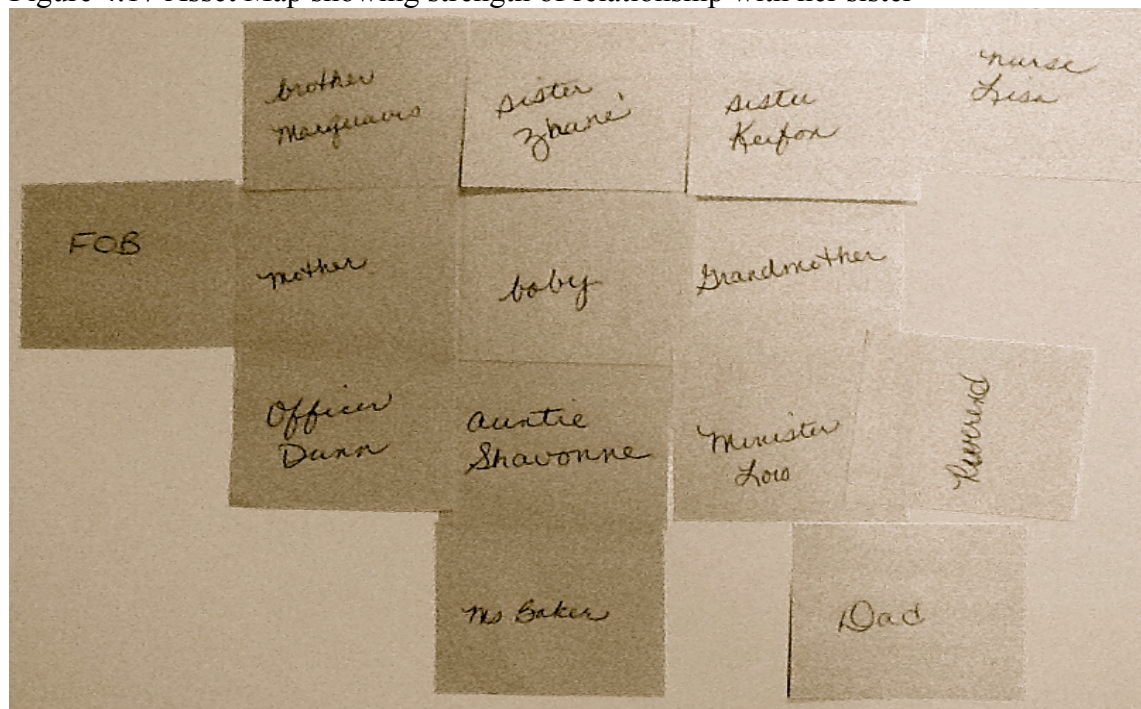


Figure 4.17 Asset Map showing strength of relationship with her sister



Subtheme II E: Aunts/aunties caring for their pregnant nieces. When the young women talked about aunts and aunties, they did not distinguish between blood relatives and close friends of the family. The term aunt and auntie are used to describe women who influence young lives.

Beyonce' viewed her aunt as a support for obtaining baby items, "She is the one who takes me shopping to get the baby stuff and she helps me out on a lot of things."

Janay also spoke of her aunt's physical support, "If I needed a ride before I got my car, she would give me a ride."

D'Angel described her aunt as the person who prevented her from doing unhealthy behaviors, "She kept me out of trouble. She kept me on lock-down in her house. If it wasn't for her, I would probably have more kids than I do right now. She would do anything for me when I am in trouble or if I need anything, I can always call her."

Gemma talked about her aunt as a confidant, "It [her aunt in the photo] is my mom's twin sister. She is more like a big sister to me. She is real down to earth. She is real easy to talk to...because there are some things that I can't talk to my mom about that I can go to her and talk to her about and it is just like talking to mom because they are sisters, so it is like talking to a second mom."

Monea's aunt talked to her about the future, "She talks to me about later in life about what I have to go through. And when I wanted to not have the baby, she talked me into keeping the baby by saying it wasn't that bad and it was my decision to do what I did so I might as well go with the consequences and I thought that was good because she was right."

Keisha's aunt told her of the importance of family, "Because when I found out I was pregnant, me and my baby's father we kind of got into it, but now we are okay. She [my aunt] would say that I don't always need him and you have the support of your family and you can get through it with us. Even though it is very important for a child to have their father, you still have the support of us."

Figure 4.18 Latrices' auntie told her about life, "She teaches me a lot of stuff about the real world and what I am going through. Even though she doesn't have any kids, she lets me know that there is always an opportunity open for me to get out and be something and just very positive. She was letting me know that you can't be looking at other people to depend on, you got to depend on your own self, you are a grown lady and you have to depend on your own self. Her positive ways, they help me a lot because she made me realize that I can't be trying to make everybody happy, I have to make myself happy."



Subtheme II F: Girlfriends caring for pregnant girlfriends. Many of the pregnant teens perceived their girlfriends as a positive support during the pregnancy. Inea told the researcher about her friends, "They talk to you and we have a good time. She does good things and she

helps me out a lot.” Anneya also talked about the special influence of a friend, “She is just always helping out and is always there when I need her.”

Figure 4.19 Keshia talks about her girlfriend, “She is like a big sister to me.”



Keisha talks about the positive influence of another friend, “We have cried together, we laughed together, we joked together, we hung out at sleepovers and everything else. If I was hungry or something, I could call her and she would bring something to eat or just anything. She cooks for me. She is also someone that I can call on and talk to. She influences me to do stuff also. She just had a baby...She is always calling and checking on me and asking me if I need to talk or would I like to go somewhere just to get out and clear my mind.”

Major Theme III: Family members caring pregnant teens.

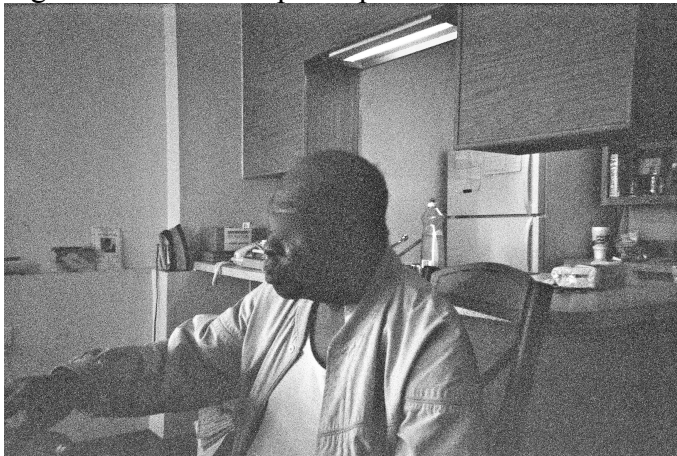
Much of the major themes of women caring for women and family support are overlapping themes. Much of the Family Support data has been presented already in this chapter. The following data presents other family members caring for the pregnant African American teen including men and extended family.

Subtheme III A: Women caring for nieces and nephews. Many of the pregnant teens had childcare experience with nieces and nephews as well as godchildren (children of special friends). Anniya spoke of the positive influence of her niece, “She is like my daughter too and is my sister’s daughter.”

Keshia talked about the positive influence from her family, “That is my niece. She is not my baby, but she is like my baby and I love her. My niece and my nephew they encourage me to keep doing the right thing. I have learned a lot just from them on how to be a better mother.”

Subtheme III B: Fathers caring for their pregnant daughters. Only one participant took a photo of her father. She described him as a positive support for her.

Figure 4.20 Photo of participant’s father



Major Theme IV: Relationship with the father of baby

Subtheme IV A: Father of the baby caring for the pregnant girlfriend. Many of the teens felt the father of their unborn child was a positive influence in her life.

The father of Beyoncé’s baby gave her support, “He influenced me a lot because at first I was nervous about it, but he was happy and when I was crying, he just told me that everything will be alright and he is going to stand by my side through the whole thing.”

Figure 4.21 D'Angel describes the father of her baby as a positive influence, "He is a good dad and you don't find a lot of those around here. He thought that was his little boy, but it turned out that they did a paternity test and it wasn't his, but he still takes care of him and he does the same for him because his daddy is not in his life."



Monae talks about how the father of her unborn child is a positive influence in her life, "He is church going and he got me in church. He has been with me the whole pregnancy. He tells me how we are supposed to get married and how he is going to be there for the baby. He spends all his money on buying the baby stuff and help out with bills and stuff. He is showing me that he will be there."

Jenay perceived positive influence as a person who supports her living needs, "He does a lot for me. I haven't been working since February, so he has really been taking care of me since I moved in with him. I don't have to ask anybody for anything because he is always there for me."

Figure 4.22 Latrice talks about the father of her baby, "That is my number one best friend. We are young and we didn't make this choice to have a baby or whatever. This is my best friend, lover, and all that other stuff. He is positive to me by just everything. We share a lot and we have a lot in common. What I go through, he goes through. It might not be the same time in life but he goes through it. He is there for me and is somebody to talk to and I talk to him about stuff the same way he talks to me about it because we spend a lot of time together. He is real positive."



Subtheme IV B: Long-term expectation of caring from the father of the baby. There are some statements about responsibilities for the father of the baby, "When I didn't want to do stuff,

he would make me do it. He would push me to do things that I didn't want to do and he would tell me that I can do it." (Beyoncé)

D'Angel adds, "I have a lot more to learn with being a parent because my fiancé might not always be there, so I need to learn on my own how it is going to be with me, just me being a single parent. I just see me basically by myself in that picture."

Keshia talked about the responsibility of the father of the baby, "I can say that he is a good father because he does have a son and he does take care of his business, I just wish he would be a little bit more understanding about what I am going through because I don't think he was there with the other girl while she was going through everything."

Figure 4.23 Asset map showing relationship of unborn child's father to his pregnant girlfriend



Major Theme V: Community members caring for the pregnant teen.

Subtheme V A: Members of the church caring for their pregnant teens.

Figure 4.24 Beyoncé took a photo of cross in her home



Monae also talked about the importance of religion in her life, “I try to write down his [my pastor’s] sermons and read them back and see how they can change my life so I can try to walk on the right path. I have been working on that and there are a couple of things that I have been doing to make myself better and make me a better person.”

Figure 4.25 Keisha talked about this photo, “This is a Mormon’s Bible and it has stories in it like every day life what women go through on an every day basis. It influences me because there is a lot of stuff in there that is pertaining to what is going on in my life. Like being pregnant, there was a girl in here that was pregnant at my age and she was doubted and stuff like that, but at the end of the day, everything turned around and she is the author of that book.”



Beyoncé believed that religion was a positive influence in her life, “He [my pastor] keeps me involved in the church. I used to be coming to church more and then I faded out of the church. He told me that I am pregnant and that I have kids, so I need to teach them the way to go. With her [my unborn child’s] father getting shot, I need to be more involved for me and my kids.”

Gemma talked about the influence of her church family, “Everybody in my church is very supportive and we are like a family. They talk to me and give me counseling. Or whenever you need something they will make sure that you get it. They are very helpful. My pastor is like a father to me and we go to lunch and stuff like that. And my youth pastor is like a grandfather and he works with the youth at church. We are very close, like another family. With my pregnancy, he [my pastor] was telling me that I couldn’t get an abortion and that I don’t know what my baby will grow up to be, and that has really helped me to cope with my pregnancy knowing that God is with me through it.”

Gemma talked about the rules of the church and how it was a positive influence in her life, “It helps me to not be so narrow-minded. And with my age group going out to clubs and knowing that it is not right in God’s eyesight and then in my condition, it helps me make very good decisions with my pregnancy. I don’t have any drinks or smoke or do other things as this is a sin.”

Latrice shared how the minister taught her lessons about life: “She [my minister] teaches me my religion and she tells me about the good things that I am doing and the reason why I am doing it and why God wants me to do it. It is the way it should be done. She teaches about the economic and political issues. She teaches me a lot. A lot of stuff I should be learning in school, she teaches me at my church.”

Subtheme V B: Teachers and principals caring for pregnant teens. The young women talked about teachers and principals who helped them along life’s way. Freya shared how her school principal helped her and her siblings escape the abusive life with her mother:

“My mom used to beat on us and stuff and I used to go to school. I was probably like nine and my brothers and sisters were younger than me, so by me having a mind, I used to always listen to my principal and show her all the scars that my mom used to do. She basically broke that and instead of us living with my mom and becoming a bad girl and disrespectful, she broke that and she took us away from my momma. If it wasn’t for that, I would probably not finish school and not even be close and would probably still be in the ninth grade or something like that and would probably have more babies who were dead or something like that because raising us. And [my mother] was also a drug addict and she always had a man around so I don’t think it would be a good idea for us to stay in the house in that environment. Ms. D was there for us and I believe she is the one and main reason, besides my grandma, [for] who I am today.”

Monae spoke of a teacher who was a positive influence for her, “She (Ms. B) is a good person and she talked to us along the way. She was over the 12th graders my year. She helped me get past the twelfth grade with my senior projects and all that, and helped me out.”

Gemma talked about the support of the principal at her school, “He [my principal] talked me through my classes and whenever I needed extra help, he would be the one who helped me. Whenever I was having a problem with someone, he would talk it out and get us to the office and

get it solved. Whenever I was upset, he would talk me down and get me to calm down and he was very helpful with school.”

Latrice found a teacher who was there for her, “She is cool and down to earth. She is my teacher, but she tries to get a better feeling of how the students are and try to feel what they are feeling and know why they are feeling that way. She is just a cool person and somebody I can talk to.”

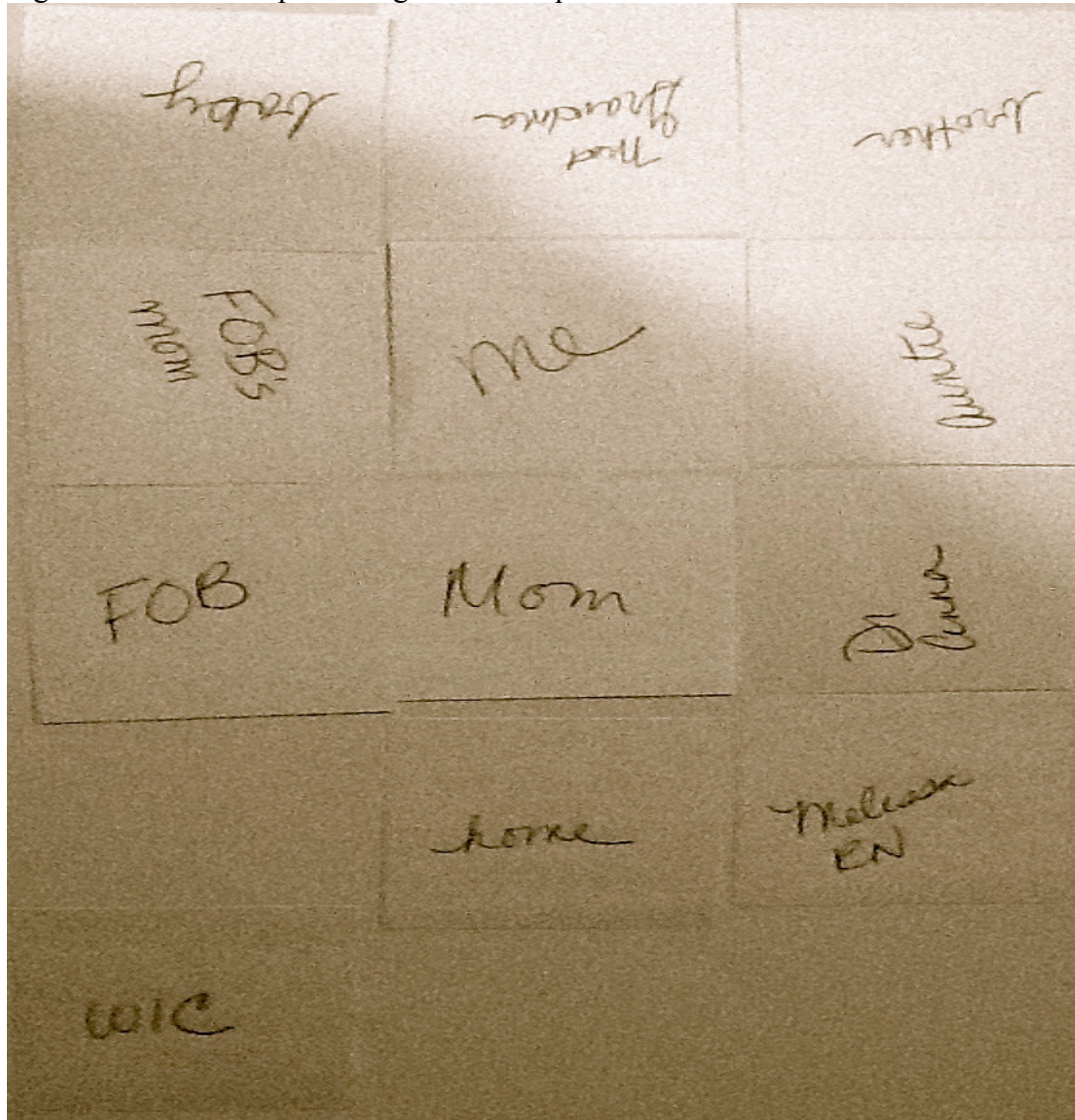
Subtheme V C: Healthcare providers caring for pregnant teens. Only a few of the teens thought healthcare providers were a positive influence. None of them took photos of anyone in the clinic. However, they did put doctors and nurses on their asset maps. Keisha felt one of the nurses at her prenatal clinic was a positive influence:

“She always talks to me and she always has this joy about her. At my second appointment, I was kind of down, but when I came in and she was up in the spirit, it cheered me up and I got through the rest of my day because of her.”

Latrice also talked about her nurse at the clinic, “She [the RN] tells me a lot of stuff that I need to know. She doesn’t just quick go through it so that she can get the information to me and get it done with it. She is like a big help so I can better understand what I am going through and the reasons why I am going through it and why do I need to do these things to help me get where I am going.”

D’Angel perceived her nurse at the clinic as a positive influence, “I don’t know the nurse’s name who works with Dr. Anna, but she has helped me a lot through my job and everything. I got this paper for medical leave and they [my employers] were telling me that they didn’t have it and the nurse who works with Dr. Anna wrote up a note telling them that I need this and have to have this and stuff like that, and so that has been good. She works through my job a lot.”

Figure 4.26 Asset map showing healthcare providers



A few of the teens talked about support services they received. Freya said, “I get Teen Parent. Holly has been real good.” Teen parent is a government-supported program that provides personal counselors for pregnant teens. Anneya talked about two support services: Women’s, Infants, and Children (WIC): “Yes, because we don’t have to buy the milk and other things”, and Community Mental Health (CMH): “They help the babies and stuff. They help with transportation.”

Only one young woman saw her doctor as a positive influence. “I think she [my doctor] is a positive influence because she is helping me through this because, without her, I wouldn’t know the condition of my baby or nothing ,and I would be stressed out.” (Monae)

Subtheme V D: Career planning as a way to care for their unborn child. Each of the teens was asked about their education. Much of the data was collected in the summer when the girls were not in school. Most of them put school on hold during the pregnancy. They did believe that education was a path out of poverty. Anniya talked about the importance of education as a parent:

“When I first had him, I was still kind of acting the same, but as he got older I had to realize that things were constantly changing and I had quit school. But when I had him, I went to school so I could get a better education. I am going to school still and I am going to finish school and then, after that I will probably go to college in the future.”

Beyoncé also recognized the importance of education as a parent, “My kids are mainly what I do it for. If I didn’t have any kids, I probably would just give up [on school].” Freya agreed with this, “After I have this baby, I see myself finishing school...I have to finish my GED.”

Many of the pregnant teens saw nursing as the occupation that would work for them. D’Angel said, “I want to go to school to at least be a nurse so I can get a good job, so I can be able to take care of me and my family.” This was echoed by Corlisha, “I am going into nursing. By me going to school and having this baby and still having all my surroundings, it is making me want to move forward in life.” Inea also supported this thought, “In school trying for my RN. I want to help people and I need the money. I have to work for me and my baby.”

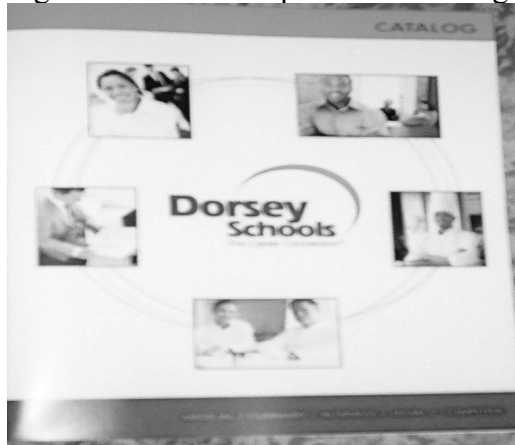
Other young women had aspirations for their educational future. Gemma stated, “In a few months, I will be starting my hair school and I am already going to college. After hair school, I plan on moving to further my career as being a pathologist.” Jenay also thought that getting more education would be an asset for her and her child, “I got my certified nursing assistant (CNA)

now, but I was going there to get my dialysis tech license to further my education and hopefully get a better paying job to help me with him [my unborn baby].”

Keshia saw herself going in a different educational direction, “I decided to minor in fashion marketing and management, so I see myself in school and out on my own, working.”

Latrice thought about the logistics of going to school and being a parent, “I could go to school in the morning and then by the time I get out of school I could go to work and get a paycheck so that I can have something for me and the baby to live off of so we can be on our own.”

Figure 4.27 Photo of poster advertising medical classes.



Major Theme VI: Community-at-large as a non-caring asset

As the interview process proceeded, the researcher asked the pregnant African American teens how they perceived other people thought about their situation of being a young, pregnant African American girl. The young women perceived that people outside of their direct contacts judged them poorly, thus the community at large was a liability. Anneya felt, “Some people judge us a lot...Being young and pregnant...just a lot of things like they call us names and stuff.” Corlisha also supported this perception, “Well, with me being African American, people seem to

put us down a lot and that we can never accomplish anything.” This was echoed by Inea, “A lot of people think it [being young and pregnant] is bad, but I don’t know.”

D’Angel thought that people in general thought less of her for being young and pregnant, “I think we get stereotyped because there are a lot of young people out here having a lot of kids. There are like fourteen year olds with three kids and stuff like that. I just told my family that at least I graduated...I just told my family that at least I didn’t follow after everybody else.”

Jenay also thought that society judged her poorly, “A lot of African American young girls go on the wrong path, like the younger ones. I see myself going down a good path.”

Latrice also perceived that other people deemed her poorly, “Things I did that I knew was bad stuff...but don’t go that way, people will judge you. I think they still judge me like that, but I try to stop them from judging me as a person that is quick to go off on anyone and now I am more calm and collect. People just judge me.” Then she added, “I believe they [people] think, from the words that I hear them saying and how they describe, I believe that they think I am the right parent. Even though I am young and stuff, they believe, they think I am the right parent or whatever for this baby...”

Monae perceived that others thought less of her because she had a child before she completed school, “I was still in college when I got pregnant and they say I should have waited. Some people in my family say that at least I finished school because most of the people in my family haven’t finished high school before they had their first child. At least I made it that far and finished school and going to college. People might say that I won’t go back to college after I have the baby.”

Other participants had a different view, “African American females having babies don’t have to be by themselves necessarily. You just have to try and make it work.”(D’Angel) Gemma also thought she was following the norm of her family:

“It is a generation thing where all the women in my family have had children at an early age and none of them had abortions and everybody has gotten married and has families and I would prefer that to not be alone. And when I do turn at least 20, to be married to my baby’s father and start a family just like my aunt, my grandma, and my mother. Everybody has made that decision and I will be doing the same.”

Structural Description

The structural description highlights the context or setting that influenced how the young women experienced the studied phenomena (Creswell, 2006). The use of the photos gave a rich

meaning to the teen's environment as it influenced her during her pregnancy. Most of the photos were taken in the young woman's home.

Church.

Figure 4.28 Participant's church where her mother was the pastor.



Home.

Figure 4.29 Photo of front porch of home in which participant lived with her grandmother



Figure 4.30 Photo of participant's home. This was her first home not living with relatives.



Figure 4.31 Photo of living room which participant decorated with her mother's encouragement



The interviews were all completed in the clinic where the pregnant teens were receiving prenatal care. None of the participants took pictures of the clinic. The interviews were conducted during the summer when school was not in session. The participants discussed the importance of school but none of them took photos of school.

The Essence

Even though the sample is small, the experiences these young women shared provided valuable information for health professionals who work with women in similar circumstances. The purpose of developing the essence of this phenomenon is to highlight the shared experiences among the women interviewed and present the essential elements of their experience (Creswell, 2006; Marshall & Rossman, 2006). The essence is a composite description derived from the textural and structural descriptions (Creswell, 2006).

All of the pregnant teens were able to enumerate people, places, and things that were a positive influence to them. The young women described six major categories of assets/non-assets: (1) responsibility for the unborn child, (2) women caring for women, (3) family members caring for pregnant teens, (4) relationship with the father of the baby, (5) community members caring for the pregnant teen, (6) the community-at-large as a non-caring asset or liability of

pregnant teens. The teens looked to their families and close friends to help them acquire knowledge and financial support to assist in the change of status from child to an adult with a child. Families, friends, church members, educators, and healthcare professionals were all cited as assets though at different levels.

The young women all noted that the unborn child was the most positive influence in their lives. The unborn baby was the reason that the pregnant teens wanted to improve their lifestyle. The unborn child gave the teens motivation to think of the future and how they would provide for their children.

Women within their environment were the second strongest asset for the teens. The pregnant young women looked to grandmothers, mothers, sisters, and aunts for advice on care of self and children. The young women valued the advice on childcare and lifestyle received from other women within their environment.

People at church also provided guidance for the pregnant teens. Although many of the teens had put school on hold for the pregnancy, they cited educators and education as another strong positive influence in their lives. Healthcare providers and governmental support systems were also noted as assets for the young women. Fathers of the baby were noted by most as an asset but often were not expected to be part of a long-term, supportive relationship for the teen.

Lastly, the community-at-large was noted as a non-asset for the pregnant African American teen. The girls felt they were judged poorly by members of society and felt a need to “show them” that they [the teens] could be good citizens and parents.

Chapter Five - Discussion

African American women have one of the highest rates for teen births in the U.S. (CDC, 2011). Although researchers have looked closely at the risk factors associated with this population, little has been done to study their assets or to determine what these teens perceive as the positive influences within their environment. The purpose of the study was to discover the perceived assets of a specific group of women who faced pregnancy at a young age within a cultural context. Allowing pregnant African American teens to talk about their perceptions of their environment—guided by ecological and multicultural feminist theories while using asset maps and photovoice techniques—allowed the researcher to explore the relationships between the pregnant teen and the positive influences within her environment. The goal was to gather information that would serve as a basis to improve healthcare and social support for the teens.

Theoretical Implications

This study's research questions were open-ended as this allowed the researcher to better understand the lived experiences from the pregnant African American teen's view. Human Ecology and Multicultural Feminist Theories were used as a framework to assess these lived experiences. The Human Ecology Theory was chosen for its ability to explore the relationship between the individual and the environment. The Multicultural Feminist Theory was chosen as a method to give voice to young, pregnant African American women. Together these theories provided a framework for discovering the perceptions of assets of pregnant African American teens. The results signify that the theoretical framework provided a sound foundation for exploring the lived experience of the pregnant African American teen.

Human Ecology Theory speaks to the principle that an individual is united to the environment through various levels of interrelatedness (Sallis et al., 2002). Hence, the individual

both influences and is influenced by her environment. When discussing assets, the Human Ecology Theory guides the discovery of the characteristics of the pregnant teen and her family, friends, school, healthcare, and education. In this study, Human Ecology Theory was useful as a tool to discuss the environmental influences and the pregnant African American teen and her perception of assets. The young women conveyed that their assets were directly connected to their environment. The teens were able to identify a variety of factors including self, family, school, church, education, healthcare, and governmental agencies that were a positive influence on them during their pregnancy. These factors helped them to reflect on what it meant to be a parent, to engage in positive behaviors, and to evaluate their relationships to other people. Human Ecology Theory allowed the researcher to investigate this perception of assets in a systematic manner. The young women were able to discuss their microsystem assets, including their unborn children, children, parents, siblings, grandparents; their mesosystem assets, including people from their neighborhood, church, and clinic; and their exosystem assets found in healthcare systems, government systems, and culture.

The findings supported the research question, “How does the environment influence the pregnant African American teen?” Each teen discussed how her immediate family or microsystem served as assets. The asset maps were an indicator as family members were placed close to the participant. Pastors, church members and teachers were placed outside the family. This is the mesosystem of the participants. Healthcare providers, support services and the community at large were placed farthest from the teen and served as her macrosystem.

Multicultural Feminist Theory focuses on empowering marginal populations to have a voice. Blume and Blume (2003) stated that a person’s lived experiences are a result of meaning delegated by her family or society. This theory asserts that the environment influences an

individual's beliefs. The perceptions noted by this study's participants discuss the influences of family, friends, and society. The young women talked about how their mothers, grandmothers, aunts, and sisters gave lessons on motherhood and lifestyle both overtly and covertly. The young women also talked about the perception of positive lifestyles learned through conversations and interactions with people at church, school, and the prenatal care clinic.

The second research question inquired how the intersection of race, class, gender and age influenced the participants' perceptions of assets. The pregnant African American teens only discussed how race affected their assets when asked how they perceived, "What do you believe people think about you?" Many of the young women responded they believed that many people judged them poorly.

The third research question was also supported. The asset perspective of teen pregnancy was noted through the use of open-ended interview questions, creation of asset maps and photovoice. The teens were open to placing the post-it notes on the poster board and taking photos of positive influences in their environment.

Both theories provided the foundation for the study of these pregnant African American teens. Multicultural Feminist Theory gave the young women a voice to tell about the experience of being a pregnant African American teen. This study supported the assumptions of

Multicultural Feminist Theory as noted by De Reus et al. (2005, page 448):

1. The diverse experiences of women and families are constructed by dynamic cultural discourses concerning gender, race, ethnicity, nationality, class, sexual orientation, age, ability, and religion.
2. Identity is not a biologically inherent feature of individuals, families, or social groups; rather it is contingent on relationship to self and others.
3. Human experiences are not universal and cannot be essentialized across or within groups; rather individuals are situated and negotiate the intersections of multiple locations.
4. Personal, lived experiences are valid sources of data and can be theorized by critical feminism.

5. Research can be liberatory for researchers and participants.

The pregnant teens shared how their perception of assets was dependent on their relationships with themselves and others within their environment. Their experiences were unique to being a pregnant African American teen within the community in which they lived and cannot be generalized to pregnant teens within other ethnic groups or areas.

Human Ecology Theory provided the foundation to discuss the interrelationships of the pregnant teen and her environment. Bubolz and Sontag (1993) state the assumptions of Human Ecology Theory (page 421):

1. Social and physical environments are interdependent and influence human behavior, development, and quality of life.
2. Environment is a source of available resources.
3. We can choose, design, or modify resources and environments to improve life and well-being and we should do so.

A few of the participants were able to discuss how they felt that they were perceived as being a “lesser” or “bad” person by society. They were able to respond to this thought by defending their efforts to become educated and provide for their children, thereby making a choice to improve their lifestyle. The young women also saw their environment as a source of support.

Key Findings

The results of this study provided multiple key findings. First, pregnant African American teens perceive their children—born and unborn—to be the most positive influence in their environment. This was supported by the asset maps on which the participant placed the post-it note with the name of the unborn and born child(ren) directly over or next to her name. The young women shared they would be engaging in risky behaviors if they were not pregnant and/or preparing for parenthood. They conveyed their feelings that being a parent made them aware of being responsible for their current and unborn children. Consequently, these young

women viewed their pregnancies as a life-changing event that moved them from a risk-taking youth to being a responsible adult.

Secondly, women caring for women was an important theme noted in this study. This major theme was supported by several subthemes. The strong bonds among women occurred within families, and among friends, educators, church leaders, healthcare providers, and social support agencies within the community. This section will discuss each of the subthemes noted as the pregnant African American teens discussed the people who they perceived as their support system and positive assets in their lives.

All of the teens perceived the women in their families as assets. Matriarchal support was noted when the teens talked about their grandmothers and mothers. Since many of the teens resided with their grandmothers, this relationship is considered to be within the teen's microsystem. Grandmothers were cited as a strong positive influence for child rearing as well as maintaining a household. Grandmothers were the primary example of how to be a "good" parent. Mothers were also noted as being a positive influence for many of the teens. Grandmothers and mothers provided food and shelter for the teens as well as transportation to prenatal appointments. Aunts were also discussed as a positive influence on the pregnant teens. Aunts were considered part of the microsystem as well.

Women caring for women was also present among the pregnant African American teens' siblings. The teens' sisters with children gave the young women advice about child rearing and the sisters without children often were babysitters for the young moms. Sisters provided comfort and emotional support when the teen needed someone to make them laugh or a friendly ear to listen.

Women caring for women was also discussed within the context of girlfriends providing support. Girlfriends were there to have conversations, encourage healthy life-styles, and watch children. Female members of the church were also discussed as being a positive influence. Often these church members were referred to as godmothers and aunties who provided advice for healthy lifestyle changes and God's lessons for parenting.

The major theme of women caring for women was also supported when the participants discussed the positive influence of healthcare providers. Female nurses and physicians in the prenatal clinic were cited as providing valuable help and information. Women who were employed at Teen Parent and WIC governmental support organizations were cited as a positive influence for the pregnant teen.

The theme of non-supportive male relationships is also noted within the data. Only one teen took a photo of her father. Many stated they received no positive support from their fathers. A few of the young women talked about the positive support from their baby's father but were prepared to be single parents if the relationship didn't last. Most of the pregnant teens hoped for relationships with the father of their infant.

Some young women considered the infant's father a positive influence and while others did not. One participant noted that since her boyfriend was the guardian for another woman's child [not his], that he would be a good father for her baby. Another discussed a positive boyfriend as one who provided food and shelter for her. All of the girls related that they would be single parents and did not have an expectation of maintaining a long-term relationship with the baby's father.

Most of the pregnant teens noted that education was a positive influence, which would enable them to move out of poverty. Although all the young women had put school on hold for

the pregnancy and postpartum period, most had plans to return to school. They talked of getting a General Education Development (GED) or high school diploma. Some talked of going to college. Most of the girls wanted to be a nurse. This may have been their goal since the nurses were one of the few types of professionals the young women had been exposed to throughout their lives. They also talked of a step-wise progression to nursing by becoming a CNA prior to becoming a professional nurse.

Stakeholders within communities should note this. Programs that support the educational aspirations of this population should be noted. The young women stated they want a career. They need assistance with plans, financial support, and mentorship within the educational system.

Clinical Implications

Implications for healthcare providers. Although not recent research, McCabe (1996) found that teens generally arrive at the same healthcare decisions as adults. Those who provide healthcare for teens (physicians, nurse-midwives, nurse-practitioners, nurses, medical assistants, social workers, and receptionists) still may have concerns about the healthcare decisions that teens make for themselves.

In addition to learning about teen fears and the research on teen decision-making, professionals can enhance the care they give to pregnant African American women by being aware of who and what this group perceives as assets. Often healthcare providers focus on a list of “dos and don’ts” for patients with an emphasis on the negative influences in their lives. Through recognition of what pregnant African American teen view as assets, healthcare providers can help the teen enhance the utilization of those people and systems that support her. This moves the emphasis from “don’t do these risk behaviors” to “listen to the people who are a

positive influence”. Healthcare providers can encourage the teen to bring supportive people to the clinic for appointments. With the permission of the young woman, these supportive people can be contacted to help her get to scheduled prenatal appointments, attend school, and make positive choices for a healthy lifestyle.

The teens receiving care at this clinic did not indicate support from a social worker. The researcher inquired about support systems. Teen Parent Support and WIC were noted. The assets may have been altered if a social worker was in place at the clinic.

Cultural competency skills are essential for healthcare providers who work with pregnant African American teens. Cultural competence includes having knowledge and skills that are important to the African American family (Whaley & Davis, 2007). Cultural competency in the area of prenatal care for pregnant African American teens would include knowledge of the importance of the women—in the family and in the community—who can help support and care for the teens. Healthcare providers could partner with women in the African American community to provide positive support for the pregnant teen.

Only three African American teens considered clinic healthcare professionals an asset. One might think the pregnant teens thought quality healthcare was an expectation and not an asset. Most healthcare providers would like to be perceived as a positive influence for patients. However, as a healthcare consumer, we expect quality and do not always perceive it as an asset. The healthcare workers cited as a positive influence were the ones that kept the patient informed about herself and her unborn child or helped her with unsupportive employers. The healthcare providers at this clinic were diverse ethnically: however, all of the nurses were Caucasian. Results may have been different if the young women had nurses who were like them racially.

Using assets maps with pregnant teens. Having worked with pregnant teens for over two decades, the researcher had concerns about interviewing teens. A technique was needed to provide a basis for conversation between the participant and researcher. Participants were asked to place post-it notes with the names of people, places, or things that were an asset on a board. By manipulating paper on the board, the participant was given an opportunity to discuss her relationship with the asset on each sticky note. The asset map allowed the participant to indicate the strength of the relationship by its placement. She was then encouraged to talk about the relationship between herself and others and discuss the importance of the relationship.

Using Photovoice with pregnant teens. Again, gaining the confidence of each teen participant was a concern for the researcher. Through the use of photovoice, the teens took pictures of themselves, their pregnant bellies, the fathers of their babies, their family, friends, homes, churches, and baby supplies that were gifts. Some took multiple photos of the same people. Although all the girls knew how to use a camera, many did not own a camera as they used their cell phones to take pictures. The use of photovoice provided a methodology whereby the participant could report who was in the picture, why she took it, and why the people/things in the photo were assets for her. Each participant received a copy of the photos as a thank you for participation in the study.

Personal Reflections

As a healthcare provider in women's health for three decades, the researcher felt she had knowledge of pregnancy, adolescent physical and mental development, and the cultural background of African Americans. As a result of this research, she found increased awareness of and appreciation for the environmental context and considerable assets of the young African American teens.

The researcher expected the young women to note positive support from the women within their culture. However, it was a revelation when the young women noted the unborn child as the most positive influence in their lives. Many participants indicated they would be “partying” and engaging in risky behaviors if they were not pregnant.

Limitations

Limitations of this study include the mistrust that adolescents have with healthcare providers. Teens fear that confidentiality may be breached when they seek healthcare treatment (Ford, Millstein, Halpern-Felsher, & Irwin, 1997). Due to this concern, some adolescents may delay seeking prenatal care (English & Knopf, 1999). Although the researcher was not a healthcare provider for any of the participants, she is a certified nurse-midwife and this may have been perceived as a potential problem for trust. Some of the young women did cite female healthcare providers as an asset but this was limited. None of the young women took photos of the healthcare providers at the prenatal clinic.

All of the participants were provided a self-addressed stamped envelope to send the camera and consent forms for people in the photos back to the researcher. None of the participants mailed the camera and forms to the researcher. All dropped the materials at the clinic either on the day of an appointment or the day they received a reminder from the researcher. A few of the participants had never mailed a letter and none of them had ever mailed a package.

Reminders to return the camera and consent forms were done in person at the clinic, via phone, email, or text. Participants were hesitant to answer when the number of the clinic was displayed on their phone. Again, this supports the notion of distrust of the healthcare system. None of the cameras were returned as a result of emails. Most of the text messages were answered and resulted in the return of a few cameras that were hand carried to the clinic. The

text messages were sent on the day of the participant's prenatal appointment and also served as a reminder of her prenatal appointment.

Three of the thirteen participants did not return the cameras. Two of the three delivered their babies prior taking the photos so this could have been a reason they did not complete the study. However, neither of the two women answered the researcher's phone calls or text messages.

Another limitation of the study may have been the \$50 gift card given as thank you for participation. The gift card was for a local store where the pregnant teen could purchase goods or groceries. Getting a \$50 gift card might be viewed as a large amount for a teen. Some of the teens may have participated just to receive the gift card. The researcher saw two of the participants after they received their gift cards and both young women used the cards to buy baby supplies.

The data was collected over a period of six months. The administrators at the clinic indicated that there were a large number of pregnant African American teens that received prenatal care at the clinic. During the time the researcher was at the clinic, only 26 pregnant African American teens between the ages of 15 and 19 years of age were enrolled in prenatal care and met the inclusion criteria for the study.

Some of the participants photographed whoever was at the house during the time she took the pictures. Some of the photos included family friends that were not perceived as assets for the teens. Other participants took up to six photos of the same group of people. Non-participants also took pictures with the cameras. The photos taken by non-participants were not included in the study data.

Implications for Future Research

This study provided valuable data to improve the understanding of pregnant African American teens. This information can be used to improve support for pregnant African American as well as those who are not pregnant.

The U.S. still has the highest teen pregnancy rate among developed countries (CDC, 2011). Therefore, there is a need for qualitative research in the area of teen pregnancy for all cultures. The teens in this study were willing to talk about themselves, their family, friends, and environment while creating asset maps and discussing photos. Such practices can increase knowledge about pregnant teens from other cultures, as well.

Hispanic teens are the largest population for teen pregnancy in the U.S. (CDC, 2011). This study could be done with Hispanic and non-Hispanic white teens to learn more about the assets that provide a positive influence for them during pregnancy. Photovoice could be used to learn about teen fathers from an environmental context. As the pregnant African American teens had minimal expectations of support from their child's father; it is also important to get the fathers' views regarding their assets.

Photovoice could be used to study other teen behaviors. This would not be an appropriate methodology to determine risk factors, but rather to learn about the teen's environment.

Photovoice methodology could be used to learn more about the relationships of pregnant and parenting women in multiple cultures as and the environment of teen fathers.

Conclusion

Teen pregnancy is often viewed as a negative consequence of high-risk behaviors. Many researchers have studied how to reduce teen pregnancies and prevent repetitive teen pregnancies. Many well-intentioned healthcare providers have focused on the reduction and elimination of high-risk behaviors. This study has taken a different view of teen pregnancy. From a

physiological perspective, the body moves into its reproductive phase during puberty. The body signals the young woman to desire procreation. From a chronological age, this occurs during the teen years. This made sense when people lived to the maximum age of 40. Historically, many babies and children were lost to disease at an early age. With public health measures and medical advances, people now can expect to live into their 80s and 90s (CDC, 2011). Infant mortality has decreased and more children reach adulthood. However, the physiological urge to procreate beginning during the teen years has not changed.

Many members of society and healthcare providers prescribe a map of expectations for all children. One might hear people state that all children need to complete high school and college and/or trade school prior to having children. This study looked at the perceptions of pregnant African American teens to learn more about their perceptions of pregnancy, parenting, and support from those within their environment. It is important to listen to these young women. It is only through listening that one learns their perceptions of their assets within the context of the environment. This will enable us to provide quality support that meets their needs. The teens who participated in this study talked about timing of pregnancy, risk behaviors during pregnancy, risk behaviors if they were not pregnant and parents, and their perceptions of people within society.

The use of photovoice allowed the participants to share with the researcher their world, from their unique point of view. Photos of family, friends, and homes enhanced the teens' statements. Assets maps showed the strength of the relationships between the participant and the assets of her environment.

When providing care and support for individuals, it is important to understand their perceptions of their environment. If concern arises about the patient getting adequate care, it is

important to know who the patient identifies as a support person who could encourage the patient to get adequate prenatal care. The healthcare provider also needs an understanding of support within the home in order to provide excellent care.

Hispanic teens comprise the largest group to become pregnant before the age of twenty (CDC, 2011). A similar study with this population would serve to improve the understanding of teen pregnancy within the environmental context and to provide exceptional, culturally competent care. This study should also be done with teen fathers of multiple cultures to understand their perceptions of pregnancy and parenthood.

This study gave pregnant African American teens a voice to express their perception of assets within an environmental context. It is important to utilize this information about their assets to help them with positive behaviors to ensure healthy outcomes for themselves and their children.

Appendices

Appendix A: Letter of Introduction

Hello:

You are being given this letter to inform you about a study for women who are between the ages of 16 and 19 years old, pregnant, and African American. This study is being performed to help us understand the positive influences for pregnant African American teens.

You may be eligible to participate in this project if you:

1. Are currently at least 18 weeks pregnant
2. Identify yourself as African American
3. Are between the ages of 16 and 19 years old
4. Have established prenatal care at Synergy Medical Education Alliance

This study was developed to provide women like yourself, time to share their life experiences and the positive influences in your life. In particular, we want to hear about what people, places, and/or events are positive influences to you. By sharing your story, we will be able to help women like you to identify positive influences in their lives. Participants will receive a \$50 gift card to Wal-Mart in appreciation for their time. Participation in the study will occur over 2-3 meetings that will last approximately one hour each. Participation includes taking pictures of people, places, and events that are a positive influence to pregnant, African American teens.

Project Investigators:

Marilyn Filter, CNM, MS, 810-766-6863 Marsha Carolan, PhD, LMFT, 517-432-3327

Purpose of this study

We are conducting a research study that will help us understand the life experiences of pregnant African American teens. The purpose of this study is to learn about your perceptions and experiences as a pregnant African American teen. We expect to gather this information by asking interested pregnant teenage women to 1) answer questions about positive influences in your life during an interview that will last approximately one hour and 2) take photos of their positive life experiences and influences and share their photos with the researcher in a one hour interview. Ms. Filter will conduct the interview. You may decide to not participate in the study or not answer any of the questions. The interviews will be audio recorded and later transcribed and studied by the research team. To be considered for the study, you must (a) be pregnant at the initial interview of the study, (b) be between the ages of 16 and 19 years old, (c) identify yourself as African American (d) have established prenatal care at Synergy Medical Education Alliance and (e) show an interest in participating in the study.

What will happen?

1. You will have an initial meeting with Ms. Filter to go over consent forms, answer questions, complete a basic demographic form, answer initial interview questions, and receive instructions for taking pictures about your positive life influences over the course of 1-2 weeks using a disposable camera. You will be asked to take pictures of your experiences based on the following questions: (a) what people are positive influences to you during your

pregnancy? (b) What places have a positive influence on you during your pregnancy? and (c) What events have a positive influence on you during your pregnancy?

2. This study involves taking photos over a one to two week period and two interviews over the course of four to six weeks. The interviews will be audio taped, and will last approximately one hour. The second interview will involve discussing the photographs taken by you.
3. You will be asked for permission to have your photos published for the purpose of this study.
4. Two sets of photos will be developed. One set belongs to you, while the second set of photos belongs to the investigators of this research to be published and/or used for the purpose of this study.
5. You will receive a \$50.00 gift card following your participation in this study.
6. Participation is voluntary, you may choose not to participate at all, or you may refuse to participate in certain procedure, or answer certain questions, or discontinue your participation at any time without penalty.

Why this study is being done

We want to better understand positive influences of African American teens that are pregnant. Your feedback will be very important because we will have a better idea of the positive influences you experience as a pregnant African American teen. In addition, we will have a clearer understanding about the experiences in your community and how it positively influences pregnant teens.

Potential Risks

You may experience slight discomfort if you talk about issues that represent a challenge in your community and personal health (e.g. discrimination, stigma of being pregnant). If you become visibly upset during the interview, the interview will be stopped. Ms. Filter will offer counseling referrals if any follow-up services are required. Furthermore, the use of photos has the potential of harming a person's right to privacy. Photos will not be used in this study if they show a person engaging in an illegal activity and if a person or business has not consented to being photographed. If the researchers suspect abuse of any participant or fetus of the participant, we are obligated by law to report the suspicion of abuse.

Potential Benefits

Potential benefits from participating in this research study include gaining insight about your experiences being a pregnant, African American and a teen. The information you provide will be used in an effort to better understand the life experiences of young women who are African American and pregnant as a teen.

Confidentiality

Your privacy will be protected to the maximum extent allowable by law. Because you are being asked to photograph your life experiences, as well as publicize your photos to increase awareness of your experiences, you need to know that all faces in the photo will be blurred to minimize potential identification of the person. If the study is published, no personal identifying information will be reported.

Audio taping

Participation in this research study includes audio taping participant interviews. The interviews will last approximately one hour each and the nature of these interviews will involve discussion your photographs. The recordings will be transcribed and used to help researchers better understand positive influences of pregnant African American teens. Only the project researchers will have access to the audiotapes. Following transcription, the content of the recordings will be erased.

Your Rights to Participation

Participation in this research study is purely voluntary. If you decide to participate, you are free to withdraw at any time without affecting your relationship with the group facilitator. You may otherwise refuse to participate in any procedures, to answer any questions, or to discontinue your participation at any time without penalty.

Contact Information

If you have any questions or concerns about this research study, such as how to do any part of it, or if you believe you have been injured because of this research, please contact the researcher, Ms. Filter (989) 799-1269, filterma@msu.edu or Dr. Marsha Carolan, (517) 432-3327, carolan@msu.edu, or write to Dr. Marsha Carolan, Department of Family and Child Ecology, Michigan State University, Human Ecology Building, East Lansing, MI 48824-1030.

If you have any questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this research study, you may contact, anonymously if you wish, the Michigan State University Human Research Protection Program at 517-355-2180, FAX 517-432-4503, or e-mail irb@msu.edu, or regular mail at: 207 Olds Hall, MSU, East Lansing, MI 48824.

Your participation in this project is completely voluntary.

If you think you might be eligible, and you would like to participate, please let your nurse or doctor know and the researcher will contact you at the phone number you provide.

Marilyn Filter, CNM
989-799-1269

Marsha Carolan, PhD, LMFT
517-432-3327

1000 Houghton
Saginaw, MI 48602

Appendix B:
Consent Form for Participants Age 16-17 and Living with Parent/Guardian

Project Investigators:

Marilyn Filter, CNM, MS, 989-799-1269 Marsha Carolan, PhD, LMFT 517-432-3327

Purpose of this study

We are conducting a research study that will help us understand the life experiences of pregnant African American teens. The purpose of this study is to learn about your perceptions and experiences as a pregnant African American teen. We expect to gather this information by asking interested pregnant teenage women to 1) answer questions about positive influences in your life during an interview that will last approximately one hour and 2) take photos of their positive life experiences and influences and share their photos with the researcher in a one hour interview. Ms. Filter will conduct the interview. You may decide to not participate in the study or not answer any of the questions. The interviews will be audio recorded and later transcribed and studied by the research team. To be considered for the study, you must (a) be pregnant at the initial interview of the study, (b) be between the ages of 16 and 19 years old, (c) identify yourself as African American (d) have established prenatal care at Synergy Medical Education Alliance and (e) show an interest in participating in the study.

What will happen?

1. You will have an initial meeting with Ms. Filter to go over consent forms, answer questions, complete a basic demographic form, answer initial interview questions, and receive instructions for taking pictures about your positive life influences over the course of 1-2 weeks using a disposable camera. You will be asked to take pictures of your experiences based on the following questions: (a) what people are positive influences to you during your pregnancy? (b) What places have a positive influence on you during your pregnancy? and (c) What events have a positive influence on you during your pregnancy?
2. This study involves taking photos over a one to two week period and two interviews over the course of four to six weeks. The interviews will be audio taped, and will last approximately one hour. The second interview will involve discussing the photographs taken by you.
3. You will be asked for permission to have your photos published for the purpose of this study.
4. Two sets of photos will be developed. One set belongs to you, while the second set of photos belongs to the investigators of this research to be published and/or used for the purpose of this study.
5. You will receive a \$50.00 gift card for Wal-Mart following your participation in this study.
6. Participation is voluntary, you may choose not to participate at all, or you may refuse to participate in certain procedure, or answer certain questions, or discontinue your participation at any time without penalty.

Why this study is being done

We want to better understand positive influences of African American teens that are pregnant. Your feedback will be very important because we will have a better idea of the positive

influences you experience as a pregnant African American teen. In addition, we will have a clearer understanding about the experiences in your community and how it positively influences pregnant teens. This information will be viewed by the researchers and the members of the institutional review board at Michigan State University.

Potential Risks

You may experience slight discomfort if you talk about issues that represent a challenge in your community and personal health (e.g. discrimination, stigma of being pregnant). If you become visibly upset during the interview, the interview will be stopped. Ms. Filter will offer counseling referrals if any follow-up services are required. Furthermore, the use of photos has the potential of harming a person's right to privacy. Photos will not be used in this study if they show a person engaging in an illegal activity and if a person or business has not consented to being photographed. If the researchers suspect abuse of any participant or fetus of the participant, we are obligated by law to report the suspicion of abuse.

Potential Benefits

Potential benefits from participating in this research study include gaining insight about your experiences being a pregnant, African American and a teen. The information you provide will be used in an effort to better understand the life experiences of young women who are African American and pregnant as a teen.

Confidentiality

Your privacy will be protected to the maximum extent allowable by law. Because you are being asked to photograph your life experiences, as well as publicize your photos to increase awareness of your experiences, you need to know that all faces in the photo will be blurred to minimize potential identification of the person. If the study is published, no personal identifying information will be reported.

Audio taping

Participation in this research study includes audio taping participant interviews. The interviews will last approximately one hour each and the nature of these interviews will involve discussion your photographs. The recordings will be transcribed and used to help researchers better understand positive influences of pregnant African American teens. Only the project researchers will have access to the audiotapes. Following transcription, the content of the recordings will be erased.

Your Rights to Participation

Participation in this research study is purely voluntary. If you decide to participate, you are free to withdraw at any time without affecting your relationship with the group facilitator. You may otherwise refuse to participate in any procedures, to answer any questions, or to discontinue your participation at any time without penalty.

Contact Information

If you have any questions or concerns about this research study, such as how to do any part of it, or if you believe you have been injured because of this research, please contact the researcher, Ms. Filter (989)799-1269, filterma@msu.edu or Dr. Marsha Carolan, (517) 432-3327,

carolan@msu.edu, or write to Dr. Marsha Carolan, Department of Family and Child Ecology, Michigan State University, Human Ecology Building, East Lansing, MI 48824-1030.

If you have any questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this research study, you may contact, anonymously if you wish, the Michigan State University Human Research Protection Program at 517-355-2180, FAX 517-432-4503, or e-mail irb@msu.edu, or regular mail at: 207 Olds Hall, MSU, East Lansing, MI 48824.

CONSENT FOR PARTICIPATION

Your signature below indicates your voluntary agreement to be audio taped during the first and second meetings, and your agreement to take photos of positive influences in your life.

I voluntarily agree to participate in the study:

Printed Name of Participant

Signature of Participant

Date

Signature of Parent/Guardian

Date

Signature of Researcher

Date

**This consent form was approved by the Social Science / Behavioral / Education
Institutional Review Board (SIRB) at Michigan State University.**

Approved 04/07/10 - valid through 04/06/11.

This version supersedes all previous versions.

IRB# 09-1179

Appendix C:
Consent Form for Participants Age 16-17 and Not Living with Parent

Project Investigators:

Marilyn Filter, CNM, MS, 989-799-1269

Marsha Carolan, PhD, LMFT 517-432-3327

Purpose of this study

We are conducting a research study that will help us understand the life experiences of pregnant African American teens. The purpose of this study is to learn about your perceptions and experiences as a pregnant African American teen. We expect to gather this information by asking interested pregnant teenage women to 1) answer questions about positive influences in your life during an interview that will last approximately one hour and 2) take photos of their positive life experiences and influences and share their photos with the researcher in a one hour interview. Ms. Filter will conduct the interview. You may decide to not participate in the study or not answer any of the questions. The interviews will be audio recorded and later transcribed and studied by the research team. To be considered for the study, you must (a) be pregnant at the initial interview of the study, (b) be between the ages of 16 and 19 years old, (c) identify yourself as African American (d) have established prenatal care at Synergy Medical Education Alliance and (e) show an interest in participating in the study.

What will happen?

1. You will have an initial meeting with Ms. Filter to go over consent forms, answer questions, complete a basic demographic form, answer initial interview questions, and receive instructions for taking pictures about your positive life influences over the course of 1-2 weeks using a disposable camera. You will be asked to take pictures of your experiences based on the following questions: (a) What people are positive influences to you during your pregnancy? (b) What places have a positive influence on you during your pregnancy? (c) What events have a positive influence on you during your pregnancy?
2. This study involves taking photos over a one to two week period and two interviews over the course of four to six weeks. The interviews will be audio taped, and will last approximately one hour. The second interview will involve discussing the photographs taken by you.
3. You will be asked for permission to have your photos published for the purpose of this study.
4. Two sets of photos will be developed. One set belongs to you, while the second set of photos belongs to the investigators of this research to be published and/or used for the purpose of this study.
5. You will receive a \$50.00 gift card for Wal-Mart following your participation in this study.
6. Participation is voluntary, you may choose not to participate at all, or you may refuse to participate in certain procedure, or answer certain questions, or discontinue your participation at any time without penalty.

Why this study is being done

We want to better understand positive influences of African American teens that are pregnant. Your feedback will be very important because we will have a better idea of the positive

influences you experience as a pregnant African American teen. In addition, we will have a clearer understanding about the experiences in your community and how it positively influences pregnant teens. This information will be viewed by the researchers and the members of the institutional review board at Michigan State University.

Potential Risks

You may experience slight discomfort if you talk about issues that represent a challenge in your community and personal health (e.g. discrimination, stigma of being pregnant). If you become visibly upset during the interview, the interview will be stopped. Ms. Filter will offer counseling referrals if any follow-up services are required.

Furthermore, the use of photos has the potential of harming a person's right to privacy. Photos will not be used in this study if they show a person engaging in an illegal activity and if a person or business has not consented to being photographed. If the researchers suspect abuse of any participant or fetus of the participant, we are obligated by law to report the suspicion of abuse.

Potential Benefits

Potential benefits from participating in this research study include gaining insight about your experiences being pregnant, African American and a teen. The information you provide will be used in an effort to better understand the life experiences of young women who are African American and pregnant as a teen.

Confidentiality

Your privacy will be protected to the maximum extent allowable by law. Because you are being asked to photograph your life experiences, as well as publicize your photos to increase awareness of your experiences, you need to know that all faces in the photo will be blurred to minimize potential identification of the person. If the study is published, no personal identifying information will be reported.

Audio taping

Participation in this research study includes audio taping participant interviews. The interviews will last approximately one hour each and the nature of these interviews will involve discussion your photographs. The recordings will be transcribed and used to help researchers better understand positive influences of pregnant African American teens. Only the project researchers will have access to the audiotapes. Following transcription, the content of the recordings will be erased.

Your Rights to Participation

Participation in this research study is purely voluntary. If you decide to participate, you are free to withdraw at any time without affecting your relationship with the group facilitator. You may otherwise refuse to participate in any procedures, to answer any questions, or to discontinue your participation at any time without penalty. If you do not wish to be a part of this study, this will not affect your care at the clinic. When this study is finished, you may request and will be given a copy of the results.

Contact information

If you have any questions or concerns about this research study, such as how to do any part of it, or if you believe you have been injured because of this research, please contact the researcher, Ms. Filter (989)799-1269, filterma@msu.edu or Dr. Marsha Carolan, (517) 432-3327, carolan@msu.edu, or write to Dr. Marsha Carolan, Department of Family and Child Ecology, Michigan State University, Human Ecology Building, East Lansing, MI 48824-1030.

If you have any questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this research study, you may contact, anonymously if you wish, the Michigan State University Human Research Protection Program at 517-355-2180, FAX 517-432-4503, or e-mail irb@msu.edu, or regular mail at: 207 Olds Hall, MSU, East Lansing, MI 48824.

CONSENT FOR PARTICIPATION

Your signature below indicates your voluntary agreement to be audio taped during the first and second meetings, and your agreement to take photos of positive influences in your life. Your signature also states that you are age 16 or 17 and do not live with your parent or guardian.

I voluntarily agree to participate in the study:

Print Name of Participant _____

Signature of Participant _____ Date _____

To the best of my knowledge, this participant does not live with her parent/guardian and has stated understanding of participation in this study.

Witness (member of clinic faculty/staff) _____ Date _____

Researcher _____ Date _____

**This consent form was approved by the Social Science / Behavioral / Education
Institutional Review Board (SIRB) at Michigan State University.**

Approved 04/07/10 - valid through 04/06/11.

This version supersedes all previous versions.

IRB# 09-1179

Appendix D: Consent Form for Participants Age 18-19

Project Investigators:

Marilyn Filter, CNM, MS, 989-799-1269 Marsha Carolan, PhD, LMFT 517-432-3327

Purpose of this study

We are conducting a research study that will help us understand the life experiences of pregnant African American teens. The purpose of this study is to learn about your perceptions and experiences as a pregnant African American teen. We expect to gather this information by asking interested pregnant teenage women to 1) answer questions about positive influences in your life during an interview that will last approximately one hour and 2) take photos of their positive life experiences and influences and share their photos with the researcher in a one hour interview. Ms. Filter will conduct the interview. You may decide to not participate in the study or not answer any of the questions. The interviews will be audio recorded and later transcribed and studied by the research team. To be considered for the study, you must (a) be pregnant at the initial interview of the study, (b) be between the ages of 16 and 19 years old, (c) identify yourself as African American (d) have established prenatal care at Synergy Medical Education Alliance and (e) show an interest in participating in the study.

What will happen?

1. You will have an initial meeting with Ms. Filter to go over consent forms, answer questions, complete a basic demographic form, answer initial interview questions, and receive instructions for taking pictures about your positive life influences over the course of 1-2 weeks using a disposable camera. You will be asked to take pictures of your experiences based on the following questions: (a) what people are positive influences to you during your pregnancy? (b) What places have a positive influence on you during your pregnancy? (c) What events have a positive influence on you during your pregnancy?
2. This study involves taking photos over a one to two week period and two interviews over the course of four to six weeks. The interviews will be audio taped, and will last approximately one hour. The second interview will involve discussing the photographs taken by you.
3. You will be asked for permission to have your photos published for the purpose of this study.
4. Two sets of photos will be developed. One set belongs to you, while the second set of photos belongs to the investigators of this research to be published and/or used for the purpose of this study.
5. You will receive a \$50.00 gift card for Wal-Mart following your participation in this study.
6. Participation is voluntary, you may choose not to participate at all, or you may refuse to participate in certain procedure, or answer certain questions, or discontinue your participation at any time without penalty.

Why this study is being done

We want to better understand positive influences of African American teens that are pregnant. Your feedback will be very important because we will have a better idea of the positive influences you experience as a pregnant African American teen. In addition, we will have a

clearer understanding about the experiences in your community and how it positively influences pregnant teens. The researchers and the members of the institutional review board at Michigan State University will view this information.

Potential Risks

You may experience slight discomfort if you talk about issues that represent a challenge in your community and personal health (e.g. discrimination, stigma of being pregnant). If you become visibly upset during the interview, the interview will be stopped. Ms. Filter will offer counseling referrals if any follow-up services are required. Furthermore, the use of photos has the potential of harming a person's right to privacy. Photos will not be used in this study if they show a person engaging in an illegal activity and if a person or business has not consented to being photographed. If the researchers suspect abuse of any participant or fetus of the participant, we are obligated by law to report the suspicion of abuse.

Potential Benefits

Potential benefits from participating in this research study include gaining insight about your experiences being pregnant, African American and a teen. The information you provide will be used in an effort to better understand the life experiences of young women who are African American and pregnant as a teen.

Confidentiality

Your privacy will be protected to the maximum extent allowable by law. Because you are being asked to photograph your life experiences, as well as publicize your photos to increase awareness of your experiences, you need to know that all faces in the photo will be blurred to minimize potential identification of the person. If the study is published, no personal identifying information will be reported.

Audio Taping

Participation in this research study includes audio taping participant interviews. The interviews will last approximately one hour each and the nature of these interviews will involve discussion your photographs. The recordings will be transcribed and used to help researchers better understand positive influences of pregnant African American teens. Only the project researchers will have access to the audiotapes. Following transcription, the content of the recordings will be erased.

Your Rights to Participation

Participation in this research study is purely voluntary. If you decide to participate, you are free to withdraw at any time without affecting your relationship with the group facilitator. You may otherwise refuse to participate in any procedures, to answer any questions, or to discontinue your participation at any time without penalty.

Contact information

If you have any questions or concerns about this research study, such as how to do any part of it, or if you believe you have been injured because of this research, please contact the researcher, Ms. Filter (989)799-1269, filterma@msu.edu or Dr. Marsha Carolan, (517) 432-3327,

carolan@msu.edu. or write to Dr. Marsha Carolan, Department of Family and Child Ecology, Michigan State University, Human Ecology Building, East Lansing, MI 48824-1030.

If you have any questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this research study, you may contact, anonymously if you wish, the Michigan State University Human Research Protection Program at 517-355-2180, FAX 517-432-4503, or e-mail irb@msu.edu, or regular mail at: 207 Olds Hall, MSU, East Lansing, MI 48824.

CONSENT FOR PARTICIPATION

Your signature below indicates your voluntary agreement to be audio taped during the first and second meetings, and your agreement to take photos of positive influences in your life. Your signature also indicates that you are at least 18 years old.

I voluntarily agree to participate in the study:

Print Name of Participant _____ Date _____

Signature of Participant _____ Date _____

Researcher _____ Date _____

**This consent form was approved by the Social Science / Behavioral / Education
Institutional Review Board (SIRB) at Michigan State University.**

Approved 04/07/10 - valid through 04/06/11.

This version supersedes all previous versions.

IRB# 09-1

Appendix E: Consent Form for Photo Release

Introduction

This project is being conducted on behalf of researchers at Michigan State University and the University of Michigan-Flint to give individuals an opportunity to describe their life experiences. The findings of this research will be used to better understand and improve services for pregnant African American teens.

This project is focused on people taking photographs, sharing stories, and noting issues to educate others about being a pregnant teen in the African American community. Some of the photographs may include images of people. If you are asked to have your photography taken as part of this project and agree to do so, please read the following:

Purpose of taking photographs

Your photograph(s) may be used in this project to complete two goals:

1. To identify issues for members of the community involved in this project.
2. To start social change through presentations and publications

Your participation

1. Your participation will take less than 10 minutes. During this time, the photographer(s) may take pictures that contain images of you.
2. This project is confidential. Your name and any other identifying information will not be listed with the photographs and reports. It is good to remember that despite efforts to maintain confidentiality, there is a chance that someone may recognize you in the photographs. If you wish, your face will be blurred in the photograph.
3. Participation is voluntary. You may choose to not participate at all, or you may refuse to participate in certain procedures, answer certain questions, or discontinue your participation at any time without penalty.

Use of photographs

Photographs become property of the researchers of this project and may be used in presentations and publications. All photographs and information will be kept in a confidential manner. Data will be stored in a locked file cabinet. Only the researchers have access to this file.

Confidentiality

Your privacy will be protected to the maximum extent by law. Because this project requires photo taking of experiences, as well as the sharing of photos to increase awareness of the photographers' experiences, your photo may be identified. The researchers will use these photos for analysis of the study. If the study is published, no identifying information will be reported.

Risks and Benefits

1. The primary risk of this project is the risk of incrimination. This means that because this research involves taking photographs, there is the potential that a photo may be taken which places a person or building at risk to be accused of or present proof of a crime or fault. Photos, which place an individual engaged in illegal activity, will not be used for this study.

2. Another potential risk includes the disclosure of embarrassing facts. For example, a picture may reveal one's physical health and/or sexual orientation, which you may not want to disclose.
3. In addition, there is the risk of being misunderstood by images. This refers to the photo not representing that you or your business. Because this study requires the taking of photos and discussion of those photos, the photographer may have a different opinion of what the photo means or represents.
4. Lastly, you may experience slight discomfort if you give permission to have a photo taken of yourself that represents an issue to your community and development (e.g. discrimination, stigma of being pregnant as a teen). In an effort to prevent this from happening, no photos will be used if we do not have your permission to have your photo taken or to be published for the purposes of this study.

The information obtained from this study will be used to better understand the life experiences of pregnant African American teen in an effort to develop better services.

If you have any questions

The people in charge of this study are Ms. Marilyn Filter and Dr. Marsha Carolan of Michigan State University and the University of Michigan-Flint. If you have any questions about this study, please contact one of the investigators, Ms. Filter (810) 766-6863, filterma@msu.edu or Dr. Marsha Carolan (517) 432-3327, carolan@msu.edu.

If you have any questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this research study, you may contact, anonymously if you wish, the Michigan State University Human Research Protection Program at 517-355-2180, FAX 517-432-4503, or e-mail irb@msu.edu, or regular mail at: 207 Olds Hall, MSU, East Lansing, MI 48824.

Agreement Statement:

By signing this consent form, I agree to voluntarily have my photograph or my child's photography taken. I also understand and agree that unless otherwise notified in writing, the researchers of this project assumes that permission is granted to use my photograph(s) for public presentations, publications and/or other educational purposes and that no identifying information will be used. If the individual being photographed is a minor, parental permission must be provided below.

Print Parent/Guardian's Name _____

Parent/Guardian Signature _____ Date _____

Print Youth's Name _____

Youth's Signature _____ Date _____

Phone number of participant and parent/guardian _____

OR

Print Adult Participant's Name_____

Signature of Participant_____ Date_____

Phone number of Participant_____

Photographer's ID_____

Appendix F: Demographic Information Form

Demographic Information

ID# _____

Ethnicity/Race _____

Ethnicity/Race of Mother _____

Ethnicity/Race of Father _____

Ethnicity/Race of Father of Baby _____

Highest Grade Completed _____

Currently Attending School _____

How many times have you been pregnant including this time?

Parity- Term _____ Preterm ____ Abortions/miscarriages _____

Living children _____ Ages _____

How many weeks pregnant are you _____

Marital status _____

Who do you live with? _____

Appendix G: First Interview Questions

Theory	Questions	Specific Questions for Asset Interview
Human Ecology Theory and Multicultural Feminist Theory	How do pregnant African-American teens perceive their assets? How does the teens' perception of family support during the pregnancy affects her assets? How does the pregnant African-American teen perceive her family support including parents, grandparents, siblings, and extended family? How does the pregnant African-American teen perceive support from her teachers and school? How does the pregnant African-American teen perceive support from her healthcare provider and/or medical support services? How does the teen view support from community resources (i.e. social workers, and teen parent support groups) during the pregnancy? What is the pregnant teens' perception of support from the father? How does the teen's perception of assets affect her future aspirations as an adult	I would like to hear about your family and/or close friends and what they mean to you. Have your relatives or friends influenced your life? Do you view your family as helping you to make positive decisions about yourself? If not, what would make them more caring?

Multicultural Feminist Theory	How do multicultural aspects contribute to their assets? How does the teens' perception of family support during the pregnancy affect her assets? School and teachers? Clinic and healthcare providers? What assets does the pregnant teen perceive she needs to maintain a healthy outcome for the pregnancy?	We have found we benefit from learning about the client's cultural heritage. Could you tell me something about your cultural background? Tell me about your parents and their origin. Who in your family has a positive influence on you? (parents, grandparents, siblings, and extended family) Who or what at school has a positive influence on you? Who or what at the healthcare clinic make you feel positive about yourself and the decisions you make about yourself? Who or what from community resources (i.e. social workers, and teen parent support groups) influence you to feel positive during the pregnancy? Tell me about the influences the father of the baby has on your decisions. Tell me who or what helps you to make healthy decisions about yourself while you are pregnant? When you have your baby?
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Appendix H: Second Interview Questions

Theory	Questions	Specific Questions for Photo Interview
Human Ecology Theory	How do aspects of the ecology contribute to their assets? Who supports the teen to make positive decisions about herself? What programs or institutions does the teen state help her to make positive decisions about herself?	I would like to know more about how you see the world around you. As we look at this picture, tell me: What do you see here? What is really happening here? How does this relate to you making positive decisions about yourself or how does it make you feel empowered? (Empowered means those people or things that help you make positive decisions in your life.) Why does this situation, concern, or strength exist?
Human Ecology Theory and Multicultural Feminist Theory	How do pregnant African-American teens perceive their assets? How does the teens' perception of family support during the pregnancy affects her assets? How does the pregnant African-American teen perceive her family support including parents, grandparents, siblings, and extended family? How does the pregnant African-American teen perceive support from her teachers and school? How does the pregnant African-American teen perceive support from her healthcare provider and/or medical support services? How does the teen view support from community resources (i.e.	

	social workers, teen parent support groups) during the pregnancy? What is the pregnant teens' perception of support from the father? How does the teen's perception of assets affect her future aspirations as an adult?	
Multicultural Feminist Theory	How do multicultural aspects contribute to their assets? How does the teens' perception of family support during the pregnancy affect her assets? School and teachers? Clinic and healthcare providers? What assets does the pregnant teen perceive she needs to maintain a healthy outcome for the pregnancy?	Could you share with me what values and beliefs you would like me to know to help you to make positive decisions? What specific beliefs or practices do you find most important for others to know to support you in a positive way? Give me some examples of positive ways to support you based on your values and beliefs. What people places and things help you to make positive decisions?
Human Ecology Theory and Multicultural Feminist Theory		What else would you like to tell me about your future?

Theory	Question	Specific Questions for Asset Interview	Specific Questions for Photo Interview
Human Ecology Theory	How do aspects of the ecology contribute to their assets? Who supports the teen to make positive decisions about herself? What programs or institutions does the teen state help her to make positive decisions about herself?	I would like to know how you see the world around you. Could you share with me you views of how you see things are for you? Who is a positive influence on you? Who are the caring persons in your life? How has your family or friends helped you in a positive way? In what ways would you like family members or friends to support you in positive ways? What programs or institutions are available that helps you feel empowered? When people face challenges in their lives, they often pray or use their religion or spiritual beliefs. If this applies to you, how do you think your beliefs and practices have helped you to make positive decisions about yourself? In your daily life are you greatly dependent	I would like to know more about how you see the world around you. As we look at this picture, tell me: What do you see here? What is really happening here? How does this relate to you making positive decisions about yourself or how does it make you feel empowered? (Empowered means those people or things that help you make positive decisions in your life.) Why does this situation, concern, or strength exist?

		upon “high tech” equipment? Can you explain? In what ways do you think technological factors help or hinder you to make positive decisions about yourself? Do you consider yourself dependent upon modern technology to be empowered? Today, one often hears you must have money to survive. What do you think about this statement? In what ways do you believe money influences your ability to make positive decisions about yourself? In your community or home what political policies influence your positive decision-making? (This includes services like WIC, Birth Through Five, etc.) Please explain. I would like to hear in what ways you believe education contributes to how you make positive decisions about yourself. Tell me about school, teachers, others at	
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		school who help you to make positive decisions.	
Human Ecology Theory and Multicultural Feminist Theory	How do pregnant African-American teens perceive their assets? How does the teens' perception of family support during the pregnancy affects her assets? How does the pregnant African-American teen perceive her family support including parents, grandparents, siblings, and extended family? How does the pregnant African-American teen perceive support from her teachers and school? How does the pregnant African-American teen perceive support from her healthcare provider and/or medical support services? How does the teen view support from community resources (i.e. social workers, and teen parent support groups) during the	I would like to hear about your family and/or close friends and what they mean to you. Have your relatives or friends influenced your life? Do you view your family as helping you to make positive decisions about yourself? If not, what would make them more caring?	

	pregnancy? What is the pregnant teens' perception of support from the father? How does the teen's perception of assets affect her future aspirations as an adult?		
Multicultural Feminist Theory	How do multicultural aspects contribute to their assets? How does the teens' perception of family support during the pregnancy affect her assets? School and teachers? Clinic and healthcare providers? What assets does the pregnant teen perceive she needs to maintain a healthy outcome for the pregnancy?	We have found we benefit from learning about the client's cultural heritage. Could you tell me something about your cultural background? Tell me about your parents and their origin. Who in your family has a positive influence on you? (parents, grandparents, siblings, and extended family) Who or what at school has a positive influence on you? Who or what at the healthcare clinic make you feel positive about yourself and the decisions you make about yourself? Who or what from community resources (i.e. social workers, teen parent support groups) influence you to feel positive during	Could you share with me what values and beliefs you would like me to know to help you to make positive decisions? What specific beliefs or practices do you find most important for others to know to support you in a positive way? Give me some examples of positive ways to support you based on your values and beliefs. What people places and things help you to make positive decisions?

		the pregnancy? Tell me about the influences the father of the baby has on your decisions. Tell me who or what helps you to make healthy decisions about yourself while you are pregnant? When you have your baby?	
Human Ecology Theory and Multicultural Feminist Theory		Where do you see yourself one year from now? Three years from now? Five years from now?	What else would you like to tell me about your future?

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