The Untold Stories of Former Teen Mothers Who Have Achieved a Master's Degree or Higher

Tanya M. Benitez

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The Untold Stories of Former Teen Mothers Who Have Achieved
a Master’s Degree or Higher

A Dissertation by

Tanya Benitez

Brandman University
Irvine, California
School of Education

Submitted in partial fulfillment of the requirements for the degree of
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Committee in charge:

Phil Pendley, Ed.D. Committee Chair
Tamerin Capellino, Ed.D.
Laura Cook, Ed.D.
BRANDMAN UNIVERSITY
Chapman University System
Doctor of Education in Organizational Leadership

The dissertation of Tanya Benitez is approved.

________________________, Dissertation Chair
Phil Pendley, Ed.D.

Tamerin Capelliino, Ed.D.

________________________, Committee Member
Laura Cook, Ed.D.

________________________, Associate Dean
Patricia Clark-White, Ed.D.

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The Untold Stories of Former Teen Mothers Who Have Achieved

a Master’s Degree or Higher

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First and foremost, I am thankful for God and his promise in Jeremiah 29:11, “For I know the plans for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future.” He is the core of my existence, he makes all things new, and, undoubtedly has placed the following people in my life.

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ABSTRACT

The Untold Stories of Former Teen Mothers Who Have Achieved a Master’s Degree or Higher

by Tanya Benitez

Purpose: The purpose of this study was to shed light on former teen mothers who have “beaten the odds” by achieving a master’s degree or higher. It sought to reveal and understand what the external and internal factors are which lead to these women pursuing higher education.

Methodology: The methodology of this study is a case study which explored these factors through the personal stories of former teen mothers. The study revealed the commonalities among these women.

Findings: The findings of the study determined Data collection and analysis resulted in four findings in the lived story of the 13 selected participants. The findings included: (1) Personal determination (2) Significant life event (3) Support Systems (4) Perseverance.

Conclusions: The conclusions drawn from the study indicated many variances from each Participant’s lived story. The ultimate indicator resulting in a former teen mother’s achievement of a master’s degree or higher derived from within her. The commonalities of the following themes were profound: reliance on self to reach goals, influencers are most likely educators and people who have personal relationships with the women (such as family), external motivators were primarily life circumstances such as financial status, internal motivators were manifested in drive to overcome barriers and judgment.

Recommendations: The recommendations for future research included expansion of a long-term phenomenological study of former teen mothers who have achieved a master’s
degree or higher to include continued research organizational programs. In addition, it is recommended this study expand to include former teen fathers and the children of former teen mothers.
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CHAPTER 1: INTRODUCTION

Teenage Pregnancy

Teen pregnancy is an issue that can impact any family, ethnicity, or demographic in the United States. It has been a global and national concern for the past several decades. Pregnancy among teenagers is a societal concern, because of the life-course disadvantages for the mother, the child, and the costs to the larger society (Kirby, 2001). For the teenage mother, the negative consequences of birthing a child include lower educational attainment and decreased employment earnings. In the last 60 years, trends have been analyzed and efforts made to track teen pregnancy in an attempt to reduce the numbers of young women who become pregnant. In an era when there are increasing benefits to completing higher education only about 50% of teenage mothers graduate from high school (Goldin, & Katz, 2008; Levin & Belfield, 2007; Perper, Peterson, & Manlove, 2010). Consequently, teen mothers are more likely to face unemployment in adulthood (Hoffman & Maynard, 2008) and to make use of government assistance, such as cash assistance (Fletcher & Wolfe, 2009) than females who did not get pregnant during adolescence. Teenage pregnancy has also been associated with increased mental and physical health problems for the mother, as well as inadequate social support (i.e., supportive relationships and networks such as neighborhoods). The children of teenage mothers score lower on indicators of health and social wellbeing than do children of older mothers. In addition, they face an increased risk of abuse and neglect and are more likely to be incarcerated than children born to adult mothers (Furstenberg, Brooks-Gunn, & Chase-Lansdale, 1989; Hoffman & Maynard, 2008; Konner & Shostak, 1986; Woodward & Fergusson, 1999).
According to Boonstra (2002), the rate of teen childbearing in the United States has fallen steeply since the late 1950s, from an all-time high of 96 births per 1,000 women aged 15-19 in 1957 to an all-time low of 49 in 2000. Birthrates fell steadily throughout the 1960s and 1970s; they were fairly steady in the early 1980s and then rose sharply between 1988 and 1991 before declining throughout the 1990s. In 2011, U.S. teen births accounted for 8.4% of all births and 18.4% of all non-marital births. The birth rate for U.S. teenagers (ages 15 through 19) increased in 2006 and 2007 after a steady decline since 1991. Although the birth rate for U.S. teens has dropped in 18 of the past 20 years, it remains higher than the teen birth rate of most industrialized nations (Solomon-Fears, 2000). Each year in the United States between 800,000 and 900,000 adolescents aged 19 or younger become pregnant. While the rate of pregnancy among teens has declined, it is still a societal concern.

**Societal Perceptions Regarding Teenage Pregnancy**

Society has had many perceptions about teen mothers. Decades ago, social stigmas were more extreme. For example, women could be ostracized for being unwed and pregnant. They were often hidden away and shamed by their families and community. While in more recent times the response is not so stringent, it is still common for pregnant teens to be treated negatively in their homes, schools, and in religious congregations. They may even be teased or gossiped about (Luker, 1991). According to Solomon-Fears (2000), throughout the decades, the response to teen mothers has also changed. In the 1950s and 60s, if a teen became pregnant she was usually shuffled off to a relative’s house or even a convent. Families would often force the teen to get married or pull the girl out of school until she birthed the child and
returned with an excuse about her absence. It was an embarrassment to the girl’s family, and measures would be taken to avoid their secret from being revealed. In the current decade, teen mothers are not often facing the same responses as in earlier years. Today, they aren’t often shunned, however, there is still a negative stigma surrounding their pregnancy (Solomon, 2013).

The stigma regarding teen pregnancy has permeated social media and been spread via technology. There are generalizations made such as: she doesn’t have a father figure, she has no educational goals, she is sexually promiscuous, she probably has a sexually transmitted disease (STD), and she is bound to drop out, or will be a receiver of welfare for her life. Not only does a teen mother have a hurdle to climb being a mother and trying to overcome the obstacles that naturally occur because of her situation, she is also faced with the perceptual bias and generalizations of society (Weed & Nicholson, 2012).

**Trends in Teenage Pregnancy**

The declining trend in teenage pregnancy has been attributed to increased focus on prevention policies, education in abstinence, development and education of contraceptives, and access to abortions (Weed & Nicholson, 2012). Preventing teen pregnancy is generally considered a priority among policymakers and the public because of its high economic, social, and health costs for teen parents and their families. Many initiatives have been implemented in response to teen pregnancy statistics. Some of these initiatives and evidence based programs include Teen Health Project, Reducing the Risk, Sisters Saving Sisters, and Project AIM, and numerous grants given by the Center for Disease Control (CDC) and Prevention, all of which assist young women to avoid teen pregnancy.
Several studies have been completed by researchers like Domenico and Jones (2007), Meade and Ikovics (2003), and Commendator (2010) have determined some causes of teen pregnancy, ways to avoid it, and the negative effects it has on young women. According to Domenico, teen pregnancy has been an epidemic throughout history and is caused by poor family structure, lack of future goals, and low future expectations. Meade & Ikovics conducted a study about the high risk sexual behaviors common with teen mothers. Teen mothers are more likely to contract STDs, have adverse health issues, and participate in risky sexual behavior.

According to Solomon-Fears (2000), the various studies done on teen women have determined that teen childbearing is associated with adverse health, educational, and poverty for teen mothers and their children, although these outcomes often reflect preexisting social deficits. Teen mothers in comparison to women who delay childbearing until their 20s, are more likely to drop out of school and have low educational attainment; face unemployment, poverty, and welfare dependency; to experience more rapid repeat pregnancy; to become single mothers; and to experience divorce, if they marry. In recognition of the negative, long-term consequences associated with teenage pregnancy and births, the prevention of out-of-wedlock pregnancies has been a major goal of this nation.

A majority of the research done on teen pregnancy has negative connotations, starting with the premise that teen pregnancy dooms a young woman to negative outcomes (Campbell, 2002). However, not all teen mothers end up leading a life of poverty or deprivation. There are numerous examples of former teen mothers that have achieved, and are achieving, at a high level. There is a gap in the research about young
women who beat the odds and overcame these generalizations. There are former teen mothers who have proven their ability to overcome the “life sentence” that was assumed for them when they gave birth as a teenager. Teen mothers have the ability to become educated, be successful, and contribute positively to our society. In fact, there are many women who have successfully achieved a master’s degree or higher (Kaplan 2013).

Women who are former teen mothers and have successfully beaten the odds by attaining graduate level degrees are present in many communities. There is a need to understand these women and why they pursued and completed higher education. Understanding the steps to success these women followed supports the development of programs and services to support current and future teen women who become pregnant.

**Background**

**Teenage Pregnancy Rates**

Most of the research regarding teenage mothers has been focused on statistics, reasons why teen women get pregnant, and the psychosocial and health implications associated with adolescent child bearing. “The most commonly used statistic in reporting teenage pregnancy rates is the number of pregnancies per 1,000 females aged 15 to 19. In the United States, 82% of pregnancies in those between 15 and 19 are unplanned” (Center for Diseases Prevention and Control, 2011, p. 2). Each year, approximately 900,000 teenagers become pregnant in the United States and, despite decreasing rates, more than 4 out of 10 adolescent girls have been pregnant at least once before they reach 20 years of age. Most of these pregnancies are among older teenagers (i.e., those 18 or 19 years of age (Center for Diseases Prevention and Control, 2011). “Adolescent
pregnancy in the United States is a complex issue affecting families, health care professionals, educators, government officials, and youths themselves” (Kirby, 2001, p. 7). Although there is a decline, the impact upon families remains significant. Throughout the years, prevention measures have been made, and although there is a decrease in pregnancy, the impact remains (Kirby, 2001).

According to the American Academy of Pediatrics (Finer, 2013), the proportion of American adolescents who are sexually active has decreased in recent years; however, rates are still high enough to cause concern. Currently, more than 45% of high school females and 48% of high school males have had sexual intercourse (Finer, 2013). The American Academy of Pediatrics also states that the average age of an adolescent experiencing their first intercourse is 17 years for girls and 16 years for boys. However, approximately one fourth of all youth report having had intercourse by 15 years of age (American Academy of Pediatrics, 2013). With close to half of teens reporting that they have had sexual intercourse, it follows that teen pregnancy will be the result of some of those encounters. Minimizing the number of pregnancies that result from teen sexual activity has been the focus of much of the effort regarding the subject of teen pregnancy (Klein, 2013).

Factors Affecting Teenage Pregnancy Rates

There are many studies which deeply explore and report on the causes of teen pregnancy. Young women who have been exposed to abuse and difficult family life are more likely to become pregnant as teenagers, and the risk of becoming pregnant as a teenager increases with the number of adverse childhood experiences. According to Tompkin and Sternberg (2004), women exposed to abuse, violence and family strife in
childhood are more likely than those without such experiences to have a teenage pregnancy; the greater the number of adverse childhood experiences equates to a higher likelihood of pregnancy. Most respondents in a 1988 survey for the Joint Center for Political and Economic Studies attributed the occurrence of adolescent pregnancy to a breakdown of communication between parents and child, and inadequate parental supervision (National Campaign, 1997). According to Tompkins and Sternberg (2004), one-third of teenage pregnancies could be prevented by eliminating exposure to abuse, violence, and family strife. The researchers note that “family dysfunction has enduring and unfavorable health consequences for women during the adolescent years, the childbearing years, and beyond” (Tompkins & Sternberg, 2004, p. 5).

Poverty is correlated significantly with teen pregnancy in the United States. Although 38% of adolescents live in poor or low-income families, as many as 83% of adolescents who give birth and 61% who have abortions are from poor or low-income families. At least one third of parenting adolescents (both males and females) are themselves products of adolescent pregnancy (Klein, 2013). In addition, Kline (2013) adds that women who had experienced incarceration of a family member, household substance abuse, parental domestic violence, verbal abuse, sexual abuse, divorced parents, physical abuse or household mental illness were more likely to have become pregnant as teenagers. These factors, individually and in combination, are widely considered to be important contributors to teenage women becoming sexually active and, as a result, pregnant (Klein, 2013)

Studies by Dunn (2004) have also found that girls whose fathers left the family early in their lives had the highest rates of early sexual activity and teenage pregnancy.
Girls whose fathers left them at a later age had a lower rate of early sexual activity, and the lowest rates are found in girls whose fathers were present throughout their childhood (Woodward, Ellis, & Quigley, 1999). Even when the researchers took into account other factors that could have contributed to early sexual activity and pregnancy, such as behavioral problems and life adversity, girls whose fathers left them at an early age were still about five times more likely in the United States and three times more likely in New Zealand to become pregnant as adolescents than were girls whose fathers remained present in their lives. The girls who grew up in otherwise socially and economically privileged homes were not protected from this phenomenon. “Father absence was so fundamentally linked to teenage pregnancy that its effects were largely undiminished by such factors as whether girls were rich or poor, black or white” (Woodward & Fergusson 1999, p. 23). Another factor regarding the absence of fathers is that young girls can be exposed to their mother’s dating and relationship behaviors which can also have a negative impact, causing unstable bonds with men (Woodward et al., 2003).

In the last five years, additional, larger social factors have played a role regarding teen pregnancy, particularly with the media. The negative consequences of teen pregnancy, and the negative portrayal of teen mothers, has become a recurring theme in media reporting of teen pregnancy. Such portrayals may be having the effect of reducing the sexual behaviors that lead to pregnancy such as unprotected intercourse and unplanned encounters (Heron, Sutton, Ventura, Strobino, & Guyer, 2010). As teen births become increasingly less common, changing social norms and peer influence may cause teens to alter their behavior accordingly—either through delayed sex or improved
contraception use. In addition, the recent economic recession coincides with the start of the largest drops in the teen birth rate. Teens may act more cautiously after experiencing or observing economic hardship (Heller, 2016).

**Impact of Teen Fathers on Teenage Mothers**

Teenage parents are frequently in a romantic relationship at the time of birth, but many adolescent fathers do not stay with the mother and this often disrupts their relationship with the child. U.S. surveys tend to under-report the prevalence and impact of teen fatherhood (Joyner et al., 2012). In many cases, the term “teenage father” may be a misnomer. Studies by the Population Reference Bureau (2016) and the National Center for Health Statistics (2015) found that about two-thirds of births to teenage girls in the United States are fathered by adult men who are over the age of 20 (cited in Furstenberg, Brooks-Gunn, & Chase-Lansdale, 1989). So, the fathers of these teenage girls’ children may not be a teenager themselves. History reveals that most teenagers who became pregnant a decade or two ago were married by the time a child was born (Furstenberg, Brooks-Gunn, & Chase-Lansdale, 1989). Meaning a father was a part of the life of the child. This is often not the case in present times. Societal pressure to marry as a result of a pregnancy is not as great at present as it was in the past.

Pediatric Association studies showed that fathers who are actually teenagers are similar to teen mothers; they are more likely than their peers who are not fathers to have poor academic performance, higher school drop-out rates, limited financial resources, and decreased income potential (Duggan & Hardy, 1988). Some fathers disappear from the lives of their adolescent partners and newborn children, but many others attempt to stay involved, and many young fathers struggle to be involved in their children’s lives. The
social, emotional, economic, and societal factors affecting teen fathers make it difficult for them to remain involved in the lives of the children they father, even if that is their desire (Klein, 2013).

Current trends show that eight in 10 teenagers giving birth are unmarried (Heron et al., 2010). As a response to statistics, reducing non-marital childbearing is one of the explicit goals that were stipulated in the 1996 welfare reform law. According to 11 Facts About Teen Pregnancy (n.d.), parenthood is the top reason women drop out of school, less than 2% of teen mother’s earn a degree by the age of 30, at least a quarter of teen mothers become pregnant with their second child within two years. There is a similar, but not as drastic, impact on teenagers who become fathers. In conclusion, research examined similarities between teen fathers and mothers. Common circumstances tended to lead them to being parents at a young age. According to Brown & Litcher (2004), this is often where the similarity ends as teen women likely face the obstacle of being unwed and single as they rear their child alone while many teen fathers move on.

**Educational Implications for Teenage Mothers**

According to East and Felice (2014), risk factors correlated with a second teen pregnancy within 18 months of a first birth include: (a) not returning to school within six months; (b) marriage or cohabitation with a male partner; and (c) the infant’s grandmother being the primary child care provider (pp. 91-112). This study indicated that the psychosocial problems of adolescent pregnancy include (a) school interruption, (b) persistent poverty, (c) limited vocational opportunities, (d) separation from the child's father, (e) divorce, and (f) repeat pregnancy. This study also shows
repeat births before 18 years of age have a negative effect on high school completion. When pregnancy does interrupt a teen's education, a history of poor academic performance usually exists (Klein, 2013). Factors associated with increased high school completion for pregnant teenagers include race (black teenagers fare better than do white teenagers), being raised in a smaller family, presence of reading materials in the home, employment of the teenager's mother, and having parents with higher educational levels. Each of these factors, in isolation or in combination, contributes to the possibility and likelihood that teenage mothers may complete school. It is often the case that the supportive elements related to high school completion are missing in the lives of teenage mothers as they face the trials of raising a child alone and in poverty (Upchurch & McCarthy, 1990).

Due to the stigma attached to teenage pregnancy and parenthood, teenage parents often choose to remain under the radar. School administrators and staff may be unaware that some of their students are, indeed, parents. This invisibility of teenage parents often produces negative results: (a) inappropriate interventions to address their unique developmental needs, (b) lack of advocacy for teenage parents, and (c) insensitivity on the part of the educational system to help parenting teens balance their education and their responsibilities as parents (Duncan, 2007). Both school-related and personal support was found to be of importance to teenage mothers in their journey toward high school graduation. The desire to remain anonymous, although difficult, is a factor that makes addressing the specific needs of teenage mothers difficult for school systems and school personnel (Mangino, 2008).
Low educational expectations have been proven to be a risk factor for teen mothers. There is an assumption that teen mothers do not have aspirations to become educated. It is uncommon that teen parents are asked what resources and types of support they feel are important for reaching their desired level of educational attainment. This frequently omitted step can be instrumental in allowing parenting programs to align their strategies with the needs and goals of the teenage parents. Higher success rates are predicted when this alignment is an integral part of the program. The mothers with the most supports were the least likely to believe that they had limited opportunities for success (Smith-Battle, 2000).

Health Implications for Teenage Mothers

Teen pregnancy is a major issue within the health care system. There are harmful implications for a teen mother’s physical, psychological, economic, and social status. Teen mothers tend to lack medical care and avoid seeking the prenatal care needed to have a healthy child at a normal birth rate (Sarantaki & Koutelekos, 2003). STDs are also a common occurrence among teens who are sexually active. Although 15 to 24 year olds represent only one-quarter of the sexually active population, they account for nearly half (9.1 million) of the 18.9 million new cases of STDs each year (Weinstock, 2004). Forty-three percent of sexually active females aged 15 to 19 received counseling or testing for STDs or HIV in recent years (Frost, 2010).

The health related issues related to teen pregnancy often go unaddressed either as a result of embarrassment, lack of knowledge of available resources, or lack of support to seek and secure the services. In addition to physical health issues for the mother and the
child, there are important psychological and social health issues that need to be addressed to help the mother and child navigate a time when they are in great jeopardy. Finding ways in which these vital services can be connected to and provided for teen mothers is one of the key issues related to the health of these teen mothers and their children (Sarantaki & Koutelekos, 2003).

Programs and Initiatives Regarding Teen Pregnancy

As stated by the CDC (2013), trends show unintended pregnancy has declined during the past several decades, which may be attributed to the various initiatives that have taken place. Millions of dollars have been spent on teen pregnancy prevention programs. A variety of strategies such as health education, skills-building and improving accessibility to contraceptives have been employed by the United States in an effort to address the problem. Many models of teen pregnancy-prevention programs exist. Throughout the years, many health educators have argued that comprehensive sex education would effectively reduce the number of teenage pregnancies, although opponents, typically social conservatives argue that such education encourages more and earlier sexual activity. These basic values conflicts make the implementation of programs at either end of the spectrum more difficult. Interventions combining education and contraceptives appear to reduce unplanned teenage pregnancy; however no one intervention yet stands out as the most effective (Oringanje et al., 2009).

The federal government spent well over $1.5 billion over the past decade, including mandatory matching grants from the states, to promote education programs focused solely on promoting abstinence outside of marriage that provide either no information or negative information about contraceptives and contraceptive use. But
even as funding for these programs grew with the strong support of the Bush administration and social conservatives, so did evidence of their failure either to stop teen sex or to help teens adopt protective behaviors when they do become sexually active (Boonstra, 2002). Despite some encouraging trends, efforts to prevent pregnancy must be constantly renewed as children enter into adolescence. By 2020, the population of adolescent girls 15 to 19 years of age is expected to increase by 10%; thus, decreasing pregnancy rates may not mean fewer pregnancies or births. Nonetheless, condom use has increased slightly, and teen contraceptive users have increasingly adopted long-acting hormonal methods, which have the lowest failure rates; thus, overall contraceptive effectiveness among teenagers has been improving (Singh & Darroch, 2000).

Prevention and abstinence programs have had some positive outcomes. Most successful programs include numerous approaches to the problem of teen pregnancy. They include, but are not limited to, abstinence promotion, informing about contraceptives, job training, and support to complete school. Primary-prevention (first pregnancy) and secondary-prevention (repeat pregnancy) programs are both needed, with particular attention paid to female adolescents who are at highest risk of becoming pregnant and innovative programs that include adolescent males (East & Felice, 1996). Parents, schools, religious institutions, physicians, social and government agencies, and adolescents all have roles in successful prevention programs.

No one program or approach is entirely effective in preventing teenage pregnancy. There are many approaches and efforts in place and aspects of all of them have some positive effects. However, what works in one instance may not work under
different circumstances and with different individuals. Human sexuality is an intensely personal subject and no two persons approach or perceive it the same. Recent studies have found that some sexuality and HIV-education programs have sustained positive effects on behavior, and at least one program that combines sexuality education and youth development has been shown to decrease pregnancy rates for as long as three years (Kirby, 2001). Although not the basic intent of the program, the program nevertheless produced some unexpected preventive behaviors. The prevention of teenage pregnancy remains an issue that has no one all-encompassing answer.

**Research Specific to Teenage Mothers’ Success**

An overwhelming majority of the research done on teen pregnancy has negative connotations. The commonality among teen pregnancy background is that the research excludes the perspective from the person directly in it, the teen mother. Just because a girl becomes pregnant doesn’t mean it has be a disaster. There are positive outcomes that can and do come from these women’s personal, unique stories. It’s not always as it is portrayed with gloom lacking education and the likelihood of being a single, impoverished, statistic. As Kahan (2010) reminds us,

Teenage pregnancy is not a “crisis” or “epidemic,” like so many people would like us to believe. The only true epidemic associated with teen pregnancy is the overwhelming and universal lack of support available to young mothers. We love our children fiercely. We protect and care for them like any mother, of any age, would. (p. 14)

The presently researched history, background, societal perceptions, and potential
outcomes do not portray the entire picture of teenage mothers. Most teenagers who conceive do not plan to become pregnant and the pressure to make a choice as to whether to terminate the pregnancy or to deliver the baby can be an excruciating decision to make. McKenzie, Pinger, and Kotecki (2005) stated that most pregnant adolescent teens choose to keep their child. Leadbeater and Way (2001) stated that, while 31% of teenage pregnancies end in abortion, even fewer pregnant adolescent teens choose adoption as an option. This means the majority of teen mothers choose to deliver and keep their child, a decision that brings with it a high level of responsibility and life changes. Having relationships with others who have experienced teen childbirth and motherhood is a way for teen mothers to voice their fears and concerns in an environment free from judgment and filled with knowledge and understanding of their situation. These relationships are enhanced when success stories and a way out of their problems are shared, and when challenges and disappointments are voiced. This sharing facilitates further interaction, and a sense of group membership can be established (Leitz, 2007).

According to Kahn 2010, the decisions that adolescent parents make affect both their own wellbeing and the wellbeing of their children. Often times, a teen mother may not seek improvements for herself, but rather will seek improvements and advantages for her child. Kahn shared an illustrative anecdote about an adolescent mother who was still in middle school, and who had lived a hard existence with little supervision at home. She received educational support that helped her to turn her life around. She turned out to be so attached to her child that she got everything in order in a manner that she was driven to do whatever it took to succeed. Later, the mother conceded that it had been truly difficult to change, yet her desire for a better life for her child overcame that difficulty.
As the teen mother grows in maturity and progresses in achievement, the purpose and potential of life leads the teen mother towards the resources that will assist in growth. This requires her to have caring people involved in her life, but it also asks for a social environment that offers a respect for diversity, allows an opportunity for her to share her experiences, her concerns, and her voice, and provides services that assist in the process of overcoming self-defeating behaviors (Werner & Smith, 2001). Listening and responding to the voices of teen mothers is a key component in accurately addressing their needs and helping them along the path to success. Finding pathways to success for these women is an important issue for both the women and society as a whole.

**Statement of the Research Problem**

The issue of teenage pregnancy and motherhood is not a new issue in the United States or in any society. Different societies handle the matter differently but in the United States a young woman who becomes pregnant as a teenager is often thought to be in a situation that leads inevitably to low educational achievement, low socio-economic status, and a life of deprivation (Campbell, 2002). An extensive review and examination of the literature regarding teenage pregnancy and data from other prominent researchers explored the causes, consequences, and challenges of teen pregnancy. The data predominately showed the negative attributes that accompanied teen pregnancy (Boonstra 2002, Kearney & Levine, 2012; Singh & Darrach, 2000, Smith-Battle, 2007; Vinovskis, 1988).

Researchers such as Werner and Smith (2001), Leitz (2007), and Kirby (2001) have explored numerous data regarding health implications, educational, societal impact, and success of preventative measures to prevent teens from becoming pregnant. Many
efforts have been undertaken by governmental, local, and private agencies in an attempt to mitigate the impact of teen pregnancy and to prevent teen pregnancies when possible. Billions of dollars and many, many hours of time and effort have gone into these efforts which have, in some cases had positive impacts (Werner & Smith 2001). Organizations including Teen Outreach Program, Teen Health Project, and the CDC and Prevention have made great progress in their efforts to reduce adolescent sex and prevent teen pregnancy. Despite these and other public and private efforts, the issue of teen pregnancy remains although trends show an overall decrease in the number of teen pregnancies (National Center for Health Statistics, 2015). The various efforts and programs have produced uneven results despite the large amount of resources and effort that have gone into them (Oringanje et al., 2009).

Despite the odds cited in the existing data and literature, a teenage pregnancy is not always the disaster it can be portrayed to be nor is it a life sentence to low achievement and poverty (Kahan 2010). A number of women have succeeded in overcoming the barriers and obstacles inherent in a teen pregnancy and have moved forward to lead successful, productive lives even to the point of attaining advanced graduate degrees. While there has been a tremendous amount of research done on the causes, impacts, and results of teen pregnancy the research has primarily focused on those teen mothers who have suffered as a result of their teen pregnancy (Singh & Darrach, 2000). Little attention has been given to those former teen mothers who have, despite the disadvantages of teen pregnancy, gone on to lead successful, productive lives, even to the point of attaining an advanced college degree (Kahan 2010). The problem is that there is a lack of research on factors which contribute to the higher educational
success of women who were teen mothers. Currently, there is no research capturing the voice of former teen mothers who have overcome the obstacles and challenges, leading them to the attainment of higher education degrees.

**Purpose Statement**

The purpose of this heuristic phenomenological study was to explore the lived experiences of former teen mothers who have successfully attained a master’s degree or higher. Another purpose of the study was to describe the recommendations of these former teen mothers with regard to helping both present and future teen mothers accomplish these academic milestones.

**Research Questions**

The following RQs guided this study:

1. What is the lived experience of former teen mothers who have achieved a master’s degree or higher with regard to experience prior to pregnancy and external motivators, internal motivators, persons supporting, support received, obstacles overcome, and societal barriers in the journey to their academic success?

2. What recommendations do former teen mothers who have achieved a master’s degree or higher have for present and future teen mothers to pursue academic success?

**Research Sub-Questions (RSQ)**

1. What is the lived story of former teen mothers who have achieved a master’s degree or higher leading up to the time before becoming a teen mother?
2. What external motivators or actions led former teen mothers to pursue the achievement of obtaining a master's degree or higher?

3. What internal motivators or efficacy inspired former teen mothers to pursue the achievement of obtaining a master's degree or higher?

4. What specific person or people influenced the former teen mothers to achieve a master's degree or higher?

5. What type of support was received by former teen mothers from family members (parents, partners, siblings, relatives) or educational/personal mentors?

6. What struggles or obstacles were encountered by former teen mothers as they worked toward achieving a master's degree or higher?

7. What societal or stereotypical barriers were encountered by former teen mothers as they pursued a master's degree or higher?

8. What advice do former teen mothers offer current or future teen mothers to follow to pursue a master's degree or higher?

**Significance of the Problem**

Becoming a parent requires self-sacrifice and the understanding that personal needs must often be put aside. In the developmental stage of adolescence, the focus is on satisfying self needs, identity formation, and moving from dependence to independence (Zastrow & Kirst-Ashman, 2007). It is important for adolescents to make decisions for themselves, but adaptation to this stage requires time, perseverance, overcoming mistakes and adjusting to challenges. Challenges are seen as opportunities and one of the most powerful realizations is how the teens’ own perception shapes behavior. Benard stated
that resilience research has uncovered the “evidence that protective factors are indeed more powerful than risk factors in the lives of children and families” (as cited in Saleebey, 2006, p. 198).

Researchers such as Kearney & Levine (2012), Singh & Darroch (2000), Smith-Battle, 2007, and Vinovskis (2003) have brought forward the many continuing personal and societal issues that are involved with teen pregnancy and motherhood. The issues affect not only the young women who have become pregnant but their families, extended support system, and the communities in which they live. Although statistics show a decline in teen birth rates over the past several decades (National Center for Health Statistics, 2015), the issues related to teen parents remain for the teen mothers themselves and for those connected to them. However, teen pregnancy does not necessarily condemn the teen mother to poverty and deprivation. Although most research has focused on the problems associated with teenage motherhood, little has been done to research the teen mothers who have overcome the obstacles of teen pregnancy to become successful (Kahan 2010).

Research on adolescent pregnancy and steps to academic success following it will contribute to the knowledge base of society and those who work with teens by listening to the narratives of former teen parents who have gone on to high achievement. It is significant for the individuals involved, their families, the communities in which they live, and to society in general to understand how teen mothers have succeeded despite the barriers and obstacles involved with teen pregnancy (Kahan, 2010). There is a gap in the literature regarding research on teen mothers who have become successful. This study was imperative in order to identify the commonalities and motivators which contribute to
this accomplishment. This study will have an impact on pregnant teen females, their families, and society by providing an understanding of the circumstances and stories surrounding former female teen parents who have successfully pursued higher education. This new knowledge can help in the development of programs and services to support and guide teen mothers and provide hope for them as they live through their pregnancy and the events that follow it.

**Operational Definitions**

The key terms provided in this section are used to define the appropriate participants or variables in the study.


*Former teen mothers.* Any female woman who gave birth to a child between the ages of 15 to 19 years old and reared their child (CDC and Prevention, 2016).

*Early Childbearing.* A pregnancy that occurs at or before the age of 19 (Phipps, Maureen, & Sowers, 2002).

*Teen pregnancy rate.* Pregnancies accounting for births, abortions and miscarriages per 1,000 teenage females ages 15 to 19 (Boonstra, 2002).

*Birth rate.* Live births as a result of a pregnancy per 1,000 (Merrian-Webster, 2016).

*Pregnancy prevention.* Programs, practices and initiatives aimed at the prevention of an adolescent pregnancy (National Conference of State Legislatures, 2016).

*Sexually Transmitted Disease (STD).* A disease that can be transmitted via sexual contact with an infected individual (Thomas & Tucker, 1996).
Experience prior to becoming a teen mother. The experiences, issues, and factors that describe life prior to becoming a teen mother and which led to the individual becoming a teen mother.

External Motivators. The external factors and experiences that served as motivators for the teen mother to achieve academically.

Internal Motivators. The internal factors and experiences that served as motivators for the teen mother to achieve academically.

Support Received. The persons, programs, circumstances, and environment that provided support for the individual to achieve academically.

Obstacles Overcome. The specific experiences, organizational obstacles, community obstacles, and personal obstacles that had to be overcome to achieve academically.

Societal Barriers. The societal expectations, perceptions, and pre-conceived roles of teen mothers that had to be dealt with to achieve academically.

Delimitations

The delimitations of the study are:

1. Delimited to Riverside, San Bernardino and Fresno Counties, California.
2. Delimited to former teen mothers who have a master’s degree or above.

Organization of the Study

This chapter has stated the purpose of the current dissertation, which was to investigate the factors that contribute to the success of former teen mothers. Chapter I described the background of the study, the problem being studied, and the purpose and RQs of the study. Chapter II provides a review of the literature, providing depth and
breadth related to the background presented in Chapter I. Chapter III describes the methodology of the study, including the research design, population, sample, data collection, and analysis utilized. Chapter IV presents the findings from data obtained through the process of the study. Lastly, Chapter V presents the conclusions, implications, and recommendations for action derived from the findings.
CHAPTER II: REVIEW OF THE LITERATURE

Introduction

The issue of teen pregnancy in the United States is one that has been addressed on a continual basis throughout the country’s recent history. In order to address the topic of teen pregnancy and the academic outcomes for former teen mothers, it was important to provide a context for the conduct of the study. This literature review addresses the history of teen pregnancy, societal norms and attitudes related to teen pregnancy, policies that have been implemented to address teen pregnancy, societal pressures experienced by teen mothers, educational attainment levels of former teen mothers, and successful outcomes experienced by teen mothers. This review provides a history and background necessary to create a foundation for the study to come.

Review of History of Teen Pregnancy

_The girl who has an illegitimate child at the age of 16 suddenly has 90 percent of her life’s script written for her. She will probably drop out of school; even if someone else in her family helps to take care of the baby, she will probably not be able to find a steady job that pays enough to provide for herself and her child; she may feel impelled to marry someone she might not otherwise have chosen. Her life choices are few, and most of them are bad._ (p. 238)

_Arthur Campbell (1968)_

When demographer Arthur Campbell (1968) made the statement above almost 50 years ago, his opinion reflected the general attitude and perception of the society at the time. As time has passed attitudes have changed and behaviors toward teen mothers have
changed but there remains an element of Campbell’s observations in the research that has been done regarding teen mothers in the United States. The assumption that becoming a teen mother is a sentence to low achievement and poverty is the foundation of Campbell’s observations and has been the perspective of much of the research done regarding them.

**Historical Perspective of Teen Pregnancy**

In the past, young women started their mothering careers without a strong view of how their lives would turn out (Morehead & Soriano, 2005, p.72). Campbell’s (1968) words and attitude were prevalent in society, even if the young women had no idea who Campbell was. This review of literature begins with the broad cultural background of teen pregnancy and societal norms from historic times to present day; in order to best understand where women are today in education. The section begins with reviewing the beginnings of teen pregnancy across in the United States to its current state.

The topic of teen pregnancy has been researched extensively with regard to causes, prevention, and ramifications. Shift of politics, education on abstinence, and advances in contraceptives have been analyzed by researchers. Teenage childbearing has been a topic of sociological research, public discourse, and political discussion since the mid-1960s (Fursentburg, 2003). Pregnancy prevention has long been on the front line of America’s health agenda. Various concurrent polices on comprehensive family life education, access to contraceptives, youth development and education, and abstinence are included in the multitude of topics (Brindis & Claire, 2006). Periodically, the federal government has taken an active interest in trying to lessen unplanned teen pregnancies as
well as provide more educational opportunities for the youth. The federal government has been supporting abstinence programs since 1981 via the Adolescent Family Act (Santelli, 2006). Many of those initiatives have had only limited impact in spite of enormous sums of money, time, and personnel invested in them (Vinovskis, 2003).

Early childbearing has never been a rare occurrence in the United States. “The “epidemic” of adolescent pregnancy is typically portrayed as a recent and unprecedented problem that requires massive federal intervention, but the problem is not new” (Vinovskis, 1988, p.19). The appropriate age for sexual relations and parenthood has always been a matter of cultural definition and, in the United States has varied considerably across time, region, class, race, ethnicity, and gender. Over the past two centuries, the age at which childbirth is biologically possible has declined. With the mix of cultures, traditions, practices, and attitudes toward age, sexual relations, and child bearing there has never been a time when these issues were viewed consistently throughout the population. Indeed, different populations and locations have had and still have very different attitudes and approaches to the issues of sexual relations and teen pregnancy (Rhode 1993, p. 635).

From the United States colonial era onward, society typically had a distinctly early pattern of family formation. However, tracking birth rates and marriage was not a common practice until the 1960s when teen pregnancy began to be put under the microscope. There has been great variation over time and place in the age for first marriage and birth, but local birth records, registries, and census data show
that a substantial proportion of teenagers became parents before they reached the age of majority. (Furstenberg, 2003, p. 7)

Historically, with regard to teenage motherhood, negativity has not generally been evident. Until recently, the teenage years were considered an optimal time physiologically for childbirth (Wilson & Huntington, 2006) without suggestion that they might be problematic for other reasons, while a mother over the age of 30 was considered to pose particular problems. Child bearing and child rearing was considered to be the province of the relatively young.

Since the 1960s, when the issue of teen pregnancy began to be identified as a problem, childbearing has turned to be an event that occurs later in life.

The previous situation and attitudes have now been reversed as older mothers have increasingly become the norm and the multiple problems associated with later fertility, demonstrated by the rapidly increasing demand for IVF treatment and egg-freezing services, tend to be overlooked, while teenage mothers as a group have become significantly marginalized and stigmatized the same way that unmarried mothers of all age groups were in the past. (Wilson, 2012, p. 61)

**Historical Attitudes toward Human Sexuality and Teen Pregnancy**

Kinsey, Gebhard, Pomeroy, and Martin (1954) produced the *Kinsey Report*, the largest documentation of sexuality in the United States at the time of its first of several publications. It changed the public’s perception of sexuality and how people are sexually socialized. The reports were thought to liberate female sexuality. The Kinsey Reports are two books on human sexual behavior from the 1950s. The reports studied thousands
of men and women on their sexual behavior (Kinsey, Gebhard, Pomeroy, & Martin, 1954). Prior to the reports, there was minimal discussion about sex with the exception of church and psychoanalysts. These reports were in a sense a sexual revolution and delved into age of first intercourse, prior to 1950. Sexual acts outside of marriage were illegal in the 1950s but, since that time, such laws were repealed, struck down by courts, or unenforced (Weinberg, 1976).

The first nationally representative survey of teenage sexual behavior in the late 1960s and early 1970s, conducted by Zelnik, Kantner, and Ford (1981), reinforced the findings of the Kinsey Reports. Premarital sex was prevalent and rapidly becoming more prevalent. For example, the proportion of teenagers who had sex by age 18 doubled from about one-fourth of all women born in the 1940s to more than half of women born two decades later (Laumann, 1994; Santelli et al., 2006). Premarital sex, it seemed, was becoming more common just as early marriage was becoming more problematic - a perfect formula for producing a rapid increase in rates of non-marital pregnancies and births. From the 1940s onward, non-marital childbearing climbed steadily for all age groups as non-marital intercourse increased and contraceptive use lagged far behind.

Among older women in their 20s and 30s, a pause in non-marital childbearing took place in the 1960s and early 1970s, while among teens the pace of non-marital childbearing picked up, driven by both sexual risk-taking and fewer marriages. Teen childbearing was less often planned and hence less regulated by contraception. Moreover, in times past, an ill-timed pregnancy was routinely followed by marriage. However, “In the 1960s, early marriage became increasingly difficult, and its swift
demise created a painful dilemma for sexually active teenagers who became unintentionally pregnant” (Russell Sage Foundation, 2011, p. 9).

Up until the 1960s, marriage and childbearing had been tightly linked. In agricultural communities and in the rapidly urbanizing cities, women often became pregnant in the anticipation that their partner would marry them. Shotgun weddings were an integral feature of the courtship system in America. Especially in the middle of the past century, pregnancy propelled many couples into marriage earlier than they otherwise might have wed. The fact is nearly half of all teenagers in the 1950s who married were pregnant at the time; but the alternatives to marriage were not well accepted (Moore & Burt, 1982).

More recently, many people continue to think of 'unwed mothers' as more or less synonymous with teen pregnancy, but these numbers show that it’s no longer the case, particularly when one considers all births rather than just first births. “Today, only 23 percent of all unmarried births are to teenagers; sixty percent are to women in their twenties” (Wilson, 2012).

**History of Societal Norms Regarding Teen Pregnancy**

Adolescent births in early America often were viewed as part of broader concerns about premarital sexual activity and out-of-wedlock births in general. In the second half of the 20th century, adolescent pregnancies and teen out-of-wedlock births were seen as special challenges to American society (Vinovskis, 2003, p. 339). As cited by Paton (2012),
Nowadays, it seems incredible that women should have had to hide their “shame”, a Victorian word still in common currency in the 1950s. Even worse were the cases of unmarried mothers discovered in mental asylums in the 1970s, having been incarcerated there for decades, thanks to the post-war influence of such notorious experts as the child psychiatrist John Bowlby who condemned "the neurotic character" of the "socially unacceptable" unmarried mother. (p. 6)

Women were rejected from society and hidden at outside regions with each woman's stay restricted to three months: six weeks before the birth and six weeks following the birth. The planning was partly to allow the mothers to bond with their infants before choosing whether to have them adopted, as well as a strategic move to give enough time to pass by to ensure the infants were formatively healthy, since receptive couples did not want disabled children. The shame encompassing illegitimacy, together with numerous childless couples needing to adopt in the day before fertility treatments, implied that the mother-and-infant homes that were generally settled in Britain between the two world wars by the primary holy places and the Salvation Army were seen to be flawlessly taking care of two societal issues on the double: they successfully worked as infant homestead. It made economic sense since the new parents would give money to the religious organizations running such homes (Payton 2012).

As the prominent sociologist Clark Vincent noted in his book *Unmarried Mothers*, the shame inflicted on unwed mothers was designed to support marriage. In a prescient passage that could presage the culture wars, Vincent wrote:
The most vexing complex aspects of trying to decrease the incidence of illegitimacy are results of the contradiction between (a) providing deterrents and punishments that will discourage behavior that undermines legitimate family life, and (b) attempting to facilitate the rehabilitation of the unwed mother, and the development of the illegitimate child. (as cited in Russell Sage Foundation, 2011, p. 12)

With the publication of the Kinsey Reports and following works, Americans commenced to perceive that the general standards about sex were more relaxed than they had been led to believe, causing both position and attitude to snowball. According to Moore and Burt (1982), “Illegal abortions were not uncommon, although in the absence of reliable data, we do not know just how prevalent they were. Thus, premarital pregnancy during the teenage years was socially managed, albeit imperfectly from a woman’s perspective” (p. x).

As recently as a few decades ago, there were authentic grievous penalties to be paid if a girl became pregnant outside of marriage. Adolescent girls avoided sex for trepidation of becoming pregnant and being shunned. Among those who did get pregnant, shotgun weddings were prevalent. Adolescent men had to vie for a woman's affections by promising marriage or at least commitment. All of this changed during the 1970s and 1980s. Contraception and abortion became much more accessible, women became more liberated, and sexual behavior changed greatly. A 1996 Policy Brief by George Akerlof and Janet Yellen details how the dwindling rate of shotgun marriages contributed to a staggering increase of out-of-wedlock births. But this same change in
sexual mores led not just to fewer marriages but also to a lot more sexual activity and a rising pregnancy rate among the nation's youth (as cited in Isabel, 1998).

**Statistics Regarding Teen Pregnancy**

There has been a decrease in adolescent pregnancy in the United States, yet the United States continues to lead the world in pregnancy outcomes. The following tables demonstrate that the United States continues to have one of the highest rates of teen pregnancy, and other outcomes, among developed nations (see Figure 1).

![Adolescent Pregnancy Outcomes Across Countries](www.guttmacher.org)

*Figure 1.* Adolescent pregnancy outcomes across countries. * = All estimates are for 2011 except the Netherlands (2008), Belgium and Slovenia (2009), and Sweden and the United Sates (2010). No. per 1,000 women aged 15-19. Adapted from “Adolescent Pregnancy and Its Outcomes Across Countries” by Guttmacher Institute, 2011, [website]. Retrieved from www.guttmacher.org
However, birth rates for all racial groups ages 15-19, the groups commonly identified as problematic for teen pregnancy and births in the United States, have declined from 1990 to 2014 as the chart below demonstrates (see Figure 2).


According to Sedgh, Finer, Bankole, Eilers, and Singh (2015), because of a high teen pregnancy rate and large population, the estimated annual number of teen pregnancies was far higher in the United States (614,000) than any other country in this review. The number of teen pregnancies was also high in Mexico (677,000) and Ethiopia (521,000). (p. 223)

Studies of teenage mothers conclude that between a third and a quarter of them will have a second child within two years. According to Kearney and Levine (2012), trends in teen births can be driven by changes in the likelihood of a pregnancy or changes in the likelihood of aborting a pregnancy once it occurs (we assume miscarriage rates are roughly stable over time). Pregnancies and abortions were roughly flat during the period
in which teen births were flat through the late 1980s. During this period, roughly 10% of teens got pregnant and 4% had an abortion each year. The spike in teen births in the early 1990s was driven almost entirely by an increase in the pregnancy rate; almost 12% of teens got pregnant at the peak in 1990. Clearly, the recent decline in teen births was not attributable to greater use of abortion; instead, it is the result of fewer teens getting pregnant. More recently, 7% of teens got pregnant and 2% had an abortion each year. The decline may have been a result of Roe v. Wade, and the psychological ramifications on mothers who experienced abortion and childbirth. This group of mothers and their involvement in the sex education (abstinence, abortion, and/or contraception use) could be a factor in the decline of the teen pregnancy rate in the generation following. Whatever the reasons, teen pregnancy and births continue to decline statistically. This is not to say the conditions related to teen pregnancy disappear for the individual who becomes pregnant, but it is clear the incidence of teen pregnancy is decreasing.

**Consequences of Teen Pregnancy**

As cited by Magiano (2008),

Teen mothers do not fare as well as teens who delay childbearing. Their family incomes are lower, they are more likely to be poor, they are less educated, they are less likely to be married, and their children fall behind in early development. Teen parents are more likely to not only receive more public assistance, but they also receive the assistance longer than women who delay childbirth. (p. 181) In fact, women who conceive a child amid their adolescent years are more probable than other women to drop out of secondary school, to stay unmarried, and to
live in destitution. The children of teen mothers fare worse than other children on monetary, social, and psychological measurements (Hoffman & Maynard, 2008). In the event adolescent childbearing causes substantial negative outcomes, then the natural reaction is to consider policies that can possibly lessen the probability of a teen pregnancy: promoting abstinence, providing access to contraceptives, sex education, and other interventions.

The perception that teen motherhood is problematic disregards the possibility that teenage women weigh their opportunity costs when they continue a pregnancy to term undoubtedly in much the same way as older women who opt for later parenthood. However, this implies that since the young women are largely from disadvantaged and impoverished backgrounds, endeavors to encourage them to delay childbearing may not only be arduous but counterproductive (Geronimus, 1991). A number of scholars have highlighted the dangers of encouraging delay without the introduction of other initiatives that make delay advantageous (Geronimus, 1991). The research clearly shows that an impoverished young woman is no less impoverished after becoming pregnant than before. Yet, statistics and the economy focus on this as weakness. As Furstenberg (2003) says, “[e]arly childbearing owes its persistence to the fact that many women – not just disadvantaged black youth – have relatively little to lose by having a first birth in their teens or early 20s” (p. 136).

**Policies to Slow Teen Pregnancy**

According to research by Kearney and Levine (2012),

The high rate of teen childbearing in the United States matters because it is a
marker of a social problem, rather than the underlying social problem itself. If a teenager has a baby because her life chances seem so limited that her life will not be any better if she delays childbearing, then teen childbearing is unlikely to be causing much of a detrimental effect. (p. 4)

As indicated by Stapleton (2006), in looking at the writing encompassing teenage motherhood from the United States, United Kingdom and New Zealand, and investigating the path in which normative perceptions of motherhood have shifted over the past few decades to position teenage mothers as stigmatized and marginalized, two specific discourses emerge – those of welfare reliance and social exclusion – and are highlighted, and their intervention through scientific discourses examined. The expanding pattern to evidence-based policy development has masked the ideological basis of policy in this area and highlights the importance of critical evaluation of the discourses surrounding teenage motherhood. A critical examination of the literature suggests that teenage mothers are vilified, not because the evidence of poor outcomes for teen mothers and their children is particularly compelling, but because these young women resist the typical life trajectory of their middle-class peers which conforms to the current governmental objectives of economic growth through higher education and increased female workforce participation (Wilson, 2012).

Kearney (2014) surveyed the evidence on the viability of different teen pregnancy prevention programs. Alternatively, however, it could be that outside factors may cause a teen to give birth and to have sub-par outcomes. For instance, if individuals who lack economic opportunity are more likely to give birth as a teen, they and their children are
likely to have inferior outcomes regardless of when they give birth.

Providing free contraception, for instance, could (modestly) reduce the likelihood of giving birth as a teen, but it does not alter the underlying calculus that leads disadvantaged women to “drop out” of the mainstream climb toward economic and social prosperity—the path of completing school, investing in human capital, and putting marriage before motherhood. This section reviews the most compelling evidence to date on whether teen childbearing itself causes adverse outcomes for teen mothers and their children. (Kearney & Levine, 2012)

According to Zoila Perez (2011)

The current discourse surrounding young motherhood is both stigmatizing and insensitive, and presents young motherhood as a problem in itself as opposed to the real problems that often surround it National Latina Institute for Reproductive Health argues in a new health campaign. Instead of focusing on stigma as a way to discourage teen parenting, the Institute pushes for more attention to challenges that too many teen mothers face - things like poverty, lack of access to health care and closed off educational opportunities, all of which the group says are to blame for the negative outcomes associated with teen parenting. (para. 15)

In addition to the stigma related previously, technology and media now provide media stigma, ‘the MTV effect’ - reality shows, such as ‘16 and Pregnant’ and ‘Teen Mom,’ which have brought the challenges of teen pregnancy and parenting to life for young viewers, and could be inspiring different behavior (Heller, 2016). Imagine the response of pregnant teens to pictures and advertisements such as the one in Appendix A.
As cited by Boonstra (2002), “Stigma is not an uncommon tool in public health prevention programs-think of how we've worked to reduce smoking-and it can often be very successful” (p.12). But the stigma-based pregnancy prevention efforts also exist alongside the fact that, according to the CDC (2013), one in every 10 new mothers is a teen. One can only imagine what a young mom who ran across the ads attempting to “prevent” teen pregnancy in an issue of Seventeen magazine might have felt. There is always a tension between what it means to prevent pregnancy and then providing support to teen [parents] who are vulnerable.

Not only do ads target these young women, but also their children (see Appendix B).

While pregnancy trends have decreased over the past several decades, there have been shifts with political stance and focus areas with the changes of leadership and law. The United States is 40 plus years post Roe vs. Wade which also had an impact on policies and shift in trends. During the Regan administration, the CDC (2013) reported its highest abortion rate at the beginning of the decade (25 abortions per 1,000 women of reproductive age in 1980), though rates throughout the rest of the 1980s never dipped below 23 per 1,000. In the 1990s a steady decline began to occur. Research indicates the decline is attributed to political pro-life initiatives, pro-education, and pro-alternative options, all of which gave women options (O’Brannon, 1990).

The Clinton and Obama Administrations recognized previous policies and initiatives had not been effective. The Obama administration reallocated funds from President Bush’s leadership which promoted abstinence until marriage. Taking a
different approach, the Obama administration recognized the need to fund programs designed to reduce behaviors that result in unwanted teen pregnancy. As cited by Zoila Perez (2011) “[The Obama administration] is acknowledging the reality and the failed policies of the previous administration with abstinence-only until marriage programs, which have proven to be ineffective” (p. 6) said Monica Rodriguez, CEO of the Sexuality and Education Information Council of the United States. “These [new] programs have sound scientific evidence of their effectiveness in reducing the risk behaviors that result in unintended pregnancy” (as cited in Zoila Perez, 2011, p. 6). The decline in pregnancy rates for teens of all races provides statistical evidence that this approach may be having an impact on the rate of teen pregnancies.

**Present Situation for Teenage Mothers**

There continues to be pressure and negativity related to teen pregnancy regardless of policies, campaigns, and prevention measures. The situation such as the one arising in Michigan in which two high school girls were banned from yearbook photos showing their baby-bumps also illustrates the pervasive negativity that Americans associate with teenage pregnancies. School administrators stated, “It would promote pregnancy and be negative for our community” (as cited by Huss, 2010). That attitude ultimately creates an environment that punishes, stigmatizes, and shames young mothers - many of whom are subject to much larger structural issues that are out of their control, like the type of sex education they received in school or the level of poverty they were born into. Ultimately, since teens aren’t “supposed” to be getting pregnant, American society assumes that the ones who do are failures. Those “deviant” teens should never be celebrated; rather, they
should be held up as a warning to dissuade other youth from following in their footsteps. But those messages are harmful for the millions of young parents who are living with the reality of caring for a child. Those youth need support, not stigmatization, as they transition into being parents. In fact, studies have shown that robust youth support programs are actually more effective at preventing unintended pregnancies than efforts to shame teens about their sexuality are.

Of course, the United States, which has the highest rate of unplanned pregnancy in the developed world, should take steps to ensure that youth have the education and resources they need to decide when they’re ready to become parents. But that public health effort shouldn’t come at the expense of the millions of teenage parents who don’t deserve to be ostracized, especially when there are more effective that could better address the root of this issue” (as cited by Culp-Ressler, 2013). The way we use this group of mothers and target them with cruelty; the way we want to make examples of them to others; the way we feel justified in slut-shaming them (while ignoring the fathers of their children) is incredibly sexist, generally also racist, and most definitely classist. These prejudices ignore the fact that ideas about age-appropriate pregnancies are based more on cultural and historical norms than absolute conditions. One should be able to talk about the difficulties involved in parenting at a young age and the decisions involved in that path to parenthood without dehumanizing young mothers (Hatbluemilk 2011).

Smith-Battle (2000) stated that teen mothers are often exposed to suspicions and arbitrary societal standards. However, every woman can tell a story that challenges and debunks these presumptions. While associations and government provide services,
research, and social policies aimed at adolescent mothers, this normalizing point of view dissects teen mothers' lives and scrutinizes their child rearing practices. In spite of the fact that the experimental practices of “unitizing and summing up” may function admirably in depicting teen moms' shortfalls and failures, assessing them according to predetermined expectations.

The pressures of being a teen parent presents an array of challenges for any young woman. To add to those challenges the perceptions, expectations, and examinations of those who do not understand them or their situation is both ignorant and cruel (Smith-Battle 2012).

**Educational Attainment of Teenage Mothers**

Teenage mothers were noted in the literature to be more “at-risk” to drop out of high school. According to Boonstra (2006), Rumberger (1987) categorized three reasons why student’s dropout: (a) They were school-related reasons, (b) economic reasons, and (c) personal reasons. Fifty-percent of students who dropout leave for school-related reasons; 20% leave for economic reasons; and more than 25% leave for personal reasons such as pregnancy or early marriage. For a teen parent, all three of the above-mentioned reasons (school-related, economic and personal) may contribute to their dropping out of high school, putting them at even higher risk.

The school related reason to drop out may include a lack of school cooperation with regard to attendance policies, credit for home study, transportation to and from childcare, and liberal leave to allow for general parenting responsibilities.

Personal reasons may be reflected in another study conducted by Smith-Battle
(2007), which found that teens reevaluated their focus and educational attainment goals when they became pregnant, regardless of their earlier attitudes. Indicators of increased school focus included improved grades, a resolve to graduate, and a new interest in further education.

Economically, there are fiscal reasons why a teen parent drops out of school. Without the resources to access, the teen may feel obligated to quit school and work in order to plan for theirs and the child’s future. There is pressure to earn money and provide support for the child (Magiano, 2008).

Much of the research points at the negative components of teenage childbirth-from stigma, pressure, statistics, and lack of education attainment however there are positive outcomes among some teenage mothers. Zellman (1982) suggested that “Mothers who deliver their first child before the age of 18 are twice as likely to drop out before finishing high school as comparable women who postpone childbearing until their 20s” (p. 15). Young mothers were found to impair their future education and employment opportunities, while also greatly increasing the welfare and social costs to the nation. Again, a young teen becomes pregnant, but there remains a stigma attached to this discovery. She may feel unaccepted, lose friends she thought she had, and gain unwanted attention. This is a very difficult time for young mothers and fathers, and they may feel it is best to leave school prematurely to avoid uncomfortable situations with negative interactions with people (Magiano, 2008, p. 141).

Although researchers such as Campbell believed that pregnancy is the leading factor limiting a teenage mother’s educational attainment, Zachry (2005) noted that other
studies have suggested that these students’ reasons for leaving school have more to do with school policies and previous school experiences than with being pregnant. Teenage mothers have expressed negative perceptions about education, including a lack of relevance and a negative school environment. In her literature review, Zachry cited studies by several researchers who identified these issues as structural disorganization and negative teacher interactions. And those who do are less likely to obtain a high school diploma and more likely to live in poverty or receive public assistance than those who do not. Nor are the odds in their families' favor even if they stop at one child. The children of teen parents are 10 times more likely to be poor, suffer severe health problems, and drop out of school. They also are more likely to end up in jail (Hewlitt Foundation, 2007).

Teenage parents often cited school-related reasons for dropping out of school. An example identified as impeding their educational achievement was an inflexibility by some school administrators concerning the schools’ attendance policies. This included the inability to provide adequate leave for teen parents to complete their general child care responsibilities. Additionally, teens expressed that limited school credit is often received from home study. Another school-related reason for teenage parents dropping out was the lack of transportation between their homes, daycare, and the school for both them and their children (Mangino, 2008). The gap between teenage mothers’ aspirations and the support they receive suggests that educators are missing an opportunity to facilitate teenage mothers’ school progress and their long-term educational attainment (Smith-Battle, 2007).
In contrast, other studies have shown how a supportive and organized school environment can serve as incentives to teenage mothers. Zachry (2005) cited several studies done by researchers in the 1980s and 1990s that identified the importance of school programs focused on helping with the caring for a child; these programs often meant the difference between dropping out or continuing in school. Provided the proper support, the reality of becoming a parent inspires and motivates the young mother to redouble her efforts in school, knowing that her education is the foundation upon which her and her child’s future may depend (Magiano, 2008).

Seldom have pregnant and parenting adolescents been asked what resources and types of support they feel are important for reaching their desired level of educational achievement. This frequently omitted step can be instrumental in allowing parenting programs to align their strategies with the needs and goals of the teenage parents. Higher success rates are predicted when this alignment is an integral part of the program. The mothers with the most supports were the least likely to believe that they had limited opportunities for success (Smith-Battle, 2000).

Brosh, Weigel, and Evans (2007) found that the highest ranked type of needed support voiced by teenage parents, especially teen mothers, was childcare. The lowest ranked resources in this study dealt with career development programs that were implemented in an effort to inhibit teenage mothers from joining and lingering on the welfare rolls. Properly structured educational and support programs designed to meet the actual needs of the mothers and their children have been shown to produce positive results.
Successful Outcomes for Teen Mothers

Mangino (2008), is one of the few researchers who completed a case study of teen moms who completed high school. Her research showed that school support was an essential component to the teen parents’ success in the classroom and ultimate graduation from high school. The in-school teen parent programs or external parenting programs proved to be one connector that all the participants of this study utilized and benefited from both academically and personally. Her research is significant and analyzed what factors keep young women in school.

She discovered that relationships were a direct indicator of success for teen parents seeking to complete school. Whether it was teachers, administrators, counselors, or other school staff who had a vested interest in supporting the teen with options for their educational and future goals, parenthood, and employment opportunities. Enthused teachers and counselors worked to empower the young females to make a personal transformation (Mangino, 2008).

Every participant in Magiano’s (2008) research mentioned an impactful adult in their life whether it was a counselor, teacher, or mentor who motivated them to succeed. The experience being a parent to a newborn was also of influence. The personal support questions presented to the participants centered on personal obstacles at home, influences in and out of school, relationship(s) with the father of the baby and their parents, and the reaction to their pregnancy. All of the participants were generally provided shelter, food, and clothing. While their immediate needs were met, many emotional needs were left unattended by the participants’ parents or guardians. What emerged from personal
support was that the teen parents were willing to take on the responsibility of motherhood but would be significantly inhibited without some home support system in place.

At the least, that support included meeting the teen mothers’ immediate needs and providing some encouragement to attend school and complete their education. In some situations, the encouragement from home was lacking. In those instances, the researcher concluded it was imperative for school mentors to step in and provide that encouragement. The school mentor was able to compensate for what was lacking in the home environment. Although the research revealed some teen mothers longed for a better relationship with a parent, better communication, and the absence of physical abuse, the fact that the teens’ parent provided the necessities of food, shelter and support was essential to the well-being of the teen parent and newborn (Margiano, 2008).

While economic independence played a role in easing the apprehension of a young mother, for example, a financially stable mother could afford a vehicle which would assist with driving to school, day care, or work. However, there was no evidence that economic stability would ensure that a teen mother excelled in school in the absence of encouragement or support from a school-based program (Margiano, 2008).

This offers social welfare professionals an opportunity to help the teen and the teen’s mother find solutions to keeping the family intact and promote the well-being of all family members.

As cited by Zachry (2005),

Teenage parents have described how having a child reinforced their interest in education and was instrumental in helping them to see how education would help
them provide a better future for their children, increase their employment possibilities, and help them avoid depending on public assistance. (p. 7)

The personal transformation stage begins when a teenage mother realizes that success and freedom for her and her child do not come without personal drive, unselfish dedication, and a commitment to succeed. Some studies indicate that teenage parents have found that having a child critically changes their perspectives on both their schooling and their future.

Ironically, in view of the anxiety about welfare dependency, there is evidence that by having a baby, mothers have claimed independence and/or adult responsibilities (Buchholz & Gol, 1986). In spite of this growing body of knowledge highlighting the young women’s perspectives, as Graham and McDermott (2006) have identified, findings from qualitative inquiry are rarely cited in government documents or reports (Seamark & Lings, 2004). According to research completed by Seamark and Lings (2004), women who become pregnant in their teens may well have their education interrupted. However, it is important to be aware of the fact that this may have happened before the pregnancy. Additionally, there are increasing opportunities for people to continue their education at older ages. It may also be more appropriate to consider educational status later in life rather than at the time of a teenage pregnancy. In the United States, a number of studies have followed the families of teenage mothers over longer periods. These studies show that although the families may enter the welfare system earlier in the family age cycle, they will leave it sooner than women of similar socioeconomic backgrounds who start their families later.
According to Seamark and Lings (2004), a teen mother who starts a family may have disadvantages and limited opportunity, however, the research did not focus on the positive attributes acquired by these women. Researchers have overlooked the perseverance, resilience, and psychological benefits of childbearing and rearing. Overall, teen women were very optimistic about their experiences of motherhood.

Although at times they described hardships they had been through and the adaptations they had to make, overall they felt it had been worth the privilege of having children. They described having a child as changing them and allowing them to grow up. The women were proud of their children and wanted the best for them and in some cases wanted to care for them in a way that they themselves had not experienced. They were also realistic about their responsibilities; some saw being a full-time mother as important while the children were young, but this did not mean that they did not have plans for the future. Those that had returned to work or education were still determined to provide for their children. (Seamark & Lings, 2004, p.71)

**Gap in the Research**

For the past several decades, the research pendulum has swung between philosophical and social. On one philosophical side of the debate, political and religious leaders use cultural and moral norms to shape public opinion and promote public policy with the stated purpose of preventing teen pregnancy. To begin, Martin et al. (2012), provides national vital statistics on teen pregnancy. Leishman and Moir (2007) provided a good overview of these broader issues. Demographic studies by organizations as
shared by Boonstra (2002), gave a statistical description of teenage pregnancy in the United States. The number of teen pregnancies and the pregnancy outcomes are often used to support claims that teenage pregnancy is a serious social problem.

The other side of this debate presented in publications by groups like the World Health Organization (2004) reflects the medical professionals, public health professionals, and academicians who make a case for viewing teenage sexuality and pregnancy in terms of human development, health, and psychological needs. These two divergent views of teen pregnancy are represented in the United States by groups such as Children’s Aid Society, Healthy Teen Network, Center for Population Options, Advocates for Youth, National Campaign to Prevent Teen Pregnancy, National Organization on Adolescent Pregnancy, Parenting, and Prevention, state-level adolescent pregnancy prevention organizations, and other organizations that include teen pregnancy within their scope of interest and services.

Mollborn and Moringstar (2009), delineated other important aspects of teenage pregnancy (race, poverty, and religious influences) that help explain why teenage pregnancy is considered a problem in some circles. According to Wilson (2012), however, teen mothers have more recently found voice through a growing body of qualitative research which, on the whole, tells a very different story. In contrast to the bleakness which typifies the findings of the quantitative science, young mothers in these interview studies see themselves as making a success of their lives in a variety of ways. For example, according to participants, having a baby provoked positive life changes such as getting off drugs and alcohol (Anderson, 1991; Arenson, 1994; Lesser, Anderson,
Koniak-Griffin, 1998; Rains et al., 1998), reconnecting with their families improved self-esteem (Arenson, 1994), and/or a sense of direction and purpose (Hanna, 2001).

Countering the view that teenagers are ill prepared for parenthood, interview studies found that most young women were proud to be parents (Kirkman et al., 2001), keen to be good parents (Arenson, 1994; Lesser et al., 1998) and found motherhood enjoyable and/or satisfying (Lamanna, 1999; Hanna, 2001; Kirkman et al., 2001).

Concern is also expressed that teenage pregnancy causes or perpetuates a cycle of deprivation. However, it is becoming increasingly clear that problems of deprivation relate more to the background of the woman than to the age at which she starts childbearing. Reviews in the United States have suggested that many of the negative outcomes, such as poverty and deprivation, previously ascribed to the mother's age are as much causes and correlates of teenage pregnancy as effects (Seamark & Lings, 2004).

According to Schuler's (2000) research, she found that nearly all of the teen mothers in her study are unmarried and most of the fathers of their children are absent. Paternal grandparents are an important factor - when they are involved, there is much more likelihood that the father will participate in parental duties. “Not surprisingly, the psychological health of these young women is poor; half are at risk for clinical levels of depression. Researchers are still learning about the quality of life in multigenerational households like these” (Schuler, 2000, p. 5).

Most of the areas of research to date focused on the perceived difficulties socially, economically, and societally that teen pregnancy generates. However, there are examples in every community of women who were former teen mothers that have become
successful academically, with their careers, and with their families. To date, little research has been conducted about the factors and conditions that have caused these women to succeed. This study will address that gap in the literature.

**Summary**

The review of literature reviewing young motherhood showed the historical background leading to the governmental changes enforced throughout the recent decades. Governmental policies and campaigns have largely focused on abstinence, contraceptives, and, at times shaming potential teen mothers. While the decline in teenage pregnancy continues this trend, the stigma and statistics continue to weigh unfavorably for women giving birth during their teenage years. From social stigma, to pressure, to high risk of poverty and lack of pursuit of educational attainment, it is evident little research has been completed to demonstrate how and if these women have beaten the odds. There is a clear need to hear the voice of these women and the factors which build them up, not pull them down.

The Literature Matrix presents an overview of themes pertaining to the literature review as delineated in Chapter II (see Appendix C).
CHAPTER III: METHODOLOGY

Overview

This chapter describes the methodology that was used to address the RQs outlined in Chapter I. The purpose statement and RQs are restated as part of Chapter III. A description of the research design is given followed by a description of the population, target population, and sample as well as an explanation of the sample selection process. A detailed discussion pertaining to instrumentation follows that touches on reliability, validity, and the relevance of the field test that was performed before the actual study. Following the discussion on instrumentation, the data collection process as well as the process by which the data were analyzed is described. The chapter concludes with a discussion of the study’s limitations and an overall summary.

Purpose Statement

The purpose of this heuristic phenomenological study was to explore the lived experiences of former teen mothers who have successfully attained a master’s degree or higher. Another purpose of the study was to describe the recommendations of these former teen mothers with regard to helping both present and future teen mothers accomplish these academic milestones.

Research Questions

The following RQs guided this study:

1. What is the lived experience of former teen mothers who have achieved a master’s degree or higher with regard to experience prior to pregnancy and external motivators, internal motivators, persons supporting, support received,
obstacles overcome, and societal barriers in the journey to their academic success?

2. What recommendations do former teen mothers who have achieved a master’s degree or higher have for present and future teen mothers to pursue academic success?

**Research Sub-Questions**

1. What is the lived story of former teen mothers who have achieved a master’s degree or higher leading up to the time before becoming a teen mother?

2. What external motivators or actions led former teen mothers to pursue the achievement of obtaining a master's degree or higher?

3. What internal motivators or efficacy inspired former teen mothers to pursue the achievement of obtaining a master's degree or higher?

4. What specific person or people influenced the former teen mothers to achieve a master's degree or higher?

5. What type of support was received by former teen mothers from family members (parents, partners, siblings, relatives) or educational/personal mentors?

6. What struggles or obstacles were encountered by former teen mothers as they worked toward achieving a master's degree or higher?

7. What societal or stereotypical barriers were encountered by former teen mothers as they pursued a master's degree or higher?
8. What advice do former teen mothers offer current or future teen mothers to follow to pursue a master's degree or higher?

**Research Design**

The method the researcher used for this study is that of a phenomenological-heuristic approach. “In heuristic research the investigator must have had a direct, personal encounter with the phenomena being investigated. There must have been actual autobiographical connections” (Hiles, 2001). In this case, the researcher has lived through exactly what is being examined in this study. The researcher directly lived the phenomenom addressed in the topic of study by being a former teen mother who achieved a master’s degree or higher. The researcher is heavily invested and passionate about this topic. With that stated, the researcher is fully aware and cautious of the critical objectivity required in heuristic study due to the direct, personal encounter required in a phenomenological-heuristic study. When determining the most appropriate research design for this study, it was a natural fit to conduct a phenomenological-heuristic qualitative inquiry-based research study to explore the lived experiences of former teen mothers who have achieved a master’s degree or higher. This approach is the proper approach for this study as it fits both the personal circumstances of the researcher and also fits the lived experiences of the study subjects. The researcher had actual connections to the topic, and, through the experience of a very personal journey, the researcher fully understood the need to capture every single case study with the objective knowledge each story would be different and personal to each woman. The researcher pre-planned steps to ensure there was no bias. This included field tests, cross-checking interview format and interviewing with fellow colleagues, and, purposely not answering
the research questions based on the researcher’s own journey. This was not done until all interviews were completed and transcribed. Finally, it addresses a phenomenon, former teen parents who have achieved a master’s degree or higher, to explore the causes of the phenomenon.

Heuristic inquiry is a form of phenomenological inquiry that brings to the fore the personal experience and insights of the researcher. With regard to some phenomenon of interest, the inquirer asks, “What is my experience of this phenomenon and the essential experience of others who also experience this phenomenon intensely?” (Patton, 2002). Humanist psychologist Moustakas (1990) named heuristic inquiry when he was searching for a word that would encompass the processes he believed to be essential in investigating human experience. “Heuristic” comes from the Greek word heuriskein, meaning “to discover” or “to find.” It connotes a process of internal search through which one discovers the nature and meaning of experience.

The research utilizes a phenomenological approach by interviewing a selected group of former teen mothers who have achieved a master’s degree or higher in order to analyze trends, external and internal factors, and characteristics which define their ability to overcome the challenges they faced. Each woman has a unique “lived story” that defines their individual life journey. The researcher sought to synthesize the information to determine the similarities these women share with an objective awareness imbedded with checks and balances to ensure complete fidelity and lack of bias of the researcher is conducted.
Population

The researcher pursued an accessible population in this heuristic phenomenological study. According to McMillan and Schumacher (2010), “A population is a group of elements or cases, whether individuals, objects or events, that conform to specific criteria and to which we intend to generalize the results of the research” (p. 129). The objective of the researcher was to generate a population that was purposeful in meeting the needs in this study.

Typically, a population is defined and has been studied in such a way that a specific number of members of the study population can be identified. For this study population, however, the individuals may have been included as a part of statistics reporting the incidence of teen pregnancy (National Center for Health Statistics, 2015), and may have been included as a part of high school dropout or graduation statistics (Boonstra, 2002), but the researcher found no mention of their numbers in the literature once they became successful college students. In fact, as the researcher has discussed her study topic with other professional women it has been surprising to find the number of women who actually meet the study criteria. But, there would have been no way to know they met the criteria if they had not volunteered the information in conversation. Some articles and news programs about individuals who meet the criteria have been done but the group as a whole has not been studied nor are there any statistics regarding the number of women who are both former teen mothers and have achieved a master’s degree or higher.

The population for this study was all former teen mothers in California who have achieved a master’s degree or higher. While it is known that such women exist
throughout California, the researcher being one such individual, there was no source that provided the actual number of them in the state of California.

**Target Population**

The target population for a study is the entire set of units for which the study data are to be used to make inferences. Thus, the target population defines those units for which the findings of the survey are meant to generalize (Lavrakas, 2008).

The target population for this study is former teen mothers from Fresno, Riverside, and San Bernardino Counties, California. The criteria for participation for these women were that:

- They were former teen parents.
- They achieved a master’s degree or higher.
- They were willing participants in the study.

The researcher has contacts with and information about former teen mothers who have achieved a master’s degree or higher in Fresno, Riverside, and San Bernardino Counties, California. However, as with the population, there is no source of information that provides an actual overall number of the women who meet these criteria in Fresno, Riverside, and San Bernardino Counties, California.

**Sample**

Sampling is a process in which individuals are selected to represent the larger, target population of the study (Gay & Airasian, 1996). There are a variety of methods by which samples can be created.

For this research study, purposive, snowball, and convenience sampling were utilized. According to Krathwohl (1993), “Purposive sampling is most often used in
qualitative research to select individuals or behaviors that will better inform the researcher regarding the current focus of the investigation” (p. 13). In addition, Krathwol states “Qualitative researchers might choose individuals to interview or observe who have information, perspective, contacts, or whatever the researcher needs next” (p. 172). In order to produce generalized data which represents former teen mothers who have accomplished higher education, it is critical to be purposeful and select only individuals that meet the study criteria. Women who are former teen mothers and who have successfully achieved a master’s degree or higher were purposively identified as possible participants for this study.

Snowball sampling is defined as a strategy in which each successive participant is named by the preceding group or individual. Participant referrals are the basis for choosing a sample (McMillan & Schumacher, 2014). Although the researcher knows and has contact with women that meet the selection criteria, using only those women exclusively would present a limitation to the study that would be hard to overcome. Therefore, removing the researcher from the identification process for the sample helps to address that limitation. The researcher started the Snowball process by identifying one individual in each county that she knew and then asked that individual to identify other potential participants, and those potential participants to identify further potential participants, and so on. In this way a pool of potential participants not directly identified by the researcher was created.

The sample for this study included 15 participants who were purposively and conveniently selected from the overall pool of potential participants identified via the Snowball process. Availability to the researcher, or convenience of access to the
researcher, was an important consideration in selecting participants, so convenience was one of the considerations in participant selection. The researcher connected with these women via phone, professional and informal networks, email, and face to face depending on proximity.

**Sample Selection Process**

The researcher connected with women who met the criteria for the study via phone, email, and face to face depending on proximity. The process was completed as follows:

1. Identify individual women meeting the criteria for participation in Fresno, Riverside, and San Bernardino Counties, California.

2. Ask the women to identify additional women who met the study criteria, ask those women to identify additional potential participants, and so on until a list of 50 possible potential participants was identified.

3. Identify women who meet the criteria and are accessible to the researcher, begin contacting the women, and secure 15 to participate in the study.

4. Provide each participant with a Participant Letter of Invitation and Informed Consent documents (see Appendix D) assuring confidentiality, an Audio Release form (see Appendix E), and the Participants’ Bill of Rights (see Appendix F).

The researcher sought participants who were genuinely interested in telling their story. The researcher communicated with these women via letter and email to determine their interest and commitment to this study. Proximity to the researcher and availability to participate in the study were considerations in selection. This research involved
understanding the personal journey and obstacles these women have gone through in order to achieve a graduate degree. Understanding this was a private, personal story these women were sharing; the researcher understood the sensitive nature of the topic.

The researcher provided an informed consent for each participant to sign. At any time, the participant could exit the process if they were uncomfortable with moving forward.

Table 1

Demographic Data from Participant Interviews (age of pregnancy controlled the sort)

<table>
<thead>
<tr>
<th>Age of pregnancy</th>
<th>Nationality</th>
<th>Age range</th>
<th>Field/industry</th>
<th>Highest level of education</th>
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<td>Master’s Degree</td>
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<td>County</td>
<td>Master’s Degree</td>
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<td>41-65</td>
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</tr>
<tr>
<td>18</td>
<td>Asian</td>
<td>41-65</td>
<td>County</td>
<td>Master’s Degree</td>
</tr>
<tr>
<td>18</td>
<td>Caucasian</td>
<td>26-40</td>
<td>Education</td>
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<tr>
<td>19</td>
<td>Hispanic</td>
<td>41-65</td>
<td>Education</td>
<td>Master’s Degree</td>
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</table>
**Instrumentation**

The instrumentation is the researcher in this case via personal interviews. Since the researcher controlled the development of the interview instrument, administration of the interviews, and overall implementation of the interview data gathering process, care was taken to assure personal bias did not affect the administration of the interviews. Colleagues familiar with but not a part of the study observed the researcher’s behavior, reviewed developed materials, and gave guiding feedback to eliminate and manage any biased behavior on the researcher’s part throughout the entire study (MacMillan & Schumacher, 2014).

A letter and invitation was generated explaining the study in September 2016. This letter was mailed to pre-selected women who are former teen parents. Depending on the location of the women, the preferred method was to meet with them in person to conduct interviews and hear their stories.

Interviews were conducted, and are often important instruments in qualitative research, and they were done in both structured and unstructured ways. The instrumentation was two-fold with both structured and unstructured discussions. The structured interviews included a set of questions that the researcher has formulated beforehand. The structured interview questions and format are included in Appendix F. The unstructured interviews allowed the researcher and subject to simply talk with one another and share the interviewee’s experiences in an informal atmosphere, allowing them to tell their individual story (MacDorman, Declercq, & Mathews, 2012).
Instrument Reliability

Qualitative analysis results in a different type of knowledge than does quantitative inquiry because one party argues from the underlying philosophical nature of each paradigm, enjoying detailed interviewing and the other focuses on the apparent compatibility of the research methods, “enjoying the rewards of both numbers and words” (Peshkin & Glesne, 1992, p. 2). This means such methods like interviews and observations are dominant in the naturalist (interpretive) paradigm and supplementary in the positive paradigm, where the use of survey serves in opposite order. Although it has been claimed (Winter, 2000) that quantitative researchers attempt to disassociate themselves as much as possible from the research process, qualitative researchers have come to embrace their involvement and role within the research.

Patton (2012) supports the notion of the researcher's involvement and immersion into the research and states that validity and reliability are two factors which any qualitative researcher should be concerned about while designing a study, analyzing results and judging the quality of the study. This corresponds to the question, “How can an inquirer persuade his or her audiences that the research findings of an inquiry are worth paying attention to?” (Golafshani, 2003). To answer to the question, Healy and Perry (2000) assert that the quality of a study in each paradigm should be judged by its own paradigm's terms.

Field Test

Prior to the interviews in the field, the interview questions and process were field tested to assure validity. Two subjects that met the participation criteria but were not study participants were interviewed by the researcher using the materials and questions
prepared for the study. A colleague observed the interviewer as the interviews were conducted. Following the interviews, the subjects were asked for feedback regarding clarity of instructions, questions, and general atmosphere of the interviews. The observer provided feedback regarding any biased or influencing behavior on the part of the researcher. The feedback was received, adjustments based on the feedback made, and the instrument was then modified and ready to be used in the field.

**Instrument Validity**

Roberts (2010) states that “validity is the degree to which your instrument truly measures what it purports to measure. In other words, can you trust that findings from your instrument are true?” (p. 151). The domains about which the questions asked were gleaned from the literature but there was minimal prior literature pertaining to this particular population.

Since the data collected was particular to and specific for each individual, validity comes from the personal telling of each individual’s story and then the compilation of those stories into themes and patterns. The questions asked were developed from the research in Chapter II related to the issues of teen pregnancy and academic achievement but, as there is not yet an extensive body of knowledge regarding this study population, the responses to those questions, and the responses to unprompted questions, were a part of the process that added validity to the stories and process, even if they could not be researched beforehand.
Data Collection

“Qualitative data is not merely calculated by numbers. It is an in-depth analysis of discussions and interview questions. It is data that are related to opinions, concepts, values, and behaviors of people” (Anderson, 2012, p. 74).

Once approval from Brandman University Institutional Review Board (BUIRB) was completed, the researcher began the process of data collection. According to McMillan and Schumacher (2010), the focus of the data collection in the qualitative research process involves capturing the “feelings, thoughts, beliefs, ideals-and actions in natural situations” (p. 340) which will involve researcher observation field notes, reflection logs, and unstructured communication details that may yield relevant and useful data.

Each participant was contacted and an individual interview scheduled. The researcher asked for a minimum of 90 minutes to assure that the entire individual story, including any side conversations initiated by the participant, could be captured. Each participant was given the Participants’ Bill of Rights, Informed Consent, Audio Release Form and assurance of confidentiality was given. Each interview was recorded, with permission, and the data transcribed following the interview.

Following the interviews, all data was stored electronically on a secure computer. Hard copies of data were locked in a secure file cabinet, accessible only to the researcher. All information obtained was maintained in a confidential format.

Data Analysis

Qualitative analysis “examines a story, a set of interviews, or a collection of field notes” to interpret meaning and draw conclusions (Patton, 2012, p. 570). In this heuristic
phenomenological study, human beings are the primary focus of study and the primary instrument of data collection and analysis, so interpretations or reality are accessed directly through their observations and interviews (Merriam & Simpson, 1995). Since the primary focus of this study is to better understand the lived experience of former teen mothers who have achieved a master’s degree or higher, data was collected through in-depth interviews which were analyzed for the purpose of developing themes and trends, based on the research questions of this study.

A tape recorder was utilized to record information shared during the interviews. This allowed the researcher to analyze the recording verbatim, and review the recordings. Transcripts were created from the recordings in order to review each interview in detail.

**Individual Analysis**

The data was evaluated for each individual person in the study according to the interview questions. Codes were created for the data as the process unfolded so that each piece of data had a code and a place in the process, even if it stood alone. To the greatest extent possible, the same codes were used for each analysis with new codes created as appropriate. The data was analyzed using a data frequency matrix by code to identify patterns, themes, and characteristics. Interrater reliability is the extent to which two or more individuals agree. Most commonly interrater reliability is used in quantitative analyses. Tashakkori and Teddlie (1998) refer to this type of reliability as “interjudge” or “interobserver,” describing it as the degree to which ratings of two or more raters or observations of two or more observers are consistent with each other. According to these authors, interrater reliability can be determined by calculating the correlation between a set of ratings done by two raters ranking an attribute in a group of individuals. The
researcher utilized interrater reliability in order to maintain credible, objective results to eliminate all possible bias. Throughout the study, the researcher did the primary analysis with the support of a colleague who completed an independent analysis and review of the researcher’s analysis to check for consistency among the themes of each case study interview.

**Composite Analysis**

Following the individual analyses the overall data was placed into a composite data matrix by codes. The researcher then reviewed the composite data to look for themes, patterns and singular characteristics across the respondents. As with the individual analyses, colleagues performed an independent analysis and reviewed the researcher’s analysis as an inter-rater reliability measure. The colleagues performed their own, separate analyses and then the colleagues’ analyses were compared to the researcher’s analysis. This process assured the researcher’s own potential bias in the analysis was addressed and accounted for.

A final composite data frequency matrix was created in partnership with the colleagues to identify the overall themes, patterns, and characteristics of the data for the final report of the findings of the study. These findings are reported in Chapter IV.

**Limitations**

Potential limitations may include but not be limited to the issue of sample size. The small sample size makes it difficult to generalize broadly.

Qualitative studies have the potential to have issues with reliability, validity, and generalizations. Hamel, Dufour, and Fortin (1993), observes,
The qualitative study has basically been faulted for its lack of representativeness... and its lack of rigor in the collection, construction, and analysis of the empirical materials that give rise to this study. This lack of rigor is linked to the problem of bias...introduced by the subjectivity of the researcher and others involved in the case. (p. 23)

Although the women in the study are volunteers and it is assumed they were willing to be open in their interviews, there may be limits to the level they were willing to go in revealing personal information.

Although efforts were made to distance the researcher from selecting individuals she knew, at least past the first level of identification, the fact that she did know the first level of participants is a limitation.

Although thorough inter-rater reliability efforts were made to eliminate researcher bias, the researcher, as a heuristic participant in the process, could insert her personal bias into the interpretations of the data.

Summary

This chapter presents an overview of the problem statement, purpose of the study, and RQs. The methodology for the research study examined the factors, both internal and external that contribute to former teen mothers obtaining higher education. These women’s’ stories are described in the research design, population, sample, data collection, and data analysis process. The limitations of the study methodology were also presented with the intent of building sound validity, reliability, and credibility for the entire research process. Chapter IV presents the findings of the research study, which were analyzed for critical inferences, conclusions, and recommendations based upon the
data analysis. Chapter V postulates conclusions and recommendations, detailing how the findings from the study can be applied to ongoing academic analysis and research.
CHAPTER IV: FINDINGS

This chapter is comprised of the individual stories of 13 former teen mothers. Each woman shares a unique history and story which led to their pursuit of higher education. Each story is significant, valuable, and contributes to the research of determining the leading indicators influencing former teen mothers in accomplishing their educational goals. The researcher believes sharing each woman’s story honors them and allows their voices to be heard. Their voices are significant, powerful, and, for many, the first time they’ve been heard in depth.

Overview

The chapter begins with the researcher’s personal story as a former teen mom and then delves into the story of each of the 13 women interviewed for this case study. Regardless of the past, diversity, or circumstance of each woman, their commonality is that they were all teen mothers who beat the odds. Lastly, the researcher presents the similarities of each of these women as they share the external, internal, influencers, support systems, and obstacles impacting their achievement of a master’s degree or higher.

Purpose Statement

The purpose of this heuristic phenomenological study was to explore the lived experiences of former teen mothers who have successfully attained a master’s degree or higher. Another purpose of the study was to describe the recommendations of these former teen mothers with regard to helping both present and future teen mothers accomplish these academic milestones.
Research Questions

The following research questions guided this study:

1. What is the lived experience of former teen mothers who have achieved a master’s degree or higher with regard to experience prior to pregnancy and external motivators, internal motivators, persons supporting, support received, obstacles overcome, and societal barriers in the journey to their academic success?

2. What recommendations do former teen mothers who have achieved a master’s degree or higher have for present and future teen mothers to pursue academic success?

Research Sub-Questions

1. What is the lived story of former teen mothers who have achieved a master’s degree or higher leading up to the time before becoming a teen mother?

2. What external motivators or actions led former teen mothers to pursue the achievement of obtaining a master's degree or higher?

3. What internal motivators or efficacy inspired former teen mothers to pursue the achievement of obtaining a master's degree or higher?

4. What specific person or people influenced the former teen mothers to achieve a master's degree or higher?

5. What type of support was received by former teen mothers from family members (parents, partners, siblings, relatives) or educational/personal mentors?
6. What struggles or obstacles were encountered by former teen mothers as they worked toward achieving a master's degree or higher?

7. What societal or stereotypical barriers were encountered by former teen mothers as they pursued a master's degree or higher?

8. What advice do former teen mothers offer current or future teen mothers to follow to pursue a master's degree or higher?

**Research Methods and Data Collection Procedures**

The research protocols of the study were designed by the researcher, reviewed by the dissertation committee, and approved by the BUIRB. An overview of the research process is provided in this section, followed by sections that report data findings and analysis.

The method the researcher used for this study is that of a phenomenological-heuristic approach. “In heuristic research the investigator must have had a direct, personal encounter with the phenomena being investigated. There must have been actual autobiographical connections” (Hiles, 2001). In this case, the researcher has lived through exactly what is being examined in this study. The researcher is heavily invested and passionate about this topic. A phenomenological-heuristic qualitative inquiry-based research study was used to explore the lived experiences of former teen mothers who have achieved a master’s degree or higher. This approach is the proper approach for this study as it fits both the personal circumstances of the researcher and also fits the lived experiences of the study subjects. Finally, it addresses a phenomenon, former teen
parents who have achieved a master’s degree or higher, to explore the causes of the phenomenon.

Heuristic inquiry is a form of phenomenological inquiry that brings to the fore the personal experience and insights of the researcher. With regard to some phenomenon of interest, the inquirer asks, “What is my experience of this phenomenon and the essential experience of others who also experience this phenomenon intensely?” (Patton, 2002). Humanist psychologist Clark Moustakas (1990) named heuristic inquiry when he was searching for a word that would encompass the processes he believed to be essential in investigating human experience. “Heuristic” comes from the Greek word heuriskein, meaning “to discover” or “to find.” It connotes a process of internal search through which one discovers the nature and meaning of experience.

The research utilizes a phenomenological approach by interviewing a selected group of former teen mothers who have lived the journey of achieving a master’s degree or higher in order to analyze trends, external and internal factors, and characteristics which define their ability to overcome the challenges they faced. Each woman has a unique “lived story” that defines their individual life journey. The researcher sought to synthesize the information to determine the similarities these women share using a purposeful and snowball sampling structure. Networking with associates of former teen mothers, contact with organizations surrounding teen mothers, and social media fliers were utilized to invite possible participants.

Detailed emails were provided to key informants and points of contact to initiate and engage potential participants’ interest. Interested participants contacted the
researcher via electronic mail, telephone call, or face-to-face interaction. A screening process was used to identify participants who specifically met the criteria of the study and could add optimal value to the purpose and research questions of the study.

Based upon the BUIRB protocols, 13 former teen mothers were selected by using the following selection criteria:

1. Identify individual women meeting the criteria for participation in Michigan, Nevada, Colorado, and California (Fresno, Riverside, and San Bernardino Counties, California).

2. Former teen women who had achieved a master’s degree or higher and willing to share their personal journey.

Upon contact, potential participants were provided the Participant Letter of Invitation and Informed Consent documents, Audio Release form, and Participant’s Bill of Rights. After thorough review, each potential participant was given an opportunity to ask questions and address any needs for clarification. Upon full consent, an interview date and time were arranged with the participant. The Informed Consent and Participant Questionnaire were reviewed and completed by each participant. The researcher signed the Informed Consent and provided a copy of this final document to the participants for their records.

**Data Collection Protocol**

The researcher sought to engage in a combination of face-to-face, telephone, and electronic correspondence interviews. However, given the variety in location and schedule of the participants and the researcher, two interviews were held in person, nine
via phone, and two via email correspondence. The date and time were mutually arranged between the researcher and participant. As each interview was started, a review of the informed consent information was conducted, and, due to the personal content of the study, the participant was clearly reminded that the interview could be paused or ceased at any time through the process and that participation was completely voluntary in any or all parts of the interview process. Any questions were addressed prior to beginning the interview.

The semi-structured interviews were conducted by implementing the piloted interview questions (see Appendix G). Probes were used for follow-up to responses that led deeper into analysis of the lived story of the former teen mother. The probes and open ended research questions allowed the ability for the participant to share as much as they would like. There were no time constraints imposed for each interview. The time frame ranged from 20 minutes to 2 hours and 25 minutes. For each participant (with the exception of two email interviews) the entire interview was recorded using an audio-recording device. Each participant was notified when the audio recording was ceased at the end of the interview. A debriefing session was held to address any additional needs and questions. An opportunity for closure was provided to each participant. At the end of the entire process, each participant was acknowledged and thanked for participation in the research study.

With the exception of pausing due to noise during one in-person interview in a public location, no other external circumstances occurred to impact the data collection process. All interviews were conducted to engage each participant in the most comfortable and confidential process.
As a part of the Informed Consent and to provide confidentiality of any personally identifying information of the study participants, the following procedures were implemented:

1. The names of participants were collected on the Informed Consent and Participant Questionnaire. However, participant names were not disclosed or utilized in any manner in the dissertation. The participants were assigned a letter, and the individual documents related to the participant did not contain any personal identifiers with the participant responses.

2. The subject interview transcripts were organized and examined by participant letter (e.g., Subject A (S-A), Subject B (S-B)).

3. The telephone interviews were scheduled in a secure environment arranged by and known to the researcher and participant, free from external distractions or listeners.

4. The researcher was the only individual to have access to the signed Informed Consent Form and Participant Questionnaire. This information was not linked to any personally identifying manner to the interview transcription data.

5. The primary investigator, or researcher, kept all electronic and physical information related to the research such as audio recordings, interview transcripts, Participant Questionnaire sheets, and Informed Consent forms in a locked and secure location, according to the BUIRB protocols.
Data Analysis Protocol

According to Patton (2002), “Qualitative inquiry is particularly oriented toward exploration, discovery, and inductive logic” (p. 55). The primary focus of the study was to build understanding about the lived story of former teen mothers who have accomplished a master’s degree or higher. For this purpose, the data analysis process began upon the collection of data during the interview phase. During the dialogue, the central focus was on active listening and engagement with the participant’s responses. Listening for appropriate areas to probe and deepen understanding of the emotions, experiences, and lived experience of the participant was an ongoing process.

Specific observations and nuances that framed the tone, language, and emphasis of the participant’s message were noted in the researcher’s field notes (McMillan & Schumacher, 2010; Patton, 2002). To suspend and avoid pigeonholing (Patton, 2002) into fixed thinking at an early stage of the process, there were purposely no notes taken regarding emerging themes. No preconceived ideas were created in order for the researched to have an unbiased perspective. As each woman’s personal lived journey built momentum, a natural evolutionary process of data connections and insights began to unfold. These insights were captured in a variety of notes and visual representations to inform continued thought about the data and the lived experience of each individual.

After the data were collected via audio-recording device, the information was transcribed manually via typing by the researcher. Each participant was labeled “Subject” and assigned a letter of the alphabet beginning with the letter A. Letters were randomly assigned to each woman to ensure anonymity. Information that could personally identify the participants was removed and replaced with a generalized term.
using brackets [ ]. For instance, the names of spouses, workplace, university, etc. was removed and replaced with [university] within the transcription.

Within each transcript, a labeling method was used with an alphabetic letter to represent research questions and subject letter. The data analysis coding process involved detailed understanding of each interview case and also gaining a sense of the whole data set (McMillian & Schumacher, 2010). This occurred by organizing the information in a variety of formats. The first format included to listen to the interview numerous times and transcribing which would later be coded and divided into themes for each research question. Initially, the researcher transcribed verbatim and then paraphrased each woman’s personal story. It was soon recognized that the full story of the former teen mother was required as part of this research to fully understand and hear the untold, lived stories of these women. After each transcription was completed, the researcher developed tables to delineate common themes among each woman through highlighting key quotes and excerpts that linked to the research questions. Similarities and differences were specifically coded.

The process defined above involved in depth analysis to allow the researcher to chart the data with representation of the convergent relationships between data points, which were then represented as categories or themes. It also allowed for noting outliers in the data, which were relevant in understanding the individual life story of the given participant from whom it emerged. Once the themes and reviewing of individual interview data were complete, a comparative analysis across the entire data set was conducted by using the same physical arrangement of reading, charting, and organizing data.
McMillan and Schumacher (2010) described the use of reflex records as a valuable tool in engaging in immediate assessment of the data and monitoring of self-engagement and potential biases. This concept was utilized in the data analysis process to reflect upon personal lived story of the researchers as a former teen mother, assumptions, hypothesis, bias, and perceptions about the topic of study. Initially, the pilot test allowed the researcher to become more aware of personal tendencies, potential areas for probing, leading, or tones in voice quality during questioning. This information was very useful for the purpose of heuristic inquiry, as it allowed the researcher to openly reflect and make connections with the data from an established awareness of personal perspectives.

The final step of this process was to synthesize each participant’s personal story and emerging themes from individual to whole group. The findings from the participants involved in this study of sharing the lived story of former teen mothers achieving a master’s degree or higher.

**Population**

The population comprised of thirteen former teen mothers who became pregnant and gave birth between the ages of 14 to 19, residing in California, Michigan, Nevada, and Colorado who had achieved higher education.

**Sample**

A purposeful sample was actively sought and revealed substantial, individual stories lived by former teen mothers and their journey through achieving higher education. According to Patton (2002), “Qualitative inquiry typically focuses in depth on relatively small samples, even single cases (N = 1), selected purposefully” (p. 230). This
methodology aimed to build an authentic sample of subjects from diverse backgrounds. The sample size was 13 participants who met the following criteria, ensuring that each participant was:

- A former teen mother.
- Achieved a master’s degree or higher.
- Willing to share her personal journey.

Of all possible participants identified to meet the criteria, 16 met the specific criteria. From the 16, 13 were identified as ideal participants who could provide a diverse and rich sample.

**Presentation of Findings**

The primary focus of the research study was to understand the lived story of former teen mothers who have achieved a master’s degree or higher. A report of demographic information is provided in Table 1, followed by a narrative description of the larger context of the study participants. The findings are structured and presented by research question. The unique story of each individual participant is presented in first person narrative to capture the essence of their life journey.

Interviewees were specifically selected to capture an authentic case study of former teen mothers who have achieved a master’s degree or higher. Their interest in sharing a candid, personal experience naturally created an information-rich population sample. The researcher noted their demographic detail including ethnicity, age at pregnancy, current age range, field of profession, and highest level of education completed. Their age of pregnancy ranges varied, with no participants in the age 13
range, two aged 14, one age 15, five age 16, two age 18, and two age 19. The researcher noted all participants serve in human service careers represented in varying industries including education, corrections, health and human services, and county consulting.

Three of the 13 participants were involved in serving teen parents in varying capacities and were actively engaged in some form of mentoring. All were residing in the United States and working full time with the exception of one retired educator. The 13 participants are all former teen mothers with one to five children.

To develop an understanding and analysis of each woman’s unique story, there were two broad questions that guided eight sub-questions. In examining the data, each of the eight participants reported stories and narratives that impacted them as the journey was unfolding and reflections that emerged in hindsight. Each participant’s story and their overall reflection of their lived experience are captured in the stories presented fully from question one through eight to provide a clear perspective by the researcher.

**Untold Stories**

*My Mind, My Body, My Soul, that’s ME*

*By: Subject J, teenage mom age 15*

My mind is not perfect, yet it knows its share.

It’s used when necessary, not in despair.

My body has a slim form- though it was out of shape, but like every other woman it got back into place.

My soul is not doomed although my religion forbids the fact that I let my body be used like I did.
My soul is forgiven although it is written.

That’s my mind, my body, my soul, that’s ME.

Presentation and Analysis of Data

Research Question 1: Life Story

The first research question of the study was, “What is the lived story of former ten mothers who have achieved a master’s degree or higher leading up to the time before becoming a teen mother?” Subjects A-M shared their live beginning at various points in time and shared the experiences they recall at that time in life.

s-a. “The story up to the time I became pregnant is I was the only girl out of three siblings and had to take on the role of a mother early on. My mother was a single mom raising three kids on her own. As the only female, I had a lot of responsibilities, like caring for my mom’s needs such as cooking dinner and helping her be ready for her job. My father left my life early on. At the age of 18, I became pregnant and married the father of my child. I went on to have three children by the age of 22 before my husband became ill with cancer and eventually passed away.”

s-b. “I think my lived story goes all the way back to my childhood and not just the time I became pregnant. The story hasn’t changed much; it was the story of living with an alcoholic parent along with the arguments, disagreements, and my mother finding refuge with us, the daughters. It was chaotic, uncertain, and difficult at times. For as long as I can remember it was like that.”

s-c. “Before I became a teen mom, I was just trying to find myself. I grew up in a good, middle class family. My mom has an associates’ degree. But, in our household I was the only girl with two younger brothers. I never felt like I fit in at that point in time.
Before I became pregnant I was trying to figure out who I was and where I belonged in life.”

s-d. “Thinking about my life up to my pregnancy, there was nothing happening in my family dynamic at that time. I was young and naïve. I was 17 when I graduated high school and went off to college by myself. My parents were in Germany. I just was naïve and stupid at a young age.”

s-e. “Leading up to the time I became pregnant, I left my house when I was 18 years old. I moved in with my boyfriend at the time. I became pregnant shortly after that and had my daughter when I was 19. I was raised by a single parent. I am Mexican and my mom was very strict and raised me with certain ideas. I did not like it and I was not having it, so I left. When I told her I was pregnant, she was not happy at all even though I wasn’t living in her home. I remember telling her, “I’ve got to tell you something, I am pregnant.” And she said, “What were you thinking?” Don’t think you can work and go to school at the same time, you are going to have to get on welfare. I thought in my head, “There is no way I am going on welfare, not at all.” So in a way I think I was thinking I was going to prove her wrong.”

s-f. “Right before I became pregnant, I had moved with my family to the High Desert from Oceanside. I was being separated from my social group at the time which was at the time I needed them because for a teenager, the social group is your life. Moving so far away, getting here, and realizing there was no public transportation to go to Planned Parenthood to get an exam because I knew I was pregnant, I just hadn’t told my parents. I was doing things personally to keep myself healthy by taking vitamins, eating right, and staying away from my mom who smoked. But I knew I needed a
physician and there was no way I could get to one without telling my mom. I don’t know why I was hiding it like I could just hide it forever. At that time, I was still struggling with telling them because I didn’t want to disappoint them. That was basically it, I felt really isolated not only because of not having friends, but being physically isolated by being pregnant. After I got to the teen mother program, it was a lot better because I was with other pregnant teens and getting the services I needed like education about health, parenting, stretching, etc. I look back and think how good it was.”

s-g. “I grew up in a very loving household. Early years in retrospect, we were really poor but I didn’t know we were poor because we had an abundant amount of love in our family. We were heavily involved in church. I had a very normal upbringing, but my parents separated during my 7th grade year and their divorce became final during my freshman year in high school. I think that was a very pivotal time in my life. I think everything I believed in and held onto was gone. So, it was a great deal of heartache. At that time I was daddy’s little girl, and as I got older I did my own thing and struggled with what he wanted for me and what I wanted for me. Other than that, I was going through the typical things others in middle school and high school were going through.”

s-h. “My lived story up to my pregnancy goes far back. My father emigrated from the Philippines where he had a powerful family name and wealth. He left all of it to come to the United States so his kids could be citizens and attend college. He didn’t know the language fluently and worked as a galley cook or a cook in the hospital throughout his career. He sacrificed purposely. I was the 3rd child born in the United States and because we were like an immigrant family, we lived in poverty. I lived with ants, mice, and cockroaches in my apartment. I never had my own bed, or room. I
always slept on the couch or side by side with my sister on a twin bed. It wasn’t a miserable life, but it was definitely a life in one in poverty. My mom was very busy trying to work, and I hardly saw her. She would work until midnight at a factory and my dad did as well. We basically raised ourselves with support from my oldest brother. When I think of how I related to my father, he was there, but he was very distant because life was hard for him. His job was very physically demanding and he hardly got rest. He became an alcoholic and while he was not an angry alcoholic, he drank 10-20 beers a night to relax. I remember he would spit beer on me when talking, and, at times, say mean things. He would say things like I didn’t belong and was adopted. It sunk into my mind whether I belonged there.

My mom, on the other hand became addicted to gambling. She would play bingo and lottery to the point where bingo was every night of the week. She was waiting to hit the jackpot to help our family financially. I didn’t have a traditional household. There was no order and supervision. I lacked love and attention from my father and I think that is what led up to me having a baby at 14. When my boyfriend said I was pretty, it was the first time I heard that at any time. I used to come home at 8, 9, and even 10 at night and no one kept tabs on whether I was home or not.”

s-i. “My lived story is that I am second generation Mexican-American and raised in dysfunction to parents who didn’t have it together. My father was an alcoholic, my mother was abusive, and we lived in poverty. It was a continuation of a cycle from my grandparents on both sides that also had alcoholism. There was no guidance and it was not a loving home. My mom was mean and rigid, but she worked and made money. My
dad was nice but an alcoholic. We were abused every day by my mom to the point where she was arrested.

When I went to school, I surprisingly did well academically. Both my sister and I always performed above grade level in our education. I don't think it was because we enjoyed learning, however, we were scared to death to get bad grades. I was a mischievous little kid. I was weird and devious and didn't make friends easily. My brain was way ahead of other little girls my age. I cussed, said inappropriate things and my mind was filled with grown up images that little kids shouldn't know about. I wanted attention and it didn't matter if it was positive or negative.

By the time I was a 13, my mother had a job that required her to work rotating shifts. She was gone often and we were relieved. My dad was out of the home for good and at that time and we were left with a lot of freedom. Not surprisingly, we started rebelling. In 8th grade I started to show an interest in boys, I really enjoyed the attention they gave me. I loved that feeling when I knew someone liked me. While at this time I wasn't yet doing grown up things, the affection and love I was missing at home somehow translated through random boys that showed an interest in me? At 14 years old, my parents' divorce was final and I was pregnant from someone that I wasn't even close to. Because I was so naive, I didn't even know I was pregnant until I was six months along and by that time, the father of the baby was long gone. I was looking for love in all the wrong places.”

s-j. “My lived story at that time is before I got pregnant, I was 15 years old and very active in sports. I grew up in Mississippi and it was an extremely exciting time for me. I had just learned how to play tennis and was just ready to start high school. I had
found a niche that I absolutely loved. My mom was a single mom, she and my dad had split up. He had moved to Michigan and my mom was raising six kids alone. I was third oldest, the middle child who can kind of get lost. I remember seeking to find myself in my interests to be set apart from others.

In the middle of that time, I met my daughter’s father and got pregnant. He was 21 years old and looked like a young boy. He also lived in the same apartment complex. I had never been sexually active before and didn’t really know what it was. I knew women got pregnant, but I didn’t know details about that because I was a tomboy and didn’t get into those types of things. When I had boyfriends and they tried to kiss me, I would hit them. Then, I meet this older guy and he was very charming, explained things to me (not sexual things), and was a helper. One day I skipped school with my friend and we went to his place. He had Playboy books all over and we had never seen that before. One time, about the third time I visited him I slept with him and got pregnant. My mom threatened to send him to prison, so he was on the run and never spent time with my daughter.”

s-k. “My lived story is I lived a typical life in which I was blessed with both my parents growing up. My mom was traditionally Japanese; came to the states when she was 25 years old. My father was from Missouri and was 13 years older than my mother. I did use school as a place to learn, stay away from some family struggles (parents fighting and such) and enjoyed being in school. I played volleyball in high school, was part of school clubs and had fun pushing myself to be better and better. I had plans to go to medical school after getting my bachelor’s degree. I was determined to go
that route from a very young age, age of seven, and had no interest of focusing on any other profession.”

s-l. “I am the oldest of eight kids, four of which were raised in a separate household they were my father’s kids. I did very well academically. By the time I was in the 9th grade, I was being recruited for college because of my grades. I transferred to [High School] a 10-12th grade school. My sophomore year, my husband, who was then my boyfriend started dating and I was pregnant my junior year. My high school had a nursery on the campus. I was pregnant for half my junior year and had my son over summer. He was four weeks old when I started my senior year.”

s-m. “My lived story is that I was raised in a poverty-stricken environment where parental support or involvement was extremely limited. My father passed away when I was two months old. My mother had been raised in an extremely abusive environment and completed a 9th grade education, becoming pregnant at 17. As an adult, she suffered extensive mental health issues. I took on the role of caring for my two younger siblings as well as watching my oldest sibling struggle with drug use and radical behavior. I believe I became a teen mother as I was looking for some kind of familial structure that was not present as I was growing up. I greatly believe that the dysfunctional environment I lived in prevented me from seeing a reality other than my current reality…..dysfunction, lack of education, poverty, etc.”

Data Summary: Research Question 1

The lived story of each former teen mother had many similarities and an equal amount of differences. There was no variance between growing up in a chaotic home vs. having an unremarkable childhood growing up. More than half of the women were on
the college trajectory pre-pregnancy. Approximately six of the women had chaotic home life where there was poverty, abuse, poor relationships, and separation between parents (see Table 2).

While each woman clearly remembered her life up to the time she became pregnant, there were unique circumstances which put them on a path that would change their lives as they knew it.

Table 2

*Lived Experience of Former Teen Mothers*

<table>
<thead>
<tr>
<th>Participant Situation</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
<th>K</th>
<th>L</th>
<th>M</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divorce/Separation</td>
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<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4/13</td>
</tr>
<tr>
<td>Single mom</td>
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<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5/13</td>
</tr>
<tr>
<td>Negative relationship w/mother</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>“Normal childhood”</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<td>3/13</td>
</tr>
<tr>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5/13</td>
</tr>
<tr>
<td>Poverty</td>
<td></td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Experienced abuse (verbal or physical)</td>
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<td>X</td>
<td>X</td>
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<td></td>
<td></td>
<td></td>
<td>4/13</td>
</tr>
<tr>
<td>Was on college trajectory</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td>6/13</td>
</tr>
<tr>
<td>Chaotic home life</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6/13</td>
</tr>
</tbody>
</table>

**Research Question 2: External Motivators**

“What external motivators or actions led former teen mothers to pursue the achievement of obtaining a master's degree or higher?” The former teen women shared the circumstance which led them to pursue higher education.

**s-a.** “My extrinsic reasons for pursuing higher education beyond a bachelor’s degree was primarily because I got paid a higher annual salary. I would say having a child definitely helped me to achieve more and get my act together.”
s-b. “My extrinsic motivation was probably the economic factor. At some point I realized education could be a way out of our living conditions. Not so much my masters, but all along my education because I was late coming into my studies.”

s-c. “The external factors that influenced me is after I became pregnant, and was a single mom for a while I got into a long term relationship and got married to someone who was highly abusive. I wasn’t working at the time. I was just volunteering at my daughter’s school and I knew I wanted to make a better life for her and I became passionate about education. I started to work on my bachelor’s degree. My ultimate goal was for my two daughters to see that they didn’t need anyone to support them. They could stand on their two feet, so I just starting pushing myself knowing once I got that degree that nobody could take away from me. It was something that I achieved on my own. It would get me to where I needed and wanted to be and I would be able to provide things for my daughters that I wouldn’t have if I didn’t have that degree.”

s-d. “Externally, I had goals before I got pregnant, and those goals never went away. Even though my world crashed, I still knew that I wanted to pursue career and educational goals. I was a fighter. I made it work. By the time I got back to school I had 3 babies, then I wasn’t a teenager anymore. I feel like fundamentally we all have a base of values and standards and that if it is strong enough, we go back there. That for me is a good explanation as to why I had motivation to making it work.”

s-e. “External factors were my husband and his family. My husband was supportive. He came from a two parent family who encouraged him completely. I had moved in with them and they told us both that we should go to school. If you are going to stay here together, you need to get your education. Their support to let us stay there
was the main thing. My mom was not like that at all. She never told me “good job” it all came from his side of the family.

s-f. “Externally I had no money. I wanted to live on my own and had a drive to be successful and not wanting to be stuck in the desert. I still wanted to live in the big city I had grown up that way and wanted to stay that way. Most of my drive was internal, not too much external because I was living with my mom so it was comfortable at the time. It was during the recession, my dad didn’t have a lot of work. My parents were struggling too, so it wasn’t like I could rely on them to support my needs and for the baby. My mom always required me to take care of the baby’s needs. Whether I was going to school, working, or studying I was responsible for my son and I am grateful for that.”

s-g. “After I had gotten pregnant and married, I was in a very toxic relationship. At the age of 22, I was divorced with three kids. After my divorce, my ex-husband was very abusive and it wore away at my well-being, self-esteem, and self-confidence. At the same time, I was trying to raise three sons without any help of child support. Realizing that I was maxed out at my current job, I was an office assistant and moved up to administration, but I was tapped out on the salary schedule. So, looking at them and trying to figure out how I could provide for them and do something with myself to catapult them to a better place, and I had a lot of outside support like family. Getting my bachelor’s degree was probably the greatest gift and the way out. I think of the cycle of domestic violence I had previously lived in. I was achieving a GPA between 3.7 and 4.0
while working and raising kids. Finally for the first time I felt intelligent and worthy. It only made sense that I could go further and get a master’s degree because I felt worthy.”

s-h. “My boyfriend’s family taught me what family was. My mother in law taught me how to cook and iron. I learned all the homely things I never learned from my mom because she was busy working until midnight. Just before I started my master’s degree my husband had walked away from our family. I was faced with that I was single motherhood for the rest of my life and I had to think about my income so that I would be ok. I needed a distraction, something to put my mind to at night instead of being sad. Being on my own is what really motivated me. They were the outside forces telling me to pursue higher education.”

s-i. “The extrinsic motivations were my mom kicked me out, and I had to go rent a room from a woman. I got public assistance and went to school no matter what was going on with my baby being sick, teething, and everything else. I had to do everything completely on my own.

I met a boy who accepted my son and his family showed love and light. I wanted my life to be like theirs was. I eventually married him. My mother in law was so devoted to her children and I strived to be like her. I wanted to have my house warm and safe. The people I associated myself with is how I wanted to be. So, something inside my head told me I wanted more and the older people around me like my boyfriend’s family helped me. When we got married, I had always worked part time. My husband supported me staying at home to be there for my son. I always worked part time and I incrementally went to college. I got an associate’s degree from community college, a bachelor's degree in political science from Fresno State, a teaching credential and a
master's degree in Cross Cultural Education. I was 30 when I got my degree, it was on the back burner and I wish I would have done it sooner.”

s-j. “External factors that contributed to me pursing higher education is when I graduated high school, I got my own place and got settled. In between me getting settled, I became raped. Even with that, I was determined to not even let that get me down. I knew I had a daughter to raise. I wanted to be the best mom I could be. I learned when I got my own place how valuable it was and I didn’t want to lose it and become vulnerable. I could set my life on course. That’s when I began to get into college. I had to catch the bus for two hours prior to work to get her to daycare and to work. Then, it was another two hours getting home. Trying to go college without a car was ridiculous. I knew I need to get a car and used money from my student loans. I wanted a better life for my daughter and was very cautious about how she was raised because how she was raised would tell me how I was doing. I didn’t want her being around the “hood” where I lived. I remember never allowing her outside without me and taking her to the park a lot.

s-k. “Same reason as question two.”

s-l. “I was already on the track for college. The district I was at had made a change in the 1980s to have a more balanced, diverse district. So, people of color were transferred around to different school sites. There was programming state wide looking at students of color with high academic performance, especially for low-income families. That exposure during my middle school years put me on a path for college. When I became pregnant, I didn’t know it would be a deterrent. Maybe it wasn’t that I was going away to college, but that I may need to wait to go.”
s-m. “It took me some time to actually become motivated to obtain a college education (I finally went to college at 28 years of age). Being raised in a dysfunctional family, pursuing a college education was not a goal that was embraced. In fact, it was quite the opposite. College educated individuals posed a threat to my family, so as children, we were frequently advised that we should not pursue an education and even heard derogatory statements made by our parents such as, “Stupid college boys must have made this” or “College educated people are idiots.” There was a fear of the children becoming more educated than our parents and, ultimately, realizing the dysfunction that existed, thus breaking the circle of dysfunction. Additionally, the children in my family (myself included) were frequently led to believe we were “not smart,” thus reinforcing the idea that we were not destined for college nor did we have the skills or abilities necessary to complete college. The idea of my parents possibly paying for college was clearly not a reality, both due to finances and due to attitudes about further education. Because of these factors, and my desire to try to gain acceptance from my mother and stepfather as well as “fit in” with my family, I did not see college as my own individual path or even an option. Instead, I had a daughter at 17 and went on to have more children. I stayed loyal to a dysfunctional family rather than find the strength to create a different lifestyle. As I grew older, I began to develop my own self-identity and had enough time and space away from my past and upbringing to begin to identify with groups outside of my childhood culture. I also began to have more strength with regards to making decisions that were not aligned to my parent’s ideals and seeing characteristics and traits in myself that I did not see before.”
Data Summary: Research Question 2

Nearly all of the women interviewed (8 of 3) had an external motivation to improve their economic condition by increasing their salaries, increase opportunity for promotion, and improve living conditions by achieving a master’s degree or higher. Twelve of 13 women explicitly shared they were held responsible (by choice or by family members) to take care of their children. The responsibilities were expected of them and not put on other people. While adults in their lives provide support during the school day, as teen mothers they were required to balance school, work, and parenting. Nearly half of the women (6 of 13) explicitly discussed how they were always goal-driven and continued the intent they had pre-pregnancy to attend college. Achieving their master’s degree took longer to accomplish than anticipated due to the other responsibilities they were balancing, most of them accomplished this within a decade of graduating high school. Six of 13 women expressed the drive to be independent and have the ability to support themselves and their child without needing help from other people. Two of the 13 women expressed experiencing abusive relationships which drove them to strive for higher education. Two of the 13 women expressed vulnerability during this timeframe where they were sexually assaulted. Five of the 13 women expressed a support system that was an external factor in driving them to achieve higher education. The support system included in-laws, parents, significant others (examples included father of baby and step-fathers of the baby) (see Table 3).
Table 3

*External Motivators of Former Teen Mothers*

<table>
<thead>
<tr>
<th>External Motivators</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
<th>K</th>
<th>L</th>
<th>M</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve economic condition</td>
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<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<td></td>
<td></td>
<td></td>
<td>8/13</td>
</tr>
<tr>
<td>Did majority of baby raising</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td></td>
<td></td>
<td>X</td>
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<td>12/13</td>
</tr>
<tr>
<td>Escape abusive relationship</td>
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<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td>2/13</td>
</tr>
<tr>
<td>Independence from anyone</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
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<td>6/13</td>
</tr>
<tr>
<td>Promotion- increase salary</td>
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<td></td>
<td></td>
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<td></td>
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<td>3/13</td>
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<td>Had always been driven</td>
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<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>Support system</td>
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<td></td>
<td></td>
<td>5/13</td>
</tr>
</tbody>
</table>

**Research Question 3: Intrinsic Factors**

“What internal motivators or efficacy inspired former teen mothers to pursue the achievement of obtaining a master's degree or higher?” The subjects were asked to think about the intrinsic components leading them to achieve their degree.

**s-a.** “The intrinsic factors are I wanted it for myself, and it didn’t require many units beyond my credential. At that time only 7% of the population had master’s degrees, so it was rarer back then and felt like more of an accomplishment.”

**s-b.** “My intrinsic motivation was the resounding voice of my mother saying I would never amount to anything, and I had to prove to myself otherwise. The factors I encountered had to do with dealing with a negative “cloud” from my immediate family so considered that I was a failure and incapable of reaching any career or educational goals. These beliefs were communicated verbally and non-verbally – so that was a
constant reminder of my perceived “state of doom.” My mother talked and treated me as if I was a whore and promulgated that I would not amount to anything in life. Therefore, it seemed like every interaction and conversation with her revolved around the horrible mistake - allowing myself to become pregnant. Her treatment served as a barrier that I had to overcome in order to pursue an education.”

s-c. “Internally, at that time, I was really fearful of being homeless, and raising my daughters on my own or have them taken away from me because I had nothing on my own and wasn’t able to stand on my own two feet. Now, I could get a minimum wage job, but that wasn’t going to be able to support all three of us. Their dad at the time was making really good money. I knew in a heartbeat, he could just walk in and take them from me simply because of that. Internally I was just scared that I would lose them.”

s-d. “Being a mom I would say was pretty powerful for my intrinsic motivation. It was the responsibility of that and trying to make things work. In my situation knowing that I was going to be the person to take care of them and not anybody else. It was that whole “Supermom Syndrome” I guess.”

s-e. “Internal factors that helped me to achieve is I remember when I was in high school I wasn’t doing very well. I was ditching and doing drugs all the time. I remember I was a junior in high school, I thought to myself, and what am I doing - I am not even going to graduate high school. So, in my senior year I changed everything around. It wasn’t because of my mom, but it was within myself thinking I had to change. I moved to a different high school which helped me to focus because I didn’t know anyone and had to remove myself from the previous situation. It was my decision. When I went to college it was because I wanted to hang out with my boyfriend who was attending
college. Once I was there, my mom wasn’t very affectionate or uplifting, but he was the total opposite and told me how smart I was and that I could it. When I became successful in school, I started to believe I could do it. I started finding out the first step which started with learning about what an associate’s degree is and each step from there talking to people about it. I didn’t have any guidance whatsoever and had to find out things for myself.”

s-f. “Internally, I’ve always had a drive to be educated from middle school. I was planning on going to college at [University]. I wanted to be an architect and set out to do that initially. I had a lot of societal judgment against me and always had that mentality that I wasn’t an idiot, stupid, or a hoe. I am just a person, so that drive to prove to society that I am not a failure just because this happened. At the time, I was the first group who had AVID used in [city]. They put us into college level courses. Our last period class was tutoring for support in the hard classes to ensure. I loved it, I finally felt challenged.”

s-g. “In some ways I felt I didn’t want to be the stereotype. My mom, when I was pregnant, I had bad morning sickness. I remember crying and telling my mom I couldn’t go to school that day she said, no, you’re going to school. I told her I couldn’t and she said, “Welcome to motherhood. Women around the world are sick every day and going to work, pregnant, and have to go to school. So, you are going to have to go to school and suck it up like every other woman.” I remember being so angry with her. Now I understand she was setting the example that yes, I would go to high school and get my education. All along I did have the influence of the importance of education. I think if I had stayed married I would have never gotten my education.
Internally, I wanted to set the bar for my children to achieve what I know statistically I shouldn’t have achieved given all the situations that were occurring in my life. I shouldn’t have been able to obtain that. I think there was an initial spite in me that also catapulted me tremendously. I finished school and within a month I received a huge pay raise and knowing where I was at I would have to get the master’s degree to be more competitive. I think that was a driving factor, but internally it was an “I can do this to all the people who said I couldn’t.” My mom always said, “Living happy is the best revenge.” At first I really thought that was stupid because I wanted revenge, and I wanted this person to feel the same way he made me feel for all these years. I realized the more I invested in myself, he was going to hate me anyways, but the more courageous, bold and confident I became. Ironically, that self-esteem helped me put a complete stop to abuse and stand my ground. It was that “I could take care of my kids no matter whether I get child support or not, and I had that leverage.” He had no control over me. It was freedom: emotional, financial, and the revenge of happiness. My children and I are always going to be ok.”

s-h. “Internally, I’ve always loved school. I love furthering education and learning new things and being with other learners. I believe that is the main internal one motivator with continuing education. College was expected of me in an Asian household. Even though we were poor, I was expected to be valedictorian. My mother would ask me questions like why wasn’t I student of the year or student of the month. She set high expectations for me and there was never any question about it. I would go to school with high waters, holed shoes, lice in my hair, and I had better be a straight A
student. I never knew there was an option to not go. That is why my dad came to the states, so his kids could be educated here. It was instilled in me.”

s-i. “The factors impacting me intrinsically are I knew from a young age I wanted to do something different with my life. When I became pregnant my mom told me I wouldn’t amount to anything, nor would my baby. At the time, I believed her and was ashamed and embarrassed. My son is the one who changed my mindset completely. When I had my son, my future was changed forever. I knew I had to be different for him and I started to push forward by catching up on units and working hard to graduate. In that hospital bed at 15 years old I promised him that I would make something of my life. From the negative path I was on, that little baby saved me in every way a person can be saved. I also had some teachers that encouraged me to stay in school and remain on the right path. They believed in me and more importantly, made me believe in myself.

There was a nurse at the hospital that also gave me valuable advice on how to take care of my baby and she also told me that I could rise above my circumstances. She used to give me rides home because my mom would never take me to doctor's appointments or hospital visits. I would walk where I needed to go.”

s-j. “Internally I would say the forces were my father was an educator, his mother had been a principal. My father was big on statistics and he would tell me, “Well, Subject J, because you had your daughter as a teenager there is a high percentage who do not graduate high school, go to college, and nor will your daughter.” So, I said, “Who is this guy telling me about my life, they don’t know me.” My dad would say, “I’m just telling you about what the statistics are and the numbers.” I said, “I don’t care because I
am telling you about my dreams and what I am going to do.” He said, “It is going to be very hard to do that, so you should do it my way which is to stay home.” He and my daughter argued so much it was like hell. I didn’t want my daughter raised that way. Internally, I am walking around thinking, “These people must know about statistics, and I see why they work in this instance because who would want to be ashamed and live this way, but I will show them I can do this.” I can graduate from high school and college. I don’t need their help. If they don’t want to help me, fine. I will do it. My daughter will too. I influenced myself with achieving higher education. I was already headed down that road. It was not an option to not go to college when I was growing up. I was already on that path before I got pregnant and did the same with my daughter. I also encouraged friends around me to pursue higher education and they did so. I learned and appreciated the dirty jobs like cleaning that I had to do. I got an internal force telling me to not stop taking classes, even if it took 15 years to do it. I didn’t want to keep doing that for the rest of my life.”

s-k. “When I found out I was pregnant; I was 18 years old and a freshman at [University] in their Biological Science program (pre-med). It was devastating news to me and my family, especially my mom who was very traditional Japanese in many ways. Getting pregnant out of wedlock and being so young was shameful to my family and friends. Because of my determined nature, this shame drove me to show everyone that doubted me, including myself, that I was not going to be a statistic and my child wasn't going to be one either. I was going to finish college and become a productive, successful person in the adult world, even if it killed me.”
“It was very apparent to me as I was getting exposed to college campuses, the possibilities and trajectory I had in my life. My mom is second generation Latina, and typically in families with Latina girls, there is tension surrounding them and education. However, I didn’t have that. I had full support from my family. Whatever magic happens to a girl when they are pregnant, all you think about is your boyfriend. All of that focus and attention turned to what would be best for my baby. I knew enough to know that going to college was only going to be what was best for my baby. I didn’t know I was going to be married, but, I did know for certain that I was going to be a mom and I was going to go to college. Those were the things I was certain about.”

“Once I decided that I could indeed obtain a college education, I became very motivated, however, I had many fears. Fears that I would not be smart enough, that this was silly, unrealistic…..I certainly could not accomplish this. Nonetheless, I moved forward and ended up completing a 4 year bachelor’s degree in 12 months (I was able to bring in life experience, test out of a multitude of classes, transfer some child development electives I had taken at a community college, and dual enroll at more than one college…..I also had an extremely supportive mentor at my main university who, at first, was opposed to this pace but, eventually, became my biggest supporter). I believe that I had finally become frustrated with the constant message of “you’re not good enough, you are not smart, you are worthless, you are not lovable.” These messages had been both implied as well as explicitly stated throughout my childhood and young adulthood. Eventually, for me, it became about proving myself, proving that I was worthy…..still not quite an internal motivator….probably more of an external motivator….but at least it got me moving forward. After completing the bachelor’s
degree, I began to view myself differently. Possibly I was healthy? Possibly I was someone who could achieve something in life? I then went on to pursue a master’s degree almost immediately. In hindsight, I believe determination and mindset were the biggest factor in my decision to obtain a college education. One must have a “never give up” attitude and be able to mentally and emotionally overcome whatever negative voices may be continuously repeating in their own head…. “I’m not smart enough”, “I won’t be able to accomplish this”, “This path is for others, not me”. Those negative messages can greatly prevent us from achieving our dreams and goals as well as determine our overall outlook on life and ourselves.”

Data Summary: Research Question 3

Every subject expressed the internal motivation within themselves to accomplish an advanced degree. For 5 of the 13 women there was an internal desire to overcome the statistics and judgments placed on them (mostly by family) when told they would never do it. Women who were raised with negative or abusive parents had an overwhelming determination to be the opposite of that and never replicate that behavior for their own child. There was also fear expressed that they were the one sole person responsible caring for their child, and they had the motivation to do whatever it took to ensure they could take care of the baby with no fear of losing the child to anyone or being in a situation where they lacked control, such as homelessness (see Table 4).
Table 4

Intrinsic Motivators of Former Teen Mothers

<table>
<thead>
<tr>
<th>Intrinsic Motivators</th>
<th>A</th>
<th>B</th>
<th>C</th>
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<th>H</th>
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<td></td>
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<td>Sole responsible person for child</td>
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</tr>
</tbody>
</table>

Research Question 4: Influence

“What specific person or people influenced the former teen mothers to achieve a master's degree or higher?” This question sought to understand the people in the former teen mother’s life and the impact they had in their journey.

s-a. “I genuinely can’t think of anybody who influenced me, nor was there any support given by anyone. In fact, I was encouraged to stop going to school because of everything that was going on. I had to push on my own to achieve that.”

s-b. I think two individuals influenced me into pursuing a master’s degree or higher. One person being my son’s teachers [teacher name] from [school]. She encouraged me to go back to school. I was volunteering in her class when my son was in kinder and first grade. She saw skills in me she thought could be worth something I suppose. She pushed me to go back to school all together. It was my husband who kept telling me, go do it. Even now with pursuing a [field of study] degree, he encourages me to do it.”

s-c. “My daughters influenced me to want to achieve. Every time I would look at them and put them to bed to do my homework; I would look at them and tell myself this
is for them. Whether they realized it then, or 20 years later they would realize that their
mom stood up for them on her own two feet and did it for them.”

s-d. “In those days for me, in the late 1960’s the way society viewed someone
who were in that situation were very different from now. It was a lonely place to be. I
married someone who had date raped me but was accepted by society by doing things
correctly.”

s-e. “It was my husband who influenced me to achieve a master’s degree. I had
completed my bachelor’s degree with a major in Sociology and minor in Social Work. I
was looking and looking for a job knowing I wanted to work with kids, but unsure of
which aspect. After six months of looking, I still hadn’t found a job and it wasn’t
happening. I thought I would have a job right away after obtaining a bachelor’s degree. I
remember someone told me I could substitute teach with a bachelor’s degree and a few
tests. I found I really enjoyed teaching and my husband encouraged me to move forward
and get a teaching credential. I was concerned about the cost, time, etc. Finally, I ended
up going back to get my master’s and credential together.”

s-f. “I didn’t really have anyone who influenced me to achieve higher education.
I come from a family that was not educated. In fact, when I passed the GATE test in 4th
grade, my dad was suspicious of it. GATE testing had just started in Long Beach. My
dad knew enough that it was an IQ test. I told him I had did it, and I guess I didn’t have
permission to do it, and he said I don’t want you doing that because I don’t trust it. My
dad was working class and even when I would tell him I wanted to be an architect, he
would tell me that’s not what you want to do, you should be the builder. Those guys are
stupid. I told him, “I don’t want to be the builder, I want to design it.” I grew up with
him fighting me on things. It didn’t deter me; I knew it was just my dad. They didn’t tell me not to go to school or say no don’t go, but it wasn’t a priority. If I had just done hairdressing or something, they would’ve been fine with that. It was probably my teachers outside people like that. An example is the lady we had as a teacher at pregnant school. She was a teen mom too and was a little rough around the edges. She gave us that opportunity to extend ourselves because all we needed was someone who believed in us. She empowered us. I didn’t have connections so much. My teachers in school were the only ones really driving me forward.”

s-g. “At my job I had a supervisor who told me she had gone back to school with three little ones. Although she was married, she constantly encouraged me to do it. I felt really intimidated and hadn’t been in school for a long time. When I finally decided to go, I just signed up. I had no idea how to pay for it or who would watch my kids, but I just went for it. If it was meant to be, it would be. It worked out. My step-father loaned me $5,000 to pay off my debt and for expenses and told me I could clean his house or he would forgive the loan when I got my degree. He said “when” not “if”. When I graduated he and my mom gave me signed loan docs that said “Loan paid in full” and I was amazed that I no longer had to pay for it. I knew it was more than just cleaning his house, that it was an investment they made in me because education was so important.”

s-h. “When I think of my family, there is no one who completed a masters at the time I did. It was the highest degree in my family up to that point. I didn’t have a role model, I was basically carving my own path at that point. Also, at the time, coworkers were getting administrative credentials along with their master’s degrees at the same
time. There was a sisterhood that was kind of inspiring, and I felt like the little sister and there they were doing it right in front of me.

I did not have support from my immediate family. I wasn’t kicked out, but they didn’t help me. There was a lot of dysfunction in the home. We four siblings [who] would scream and yell at each other and there was no order. The only help I had was from my mom who would watch my daughter during high school. I would get home and have to take over and do everything by myself. I remember I would be mopping the floor and spray the tables and cook because I wanted to make sure it was clean for my daughter. Financially, my in laws tried to support me. They would send me money and I would walk to the market with my daughter, buy food, walk home, and cook it. I would do all the preparation of bottles, sterilizing, laundry, bathing her, and then do geometry homework at 10 p.m. at night. I had to do my high school homework and raise her in the living conditions I wanted her to live in, and I had to do that on my own.”

s-i. “I met a boy who accepted my son and his family showed love and light. I wanted my life to be like theirs was. I eventually married him. My mother in law was so devoted to her children and I strived to be like her. I wanted to have my house warm and safe. The people I associated myself with is how I wanted to be. So, something inside my head told me I wanted more and the older people around me like my boyfriend’s family helped me. When we got married, I had always worked part time. I got an associate's degree from community college, a bachelor's degree in political science from [University] a teaching credential and a master's degree in Cross Cultural Education. I was 30 when I got my degree, it was on the back burner and I wish I would have done it sooner.”
s-j. “The way the school system treats you as a single or young parent. I stuck out like a sore thumb when my daughter attended this school. When I would make a suggestion, the educated married parents they would look at me like, “Oh, ok, the young mom has something to say.” They didn’t feel like anything I said was intelligent enough. They were in their 30s and 40s when I was in my 20s.

A teen parenting journey you can’t be all the places you want to be, but when you are there you want to be heard. I was always at parent teacher conferences, activities for her, but you aren’t really appreciated if you don’t have that other half there. I was on a mission to change that. Just because I didn’t have husband, didn’t mean my daughter and I weren’t a family. I wanted to be in [a] position to change that in our culture, that, unless you have another half. Just because my daughter didn’t have a father, we were a full family. I am not half family and have half voice. We are to be heard as this family and this unit, just like your unit. The only difference is they have more people speaking in their “unit.” Another external issue was not having money and wanting to send my daughter to piano lessons, needing to fix my car, and my other financial problems. I needed to get into a position to make enough money so it wouldn’t hinder me from sending my daughter to lessons if I wanted to. The only difference between me and a mother who is a dentist working in an office with other dentists working for her with or that mother who is a car dealer is money. We both are crazy about our children, and want to do everything for them and the only difference between us is money. I wanted to be in a position where I could make enough money and it wouldn’t be an issue to get my daughter what she needed.”
“When I think about who influenced me to achieve a master’s degree or higher, I think it was within myself through my perseverance and refusal to fail really got me through rough times of sleeplessness, self-doubt and family pressures. My father influenced me in how he kept my mother in line and kept her away from me so that I can stay focused on being a mom, student, and young adult trying to figure things out the best that I could. My child's father, now husband - he was committed to doing what was best for our son and us. My husband’s family influenced me. Although they were not happy about the situation, they were loving and willing to help. Lastly, my close friends influenced me. I was able to share my pregnancy and child with my closest of friends without feeling shame and embarrassment and they helped, especially once my child was born.”

“Not only did I have the support of family, but also that of teachers who encouraged me due to my academic capabilities. My husband was very supportive. He knew I really loved school. [In] my family primarily nobody had ever gone to college and there were no templates for a college path. Their support came from what the teachers were saying about my academics and the opportunities to go to these campuses. They responded to that and were supportive. My friends played a big role. We were all school girls and the labeling and pecking order of high school was very real. They were supportive, and that was a big deal.”

“For me, it would have been the mentor I was assigned while completing my bachelor’s degree. Since I was already in a state of “proving myself,” his support was greatly needed, very timely, and ultimately became the vote of confidence that came after
years of lacking confidence. Later, of course, my own family (children, spouse, etc.) would prove to be a huge support as well as the mentor I was assigned during my time as a doctoral candidate, Dr. Phil Pendley. Surrounding myself with positive people who provided me with positive messages was essentially what assisted me in achieving my goals.

**Data Summary: Research Question 4**

Five of 13 women expressed they influenced themselves to achieve a higher education. There were one of two reasons- they did not have the family support, or, they had always been driven. Four of 13 women were influenced by their spouse and still remain married to the person they had the child with. Four of 13 women mentioned significant educators who encouraged them to pursue higher education, two of which were educators of their children and two of which were their own educators at one point during their journey. Three of 13 women shared that their immediate family members influenced them. Two of 13 women shared coworkers influenced them by encouraging them and being positive role models. The common theme of influencers were the belief they had in themselves and encouragement provided (see Table 5).

Table 5

*Person/People who Influenced Former Teen Mother*

<table>
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<tr>
<th>Influencer</th>
<th>A</th>
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<th>D</th>
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<th>J</th>
<th>K</th>
<th>L</th>
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</tr>
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<tr>
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**Research Question 5: Support**

“What type of support was received by former teen mothers from family members (parents, partners, siblings, relatives) or educational/personal mentors?” This question sought to understand the support system women had that contributed to their pursuit and accomplishment of a master’s degree or higher.

**s-a.** “There wasn’t support given by anyone.”

**s-b.** “The people who supported me during that time is definitely my husband. He’s the most selfless person I know. He was there sacrificing full time working and seeing me through taking care of the baby. At some point, my parents were instrumental in doing some of the care of the baby. During the time I was pregnant I wasn’t going to school. After I had the baby, I went back and finished high school. I don’t know that my parents were very helpful at that point. Again, I think it was my husband for the support and home duties. My sister was also there to support and encourage me that I could do this to a minimal comparison.”

**s-c.** “My parents were very support[ive]. They just said, you can do it, keep going, you’ve got this. But I remember there was this one teacher within my school district that really just motivated me. Any time I would get down, she would say, “Oh yes you can, show me what papers you are working on now.” Through this mentoring, we created this bond. In fact, my girls ended up having her as a teacher for five years between the both of them. She just kept pushing me. She would say, “you are doing this not just for you, but for your girls, and all of the lives you are going to touch.” Every day she would check on me and make sure I had my homework done. Her catch phrase

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was, “Have you completed your homework?” She was supportive and had that constant contact with me throughout my journey.

s-d. “My family unconditionally loves, but they were in Germany and I was in the United States. I knew they loved me, but there was a lot of guilt that I had disappointed them and everyone, so I knew I had to do it right. That was definitely a motivator. By the time they got back to the U. S. I was already in my flow, my “Supermom” flow.”

s-e. “When I started college and had my first daughter my husband and his family worked together as a team. When I took Saturday classes, she would help us with the baby. My sister would help us financially here and there. My husband had a newspaper route and we would go recycle it for money. One time I shared with my sister that we had to go wrap up pennies for diapers. She told me,” I don’t ever want to hear that. If you ever need anything for the baby, come and let me know.” She’s eight years older than me. I didn’t know I could ask her for help until she told me that. Not once did I ever take advantage of that. I remember her working at children’s clothing stores and buying things for my kids. That helped a lot. My mother-in-law helped with clothes, so we didn’t need to worry about those things.”

s-f. “My parents supported me by letting me live with them while I attended school. They were struggling financially, and I couldn’t rely on them to support my baby and I. They were also working when I was attending school.”

s-g. “My father, mother, and step-father were influential and supportive of me. When my husband and I first got divorced I was making $11.00 per hour and I was desolate. I felt like I was dying. My step-father gave me $5,000 to clean up my debt. He gave me two options to repay the debt, I could either clean his house two times a week or
I could go and finish school and the debt would be completely wiped off. I thought to myself that would be great, but there was no way I could do that. So, I cleaned his house for a really long time but I realized he and my mom were making a statement, and an investment in me and that getting an education was a personal investment they were making to my life. I didn’t understand that at the moment, I felt really hopeless. My family was always encouraging.”

s-h. “My in-laws supported me tremendously. They uprooted themselves from another county nearly 300 miles away and moved to be close to where I was with the baby. It took about two years to complete the transition, so by junior year my boyfriend and I attended high school together at the sacrifice of giving everything up. We graduated and got married right away so we could get a Pell Grant and go to community college for free. If we’re married, we wouldn’t be seen as a young couple trying to make it on our own. We needed to qualify for financial aid so our parents’ income was not factored into aide. Once I left the home at the age of 18, my husband supported me. He is the one who said don’t work, I will put you through college. He supported the three of us until I graduated with my credential and I was able to work and have an income. That is when I finished my first degree a bachelors’ degree and credential.”

s-i. “When I got married, I had always worked part time. My husband supported me staying at home to be there for my son. I always worked part time and I incrementally went to college.”

s-j. “My mom helped me find a babysitter. I was trying to grabble with how was this going to change my life, and it did drastically. It would change drastically, there would be no more sports for me. That life would end. Back then, if you got pregnant,
you were going to stay there and take care of your child. You are going to get up, go to school, and your life was over. That is how they did it. My family supported my helping me babysit. They showed me how to do everything like put on diapers and we worked it out.”

s-k. “My answer is the same as the previous question.”

s-l. “My grandmother and aunt were very supportive. My mom was very busy working and still had kids in the house. I never heard, “It’s the end of your life, you will never go to college.” I heard, “It’s okay, everybody has babies in Mexico.” You aren’t the first, last, and you will move forward. I heard the same from my teachers in a different way. I know you are having morning sickness and things happening to your body, but you need to stay focused on your work. Let me know if you need more time. When I reflect, they clearly saw my capacity and I was not marginalized because I was pregnant. I enjoyed school and was not immediately labeled and sent to continuation or outta sight, outta mind.”

s-m. “I did have one teacher in high school who clearly expressed that she believed I was exceptionally intelligent. I believe that her confidence in me was the starting point for viewing myself as something different than what I had always thought. Of course, the real issue was that I didn’t truly believe it. I went on to become pregnant and follow the easier path of accepting my own cultural mindsets set forth by environment. But she did plant a seed. And I often think of her and appreciate that she saw “something.” Something that no other teacher or adult had ever bothered to try to see. The issue was that I needed to see it myself….and of course that would take time.”
**Data Summary: Research Question 5**

Five of 13 subjects shared the encouragement from family members (step-parents, parents, spouses) were support systems during their journey of higher education. Four of 13 shared financial support of in-laws, spouse, and family members supported their journey. Three of 13 women discussed encouragement from their in-laws which each of them expressed they did not receive the same encouragement from their own families. Often expressed, the in-law demonstrated the love, encouragement, and parenting skills they longed for and wanted to emulate in their own parenting. While three of the 13 women expressed support in terms of caring for their child, as mentioned in Research Question 2, all but one woman was responsible for caring for their child outside of the support system of family or other adults. Two of the 13 participants described the support of providing shelter for the baby and themselves during teen parenthood (Table 6).

Table 6

**Support Systems of Former Teen Mothers**

<table>
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<tr>
<th>Type of Support</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
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<td></td>
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<td></td>
<td>5/13</td>
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<tr>
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<td></td>
<td>3/13</td>
</tr>
<tr>
<td>Caring for baby</td>
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Research Question 6: Struggles and Obstacles

“What struggles or obstacles were encountered by former teen mothers as they worked toward achieving a master's degree or higher?” Each participant lived a unique, untold story which had challenges and obstacles. This question describes those struggles encountered while on the path to achieve a master’s degree or higher.

s-a. “The obstacles and struggles during that time is I had 3 kids and then my husband got sick with cancer. Not only was it a struggle financially, it was a struggle to balance my time between raising my family and working full time.”

s-b. “I believe I encountered several obstacles toward achieving a higher education some have to do with typical logistics encountered by most parents, and others had to do with personal factors existing in my life. Securing babysitting was a constant obstacle for me. Not just the affordability aspect of hiring a babysitter, but also having a person whom I could trust to take care of my child was a factor. Family was not always available to help with caring for my baby, so I needed to look elsewhere for support and that was a scary piece for me because my baby was premature and needed extra care. As a result, I eventually ended up postponing my education until my baby could start preschool.”

s-c. “My struggles were I had taken some time off and went back with my second daughter. I did nothing that hindered me. I took time off to be with my girls and I knew there would be time where I would earn my degree later. I always regretted taking a year off and giving them a home life, but to have my degree much later in life late 20s/early 30s. I would have wanted to have it completed a lot earlier than that. My daughter has told me “You did it mom, you did it. No matter when, how, or where, you did it.” And
that is my 18 year old now. I reflect and think, at least I did it. Age and time has no boundary on it.”

s-d. “The obstacles or barriers I faced were probably all of them. Financially, I worked two jobs and went to school at night. My son was a latchkey kid in those days and had to let himself in alone during that time. Balancing the work, mothering, and studying was a challenge. I don’t know how I did it, I guess I didn’t over think it, I just did it. I didn’t have any financial help. So I would just work and save and go and get it done. ‘There is no choice in doing this, I have to get it done.’”

s-e. “When I think about obstacles I encountered, I was pregnant with my third child before I went back to complete college.”

s-f. “Obstacles I faced were trying to take care of my baby while balancing school and everything else that goes along with it and being a single mother doing it alone.”

s-g. “I did have obstacles when attempting to achieve my education. It was very difficult because my ex-husband would make it difficult to get to school. I remember going to school on Monday nights, and he had visitation. I remember him being late or not picking the kids up, so I had to change dates for school. There were times I couldn’t find a babysitter. They also had extra-curricular activities that they participated in. I had to find time or people to watch them. I remember I had to drive 15 miles out of town to a neighboring city and drive back into town for school and at 10 p.m. going back to pick them up again. Adequate, reliable childcare was a big challenge, but it always worked out. Trying to be a mom and doing homework and being active emotionally and physically involved in my children’s lives were large challenges. First, going into it having been in such an abusive environment so long, it was the lack of self-esteem that
made me second guess myself. It took about six months of going to school to feel that I was smart, capable, and going to be ok.”

s-h. “The main struggle of going through college with a child is balancing home life and all the extra work. The higher level my classes got, the more demanding they became. I remember missing almost every family function in my fourth year of college. I missed things like birthdays and events. If I was not determined, I would have left very easily because everyone was going to be there. I would get left behind so that I could finish my assignments. Having to choose work, enjoyment or family fun and pleasure was a hard one. I valued what I was doing and wanted to do well, so balancing was demanding.”

s-i. “When I went to obtain my master’s degree, I was going through a divorce and it was a big transition because I had never gone to work full time. It was hard to start working full time while going to school, but nothing compares to how difficult it was to graduate high school while being a teen mom.”

s-j. “I had to get my life on course and that is when I began to get into college. I had to catch the bus for two hours prior to work to get my daughter to daycare and to work. Then, it was another two hours getting home. Trying to go college without a car was ridiculous. I knew I need to get a car and used money from my student loans. I wanted a better life for my daughter and was very cautious about how she was raised because how she was raised would tell me how I was doing. I didn’t want her being around the “hood” where I lived. I remember never allowing her outside without me and taking her to the park a lot.”
s-k. “Family and cultural pressures were my biggest hurdle. I refused to allow others to raise my child; the main reason why I chose not to go to medical school. I did not want my parents to raise my son and I didn't see how I could go to medical school and raise a son at the same time, so I chose education instead.”

s-l. “My biggest barrier was balancing parenting with completing my education.

s-m. “The struggles and obstacles encountered included determining how to pay for an education. I did a great deal of research regarding the programs available, potential scholarships, etc. Eventually I realized, if there is a will there is a way. But I think, in the beginning for a young person, it can be daunting if they don’t have that information readily available to them. The largest obstacle, of course, was myself. If you believe you can do something, you truly will be able to do it. If you don’t believe it, then every challenge will be an obstacle, a “preventer.” I believe that teen mothers greatly need mentors around them to help shift their mindset.”

Data Summary: Research Question 6

Nearly all of the participants (9 of 13) shared the main obstacle of being a former teen mother and accomplishing a master’s degree or higher was the balance of their roles of parent, student, and work. The responsibilities and balance was difficult and required a lot of sacrifice, not only for the mother, but also for her family and children. Three of 9 participants shared obstacles of postponing higher education to raise their child, day care challenges, and financial impact of paying for higher education. Two of the 13 women shared the obstacle of self-doubt and not believing in themselves and their ability to complete a master’s degree or higher (see Table 7).
Table 7

Struggles and Obstacles faced by Former Teen Mothers

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Research Question 7: Societal or Stereotypical Barriers

“What societal or stereotypical barriers were encountered by former teen mothers as they pursued a master's degree or higher?” This question sought to understand any societal or stereotypical hurdles encountered during their pursuit of a master’s degree or higher?

s-a. “I can’t recall any specific stereotypical or societal barriers I faced while working to achieve a master’s degree or higher.”

s-b. “None that I can think of.”

s-c. “I remember my professor looking at me and saying you are so young, you are never going to be able to finish this, so in that capacity.”

s-d. “In those days for me, in the late 1960s the way society viewed someone who were in that situation were very different from now. It was a lonely place to be. I married someone who had date raped me but was accepted by society by doing things correctly.”
s-e. “It was the whole college atmosphere. I clearly remember starting [University] with my son which is my third child. It was the first week of school and they had all the sororities and people passing flyers. I was walking in the hall and clearly remember this guy passing out flyers for parties. He walked up to me and then said, “Oh, you don’t need one” and he moved it away. I was really offended by that even though I wouldn’t be attending parties anyways. A positive memory from that time is the professors understood. It was September and I was far along. I had to take a week off school and get back to attending.”

s-f. “I did have a stigma over my head very early on. I remember writing a letter to my friend in Oceanside telling her I was pregnant. The next day I was in line and she was whispering to people and pointing at me. I remember at the high school with people calling me names like “hoe.” Also, after you start showing, people start judging you even if you are just walking around town. I remember being with both of my parents and a lady came out of a store and looked at me, and said ‘Ugh, that’s disgusting.’”

s-g. “In thinking about stigmas and stereotypes, honestly, I felt I got more encouragement from being a teen mom. In my mind, I was parenting alone, and the kids still had the same needs as if I was parenting with someone. I wouldn’t allow myself to have excuses or a crutch or reason I didn’t succeed. Initially, right after school I think there is an assumption it is not obtainable because she gets pregnant. My own father told me I would never amount to anything. He said I would be on welfare, and he walked out of the house and we didn’t talk for a very long time. So, there are stereotypes that even my own father had about me, and of teen parents.”
s-h. “I remember experiencing discrimination because I was a teen mother. It didn’t happen at school setting exactly, but in public in general. For example, if my boyfriend and I were eating at a Chinese restaurant, we would get dirty looks from the patrons around us because they figured it out. We were about 15 with a one year old and I just remember feeling like I should be ashamed of myself. So, it hurts at first, but it also turned into another motivator to rise above the expectation of what they thought I was. I wanted to be accomplished and educated. It was painful at first, but it became one of the internal motivators. I remember being told by someone at school, I believe a high school counselor- that I would be pregnant again by the time I was 18 and be on welfare. They read me all the statistics about women who had a baby before 16 and what would happen. I remember rejecting it completely in my mind and thinking I would not be destitute and pitiful. I am not a statistic. I remember repeating to myself, “I am not a statistic, I am not a statistic.” I remember saying that through high school and junior college. When I was told things like that, I usually turned it positive to do the exact opposite. I used it as motivation to keep going. My siblings thought once I had a baby I wouldn’t do much. I think a part of me also wanted to prove them wrong. I was known as the school girl of my family with my graduation rates and straight As so they were surprised I got pregnant. My sister was the one who was the wild one- sneaking out, going out with boys and I was the quiet one. They believed I was limited and I wanted to prove them wrong. I think in my mind there was no way I wanted them to be right. Their expectation of me changed when I got pregnant, but I wanted to show them, “This child is not going to change my future.” I am still going to rise. Judgment from family and discrimination from outside fueled me. It wasn’t a barrier, but served as a motivator.”
s-i. “Thinking about obstacles and stereotypes, I don’t know if I was directly told anything during that time, but I felt shame and embarrassment. I was pushing a stroller, living off food stamps and welfare and I felt judged.”

s-j. “Some stereotypes I faced as a teen mother is it was all bible belt down in the south and the church who accepted me before I was pregnant no longer wanted me to come in because I was a bad influence to the other girls. I was moved to Michigan that year and my father hadn’t told anyone he had a granddaughter. It was embarrassing to him. They convinced me to leave my daughter down in Mississippi. I realized I had a daughter far away and I went back to get her after about six months and brought her back with me. Friendships are a very important thing to girls at this time in a girl’s life and a difficult process was losing my friendships by moving out of state during that time. I had attachments since grade school. It was a very difficult thing to pull me from those friends I had at school. I hated being pulled away from my best friend. I never established another friend like that. All parents had told their daughters to not hang around me.”

s-k. “Being a teen mom in Asian culture is considered taboo. Growing up in a family with two different cultures (Asian and American) was hard enough, so adding a teen pregnancy surely didn't help. I considered suicide and then adoption but my stubbornness prevented both. I considered quitting and quitting is not my nature. I felt that I put myself in this situation and now I must face the challenge and deal with it the best way I knew how.”

s-l. “I was so young at the time I had my child, I didn’t realize the magnitude of judgment from others. I remember being at Lamaze classes with my boyfriend and we
would be looked at because we were unmarried. My own naivety protected me from that.”

*m.* “As a child, it was obvious to teachers that my life was not typical. It is impossible to hide dysfunction and I believe my teachers believed every step of the way that I was “different, less than, undesirable.” I felt this time and time again from teachers during my elementary and secondary years. Because of their attitudes toward me, the beliefs that my parents were instilling were reinforced further. Once I became a teen mother, it was almost as if I proved everyone “right.” This is a horrible feeling to experience…..everyone thought I was a failure and now I’ve just proven to them that I am. I felt as if those societal or stereotypical attitudes weighed me down, led me to question my own self-worth, and resulted in years of believing that certain things (i.e. college education) were certainly out of my reach.”

**Data Summary: Research Question 7**

In speaking to all of the women, all but one woman expressed deep rooted issues in their experiences as a teen mother which stuck with them throughout life and their future pursuit of a master’s degree or higher. These women used the negativity to “beat the odds” and “statistics” four of the 13 women, their family members negatively stereotyped them as not being able to overcome and achieve due to being a teen mother. Two of the 4 women recall parent comments made about them being a statistic and lacking belief that they could complete higher education. Three of the 13 women explicitly recall negative comments made by teachers and a counselor in the education field. Three of the 13 participants faced explicit stigma in public settings. Three of the 13 women expressed the feeling of shame and embarrassment. Lastly, two of the three
women expressed cultural stereotypes based on being a specific culture and also societal stigma associated with being a teen mother (see Table 8).

Table 8

*Societal or Stereotypical Barriers of Former Teen Mother*

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<th>Societal or Stereotypical Barriers</th>
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**Research Question 8: Advise**

“What advice do former teen mothers offer current or future teen mothers to follow to pursue a master's degree or higher?” These women lived out the journey of teen mothering and set on to achieve a master’s degree or higher. In living the experience, the researcher sought their wisdom and advice to current and future teen women.

**s-a.** “The advice I’d offer to current or future teen moms is there’s nothing like having your independence, especially when you have a child. At the end of the day, being able to take care of your child is the only thing that matters. Having to rely on someone else is much scarier than doing it yourself.”

**s-b.** “There isn’t one magical thing to say or do to help a teen mother. The problem is complex and the solution equally complicated. However, I would say that one
has to develop dreams and hold down to those dreams despite the many discouraging people and circumstances that one will inevitably encountered. I believe that the number one motivator is the desire to provide a better life for one’s offspring. The desire to set a good example and to pave the way for my children is still is my driving force.”

s-c. “My advice to current or future teen mothers would be to find themselves. My oldest daughter, she became a teen mom. Like I told her, I wanted her to break the cycle. I hoped that by her seeing me reach my degrees, that she would break that cycle but I told her, it doesn’t matter when you get it, just get it. Don’t push yourself right now. If you aren’t emotionally ready, while they’re young, don’t force it because you still want to enjoy that time with your child but have a game plan. That is something I didn’t do. By the time my child is five and they go to school, then I will go back. I think a game plan is really important. And find that one person who is going to stand by you, push you, and motivate you, pick you up when you are feeling down.”

s-d. “I was a teacher for 36 years and worked with many teen women at school. My advice to current and future teen moms is I know that there is help out there. I would encourage them to reach out and take a deep breath, swallow their pride or whatever it is and reach out. Apply for grants and not to over think their misery and rise above it, keep their goals in mind. Take advantage of any help they can get. If they have the drive, they will be able to accomplish it. So many kids now know think everything is so hard. Parenting is even harder. I remember when one of my daughters was having her second baby, she asked me how did I do it? I looked at her and said I just didn’t think about it much, I just did it.”
s-e. “My advice for current or future teen mothers I think of my husband who teaches varsity girls soccer, and I get to talk to the girls a lot. We all come from different backgrounds. I would say there is always someone out there going through the same things that you are, so you are never alone. If you think you need some kind of assistance, ask for it. The worst someone can say is no. There is a lot of help out there. We tell the girls there’s a lot of financial help out there and you just need to keep pushing forward and don’t look back. Even though there are obstacles. If you keep working on it you can overcome it as long as you stay focused and keep moving forward- for whatever goal it is that you are trying to achieve.”

s-f. “You can accomplish all of your goals. It’s ok if you aren’t sure at first what direction you are going. Keep moving forward.”

s-g. “In my job, I have the opportunity to advise teen parents. I always let the teen moms and dads I work with know they have options. I push education, and by education I don’t just mean college, but also vocational education. Any type of education will help them out of poverty and their circumstances. I encourage them to see the counselor and let them be aware that they are still interested in college and want to be on track for it. In my area, it will often show at the high schools where pregnant teens aren’t provided counseling once they are pregnant. In my job I get to help create intake forms for teen moms and help school districts to support them academically and home life (check-ups, home life, graduation, etc.). The intake form frames the counselor for asking what their dreams and aspirations are to support them in reaching their goals whether it is credit recovery or early graduation. I encourage young people to advocate for yourself because the world will make stereotypes about you. A lot of people in our
school systems don’t even have the conversations w/teen moms about going to college. Our administrators and counselors don’t have those conversations about college once they are pregnant. I think a lot of women do it on their own 5-10 years after their kids are born.”

**s-h.** “If I were counseling a teenager who was pregnant, there is so much to say. I would first counsel them on knowing they are responsible for their future and they have every opportunity to make it solid. One of the ways to do that is through education. So, I would go through all the ways or reasons they should pursue college in general. I had to come to a point to realize my future and happiness needed to come from me. To a teen mom, I would say you must not let any man control your happiness or your future. You are in charge of it. You cannot rely on someone who can provide that for you unless you are married. The best way to secure your own future to be solid and reliable is through higher education. I would explain all the ways it would be made better because it could increase salary with benefits and security. I would encourage them to see they are more powerful than they even believe in the moment. They have strength in them they haven’t even witnessed in their own lives yet. I would want them to believe in a bigger, brighter feature than they could ever believe and break that down into baby steps one at a time. Do it with boldness because everyone dreams, but if you don’t really believe it can turn into reality, you will never achieve it. I would help map for the teen mother where she wants to be and what small step can be taken to get there. Even if it is a 7-10 year plan and what you can accomplish one year at a time. Sometimes high school students hear master’s degree, and they feel it is unreachable. It’s not unreachable if you believe for big things and surround yourselves with peers who did it. I am not special. I came from
abject poverty. I came from dysfunction in the ghetto with different gangs on each side of the block. If I could do it, at times as a singer mother and while on welfare and food stamps, then surely this person can do it too. I would mostly encourage them to believe that they are stronger than they even know. I would dare them to have faith they will grow when that time comes because for me, if I were to reverse back to when I was left on my own. I thought everything I needed was taken from me. I was so codependent on my husband, I was too shy to do anything by myself. I had to paint my own house, rewire my sprinklers, sod my front yard, order furniture, and carry it with a daughter and no help from a man. If I can do it, then surely you can do it too. Believe in yourself and arrange your own future, don’t wait for someone to do it for you. Provide it for yourself, and you can do it!”

s-i. “My advice to current or future teen mothers is the harder the journey, the more glorious the victory! I couldn't see it back then, but I think that I went through all that stuff as a kid for a reason it was so I could tell you today that your life does have value and you can achieve your dreams. I would tell them education is so important to change your circumstances. You absolutely hold the power to do that. You put your children before everything else in your life. You set aside your friends, the partying, and anything else that gets in the way. The only way you can provide for them is education. You need to get yourself together. When you have a kid and you are 15-16 you can’t see the light at the end of the tunnel. I try to get children to see there is a whole world there. This time you go through is a moment of time. It’s a small piece of your past. I promise it gets better. I want to give them hope. I wish I had someone to tell me.”
s-j. “I would tell current or future teen mothers to establish early on who their natural supports are. Those are people who are in line with what your goals are and keep adding to your natural supports. Don’t stop adding to your natural supports because they will help carry you through. They can babysit for you, guide you in unknown territory. It may be a person who is highly educated and married and they know the terrain at the university or relationship, so you have someone to walk you through things. My advice is to find someone who is a successful mom and type of mom you want to be. Find one who has completed the job and is actively doing it now. For example, I had one woman who was the kind of mother I wanted to be, and I had one who was involved in doing it right then. I watched their parenting like a hawk. I watched how they babysat my child and learned from them. My mother was a harsh mom and I didn’t want to be that way. She was a mother of six and had to have order, otherwise she would’ve lost her mind. These were very affectionate moms and I wanted to learn from them. I also found natural supports who were financially and educationally where I wanted to be. They were my guides.”

s-k. “When I share my story, I tell young mothers and fathers nothing is impossible. Being a parent ages you faster than you'd like, but know you are capable of doing anything and conquering any challenge that you are face with. The human body and brain are amazingly strong entities and a person's heart and soul makes a person infinitely strong. Your immature dreams of living a fun filled teen/early 20s life are crushed because your only focus is doing what's best for your child but understand this also means you must get the best education possible so that you can provide for your child.”
s-l. “The number one thing is to understand how fast the time goes with your baby. For the connection, money, and academic achievement is not needed for the love and attention between you and your baby. It provides a strong social emotional support both baby and mom need. Their connection with network of family, friends, and baby the time goes so fast. Whether you are 16 or 36 when you get pregnant, there are challenges at both ages, they are just different challenges. This is as much about them as it is about the baby. But nothing that happens in the mom’s life is impacting the baby. So, if they are not going to school, they are limiting the options for the baby. They need to think about their choice. Having a child is a difficult journey, period- whether you are 16 or 36. The challenges are different, but they still exist. Take time, make choices, and realize the long term impacts. I am living with the decisions I made when I was 16. My oldest son is a reflection of the decision I made when I was 16. It will shape their life.”

s-m. “The advice I would offer to teen mothers is to always focus on seeing their own self-worth. Becoming a teen parent is not a life sentence with regards to feeling ashamed. It is an opportunity to learn, to grow, to reflect and gain insight. It is an opportunity to overcome obstacles and hopefully help, advice, and support future teen mothers who may be struggling with next steps and how to achieve their own dreams and goals, or just need someone to actually believe in them, “like them,” and see them as “normal” amid a difficult circumstance. Ultimately, I would not change a thing, as it gave me my daughter, taught me how to be more compassionate and empathetic to others, and led me to realize my own strengths as a human being.”
Data Summary: Research Question 8

The collective advice of the 13 women as described in the interviews excerpts above was as though each educated, now-adult, former teen mother was speaking to her former, younger, uncertain self who could not clearly see the path in front of her. These women spoke from wisdom and heart of being in the shoes of the women who they have paved the way for. Overwhelmingly, each of the participants shared their encouragement, strength, and specific advice for current and future teen women. Four of the 3 participants advised seeking a career via vocational or educational training. Three of the 13 participants advised teen women they could accomplish their goals if they have the drive. Other significant wisdom was to put their child first because life will always be there, but children grow up. Even if they have to put education goals on hold temporarily, there is always the ability to accomplish dreams. It is okay to seek support and assistance from resources and not be too prideful in accepting help. Each woman expressed the power within each teen mother to accomplish anything they set their minds to (see Table 9).

Table 9

Advice from Former Teen Mothers

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<th>Advice</th>
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<tr>
<td>Seek others to assist for resources and guidance</td>
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<td>Education frees you from your circumstance</td>
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<td>X</td>
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<tr>
<td>The decisions you make for yourself impact your baby</td>
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<tr>
<td>Discover who you are and know your self -worth</td>
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(continued)
Table 9

Advice from Former Teen Mothers

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<tr>
<td>Follow dreams and don’t let people discourage you</td>
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<td>Rely on yourself, be independent</td>
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<td>Keep pushing to goal</td>
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<td>Know they have options</td>
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<td>Seek education or vocational</td>
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<td>If you have drive, you can do it</td>
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<td>X</td>
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<tr>
<td>Rely on you alone</td>
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<td>Child must come before you</td>
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<td>3/13</td>
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</table>

Conclusions

As a whole, former teen mothers described their lived experience as monumental, complex journeys through perseverance and strength. Their unique path was rooted in early life experiences, motivators, people, and support systems. This incredibly personal experience shaped motivation, drive, resiliency, struggles, celebrations, values, and a legacy which created a path to accomplish higher education and “beat the odds.” These manifestations were intricately shaped by the families in which they were raised, the spouses they married, the educational system, societal stigmas, personal hardships, and, the children they brought into the world. Their diverse, yet similar paths spoke one common voice of women whose voices have not been heard at one point of life or another.

Based on the data collected and in phenomenological illumination, the value of the data is deeply immersed in the individual’s experience of the phenomenon (Patton, 2002). Although the researcher analyzed the data for themes and trends, the primary
analysis was focused upon hearing the voice behind the lived journey of each individual subject. Most of the women had never shared their personal story to the depth of reflection and voice. For the researcher, the value of this research existed in understanding each participant’s journey first; then the value of the commonalities and similarities in all participants’ responses added greater value to understanding the larger scope of the phenomenon under study. While each of them emerged from variable backgrounds into a shared experience of teenage motherhood and the obstacles and accomplishments experienced.

**Summary**

This chapter presented the purpose, research questions, methodology, and findings of the qualitative inquiry conducted to explore the lived experience of former teen women and their individual journey to achieving a master’s degree or higher. The research methods and data collection and analysis procedures were described. This was followed by a presentation and brief analysis of the findings by research question. Evident trends and themes in the data were analyzed and presented. Chapter V presents a final summary of the study, major findings, unexpected findings, and conclusions. These are followed by implications for action, recommendations for further research, and concluding remarks and reflections of the researcher.
CHAPTER V: CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

As a preface to the conclusions, implications, and recommendations for Chapter V, the researcher is compelled to reiterate this phenomenological heuristic study requires the researcher have a personal account of the lived experience being studied. The researcher lived the phenomenon of being a teen mother and achieving a master’s degree or higher. In order to ensure fidelity and an objective perspective, careful steps were followed in the analysis of each woman’s story and this process in order to truly represent and honor the lived story of each woman.

The Untold Story of the Researcher

Leading up to the time I became pregnant, my mother and stepfather were experiencing difficulty in their marriage, and I sought an escape by moving in with my grandmother (at the age of 13) who I had always been close to. My mom had me at the age of 16, and dropped out high school her sophomore year. My grandmother was a strong mother figure to me. She showed me love as though she were my mom. Since the time I had been born, we were incredibly close.

From a very early age, I always felt older than I really was. I was the oldest child and had a lot of responsibilities put on me when my mother was off finding lost childhood. Early on, I was exposed to drugs and an inappropriate lifestyle. By the time I was 13, I had experimented with drinking, smoking, and going to adult-type parties.

During the year I lived with my grandmother, I met my now-husband during a school break, while visiting my parents. He was very comfortable to me. I was used to being around drugs and alcohol, and his father had just been critically injured in a car accident. My husband was coping with losing his dad with alcohol. We had sex a few
months after we met, and, before a year had passed, my grandmother discovered my journal, finding out that I had sex. Soon after, I moved back in with my stepfather who was now in the middle of a divorce from my mother.

When I moved back, my husband and I purposely got pregnant with our son. I was 14 years old. In reflection, I don’t know what I was thinking. I was far too young and had no idea of what impact that would have on my child. I didn’t have any plans for the future; I was an average student with little self-esteem. In hindsight, I think I had a fairy tale idea of escaping my house and being with someone who would take care of me. A chance to build a little family and have things the way I wanted it to be. Intrinsically, I believe I sought a child to give and receive the unconditional love I was missing.

The external factors that contributed to my pursuit of a master’s degree were primarily my husband and children. I wanted them to be proud of me, and, I wanted to be a positive role model to my children. Although I may not have explicitly thought it, I desperately wanted to be the mother I didn’t have. I especially wanted my daughter to see that women could be strong and educated with a solid career. More than anything, I wanted them to see there were options in life. My husband had provided for me for all the years I had gone to college. He obtained a job in construction and had to forgo any choice in education or career path because he put our family first. I wanted to achieve to lessen the burden on him financially. I was the first person in my family to graduate from college. Once I finished my bachelor’s degree and credential, I felt it was a natural next step to pursue further education.

The internal factors that contributed to my pursuit of a master’s degree primarily derived from a deep need in me to prove other people wrong, and that I could do it and
beat the odds, despite my circumstances. As a teen mother I often felt judged, looked down upon, and like I didn’t fit into society. An explicit memory I recall is being married at 18 and only a handful of people attended our wedding. I remember the deep disappointment which quickly turned to anger at myself for expecting any different from them.

The specific person who influenced me to achieve a master’s degree or higher was my son. Before I was pregnant, I had no plans for attending college or much of a realistic plan for my future career. Having my son made me want to be the best person and mother I could be for him. He gave me the drive and motivation to feel like I could accomplish the world because his unconditional love was there from the beginning. He fulfilled all that was empty from my own relationship with my mother, almost to a fault through the years.

When I reflect about the people who supported me and my pursuit of achieving a master’s degree or higher, there are four people who come to mind—three of whom are personal and one educational. My husband always believed in me and supported me continually in pursing my dreams. My step-father, although divorced from my mom helped me by providing a home, financial support, and he helped me continue high school by driving me to classes, junior college in the evenings, and babysitting my son (he would take him to job sites some days when I had school). My mother-in-law accepted me as family and babysat my son while I finished high school and beyond.

The most influential person from education is Lance Arnt. He was my English teacher in high school who taught me to believe in myself without judgment, but pure acceptance. He was the one person who didn’t view me as “statistic” or “doomed teen
“mother” or “less than.” He had high expectations for me and truly helped me to achieve my goals. During my 11th grade year working with him is when I saw the potential in my future. He is the one person who made the most significant impact on my life, and, inspired me to be a teacher- to make a difference in the lives of kids through pursuit of a career in education. It was like yesterday I remember being so proud about what he wrote in my yearbook, “You should be working at Robinson’s May and not Kmart. You are that capable and I believe in what you can do.” In addition, I remember him challenging me with my learning and goals. I still smile when upon hearing that I would teach elementary education, he razzed me saying they are the ones who don’t make any waves.” To this day, he continues to be a profound mentor to me.

I had a total of two children and was married at age 18. Trying to balance being the parent of a teenager, child, and balancing family while working full time was a challenge.

The societal or stereotypical barriers I encountered as a former teen mother achieving higher education was primarily of judgment. I felt like I had to do double to prove myself in comparison to other women my age. By the time I achieved my master’s degree, I was 31 years old, and my son was 16. I felt I had accomplished a lot by an early age, but still felt ashamed in some sense about my choices as a teenager and replicating a pattern I had despised in my own mother.

My advice for current and future teen mothers is they can accomplish any goal they set their mind to. Don’t give up, don’t be a victim, don’t be a statistic, get educated so that you will have options. Your choices will directly impact your child. Seek mentors who believe in you and can connect you to programs or paths you are interested
in. They can be great resources to help you. I also advise you to care for your own child. Don’t pawn your child off on family, friends, etc. You aren’t missing out on anything. Trust me. Take time to be balanced and be the best mom possible to your child. Don’t put work and striving to achieve before your family because your child grows up so quickly, and you can’t get that lost time back.

This chapter presents an overview of the qualitative research study examining the untold stories of former teen women and their pursuit of a master’s degree or higher. The purpose statement, research questions, research methodology, and data collection processes are presented. The population and sample is provided, followed by an interpretive analysis of the data. Findings and conclusions are interwoven with connections and links with the review of literature and significance of the study. The conclusions of the researcher are presented, followed by implications for action and further recommendations for future research. Finally, closure of the topic of research is presented with concluding reflections and remarks from the researcher.

**Purpose Statement**

The purpose of this heuristic phenomenological study was to explore the lived experiences of former teen mothers who have successfully attained a master’s degree or higher. A further purpose of the study was to describe the recommendations of these former teen mothers with regard to helping both present and future teen mothers accomplish these academic milestones.
Research Questions

To examine the lived experience of selected former teen women, the study employed a qualitative phenomenological-heuristic theoretical orientation (Creswell, 2007, 2008, 2010; Patton, 2002) to probe the following research questions.

1. What is the lived story of former teen mothers who have achieved a master’s degree or higher leading up to the time before becoming a teen mother?

2. What external motivators or actions led former teen mothers to pursue the achievement of obtaining a master's degree or higher?

3. What internal motivators or efficacy inspired former teen mothers to pursue the achievement of obtaining a master's degree or higher?

4. What specific person or people influenced the former teen mothers to achieve a master's degree or higher?

5. What type of support was received by former teen mothers from family members (parents, partners, siblings, relatives) or educational/personal mentors?

6. What struggles or obstacles were encountered by former teen mothers as they worked toward achieving a master's degree or higher?

7. What societal or stereotypical barriers were encountered by former teen mothers as they pursued a master's degree or higher?

8. What advice do former teen mothers offer current or future teen mothers to follow to pursue a master's degree or higher?
Major Findings

The purpose of this study was to hear the untold stories and seek to understand the life of the former teen mothers and their pursuit of higher education. Data collection and analysis resulted in four findings domains in the lived story of the 13 selected participants:

1. Personal determination.
2. Significant life event.
4. Perseverance.

Personal Determination

Strong personal drive and determination was present throughout the time leading to former teen women’s pursuit of a master’s degree or higher.

Belief in Self

All participants had the personal fortitude and motivation to succeed. It was an internal belief, regardless of when the belief had rooted itself (prior to or after pregnancy) to withstand the relentless challenges of external factors, familial or educational criticism, or obstacles and barriers. The collective life history of each participant was contributory in both seeking and fostering this level of self-belief.

Commitment to Sacrifice

All participants committed themselves to selfless acts throughout their lives that contributed to the betterment of themselves and their children. Their lives were evidenced by focus on making their circumstances better. For some, it started very early on, and, for others, they had to set aside their educational goals while raising their
children. Regardless of timeframe, all participants sacrificed time, socializing, energy, and balance to accomplish providing a better life for their child in the pursuit of higher education. All participants had a personal commitment to reaching goals of higher education. This goal was ingrained in early childhood or birthed after becoming a teenage mother. For most of the participants, it was not a personal drive towards being educated, but a means to be a role model to their children, be self-sufficient financially, and provide for their needs.

**Significant Life Event**

Profound life events (both positive and negative) were shared by each of the former teen women as significant moments in their life story.

**Motherhood**

All of the participants had unintentional pregnancies as a teenager while involved with a non-existent to long term relationship with the father of the baby. All participants continued the path of drive towards college achievement regardless of the involvement of the father of the baby. Whether the teen was on the trajectory to college prior to pregnancy or not, becoming a mother undoubtedly contributed to their life changing significantly. As memories surfaced of balanced childhoods vs. chaotic, all participants became mothers and set forth on their journey to beat the odds.

**Stereotypes and Stereotypical Barriers**

Nearly all of the women recalled a specific comment made about being a “statistic,” being judged, and/or being treated negatively for being a teen mother. Despite the doubt of others, and, at times themselves, these women were even more determined to accomplish and overcome the perceived life sentence of teen mothers. The women
describe raw, verbatim comments made by those they trusted including parents, educators, church, parents of their closest friends, and the father of their child.

**Self-Confidence**

All participants were inspired to overcome stereotypical barriers and turned any existing self-doubt turn into strength that could not falter. As each woman took a step in completing portions of her education and feeling successful, independent, and building increased their self-esteem, the more the momentum of confidence emerged and they became less vulnerable. Not one of the women described herself as a victim, a person to be pitied, or incapable of accomplishing anything they sent their mind to. This self-confidence emerged throughout their lived stories as each barrier was put in their path. With each obstacle, the women found a way to tackle it regardless if it took more time, sacrifice, loneliness, fear, or doubt. The ability to seek resources, networks, support systems, and encouragers was the direct link to overcoming circumstance.

**Support Systems**

Familial and educational support systems were critical in surrounding former teen mothers pursuing a master’s degree or higher. These systems contributed to these women as they were provided encouragement and support.

**Personal Relationships**

Each participant expressed key family members and non-family members who had a personal, invested relationship with the former teen mother throughout their life journey. While the participant at times was very young to recognize the magnitude the personal relationship would place on future achievement, each participant clearly recognized and could identify it in hindsight. The supporters encouraged, provided
emotional support, expressed belief in them, and came alongside them in their journey of higher education.

Additionally, the relationship supporters embraced the role of cheerleaders, team players, advisors, and authentically showed the participant belief in their capabilities. While some of personal relationships provided external support such as child care or financial, the impact of emotional support was a significant indicator in driving each participant’s further belief in themselves and confirmation they could reach their goals.

**Educational Mentors**

Several participants were influenced by educators in varying capacity throughout their life journey. The educators were parents employed as educators, educators directly teaching the participant (in high school and college), high school counselors, and educators of their children. A majority of the educators provided encouragement and support academically. The educators showed interest in the participant as a woman with potential to reach dreams, not defined as a teen mother. Those who were negative and quoted statistical information about the projection of teen motherhood being unsuccessful, these people were etched in the memory of the participants and the will to prove them wrong fueled their drive to succeed even more.

**Perseverance**

Every former teen mother persevered through challenges and adversity.

**Conquering Fear and Doubt**

All participants described circumstances and emotions which fostered doubt and fear. These circumstances were manifested in actual physical threats of losing their child or implied emotional doubt in their ability to balance everything from mothering, work,
and school. At some points in their lives they were physically and emotionally with fear they could not accomplish what they set out to do. There was an ingrained need to succeed for their child in order to protect, provide, and be role models to them.

**Balancing Life**

No matter what the support system was for each participant, all participants expressed the difficulty experienced when balancing the demands of home, school, work, and relationships with significant others. Each participant described challenges of finding appropriate daycare for their children and making a lot of sacrifices to give their children all of the opportunities possible and often leaving themselves last, completing duties and homework late at night. All participants described explicit examples of how they were ultimately responsible for their child through single motherhood, divorce, and marriage. They approached their journey of life with the understanding and vision they would be ultimately responsible no matter what.

**Overcoming Stereotypical Barriers**

All participants described not fitting in with their family during childhood or after pregnancy with societal norms. All have been teen mothers which was automatically taboo, especially for participants who were shamed for having children out of wedlock. The participants also faced barriers for being teen mothers. There were people in the lives of these women who had opinions about the potential of success or failure. Each participant used both encouragement and judgment of society to persevere and overcome the barriers.
Conclusions

The core purpose of this study was to analyze the lived story of former teen women in their journey to achieving a master’s degree or higher. The conclusions gleaned from understanding the experience of the journey are presented in the following sections.

The most enlightening portion of the study is found through advice from the 13 former teen mothers who achieved a master’s degree or higher. They do not speak from a textbook, statistical spreadsheet, pregnancy expert, or childhood psychologist. However, they do speak from a person who has walked in the shoes of teen women despite the obstacles and barriers.

The details of each woman’s story is certainly important, however, there is no black and white answer or solution or magic answer to replicate a “cookie cutter” answer to “fix” teen women. Advice shared by former teen mothers in this study is interwoven with their lived story, intrinsic motivators, support systems, influencers, obstacles, and stereotypes. There is power in the wisdom which is delineated in the following paragraphs in messages directed to current or future teen women.

Research Question 1: Lived Story

Whatever Childhood you had or Lived Story up to When you got Pregnant, you are not a Victim of Circumstance.

There are women just like you or worse off who have achieved the goals you wish to accomplish. Don’t let excuses or reliance on others get in your way. You have full control over your circumstances whether it is poverty, an unsupportive parent, or being alone. It doesn’t matter. You might even be the first one in your family to go to college.
Behind each successful woman is a unique life. You may have had a great childhood or a chaotic one. Regardless of how you were raised or the circumstances surrounding the time you became pregnant, pregnancy didn’t suddenly make you ignorant.

**Research Question 2: External Motivators or Actions**

*Seek Help and know you Have Options*

It’s ok to ask for help and seek assistance. It doesn’t mean you are weak or incapable. Use it to help push you forward, whether it is external needs or other support. Eventually you will be able to handle everything yourself. It will just take time. There are many external resources for you to access whether it is fiscal support or help from people around you, be aware of those options and use them to propel yourself forward.

Maybe you want to pursue vocational school or college. There’s so many options. Don’t limit yourself based on your circumstances.

**Research Question 3: Internal Motivators or Efficacy**

*You have Full Control over your Future. Nothing is Impossible*

There is no limit to your possibilities. You are the ultimate, sole driving force behind reaching your goals. It is up to you and you can do it. That internal voice and determination will push you through no matter what. It may be difficult to see beyond today or look into your future, but take a day at a time. There is light at the end of the tunnel. It takes small, strategic steps to make things happen. It will not all happen at once, so give it time by mapping out a five to 10 year plan. If your final outcome takes a long time and you have to chip away at it.
**Research Question 4: Influencers**

*Follow your Dreams*

You can do anything you set your mind to and reach your dreams. You have every opportunity to make your future solid. Surround yourself by friends and people who encourage you. Look around and see who they are. It could be educators, friends, family members, or co-workers. Those influencers will support you and be your cheerleader along the journey. They can also provide wisdom and tools for you to learn from. It isn’t a sign of weakness to have influencers. They will likely be life-long mentors whom you will always remember and be able to return to for guidance throughout your life.

**Research Question 5: Support Systems**

*The Strength is Within You. You are your own Advocate*

You have the power in you to reach and accomplish all of your goals. Advocate for yourself. You might be young, but it doesn’t mean you don’t know what you want. Boldly ask for what you need and seek out assistance. While you are the sole person who will accomplish your goals, every person has a team of support. It may be your family, co-workers, teachers, counselors, or in-laws. You will know they are your support system because they uplift you and help you to get to the next milestone. The support can come through fiscal help, babysitting, mentoring, or simple encouragement. It is the system that surrounds you and your baby.
Research Question 6: Struggles and Obstacles

Challenges are Inevitable

Along your journey, you will face many struggles and obstacles that will manifest themselves in different forms. It will be difficult raising a child while going to school. You may struggle doing it alone, with a partner, with many resources, or with little resources. No matter what your circumstance, life’s struggles and obstacles will be in your path. Just know that each struggle or obstacle is temporary and you will get through it. Don’t give up or allow an obstacle to hinder you from achieving your goals.

Research Question 7: Societal or Stereotypical Barriers

Focus on Self-Worth

You are worthy! Believe in yourself even when others don’t. It may even be a family member who makes you feel unworthy. Don’t let another person’s comments, judgments, or opinion of you and your life hinder you or stop you from believing in yourself. Use that negativity to prove them wrong. Don’t allow others to determine your value as a human being. You do not need to seek that from another person, nor do you need permission from anyone who doesn’t believe in you. All you need is belief in yourself and do it for your baby.

Research Question 8: Advice

Put your Child First

Everything you do has a direct impact on your child. Time goes very fast, so take time to enjoy time with your child while you are balancing everything. You don’t have to rush into accomplishing all of your degrees right away. It can take several years, and it
is worth putting in the time with your child before time passes and they are all grown up. You don’t get that time back.

**Implications for Action**

The implications for action are presented as themes that warrant further exploration by researchers, communities, educators, families, social advocates, and organizations who work with teen women. The responsibility to act on information is present for all groups mentioned above. The most significant group would be people who work directly with the teen women personally, in education, or community programs.

The potential impact this study has on current and former teen women is tremendous. If people who work directly with these young women could develop programs to support and expand their internal and external motivators and support systems it can be a huge benefit. Rather than fiscal emphasis in communities being solely directed in Planned Parenthood, abstinence, health care, and marketing, a focus on education and mentoring for current or future need women would be a direct investment into their future.

An implication of the support system that surrounds these teen women had an understanding of what could positively support their future goals and achievement of education, we would be directly impacting them and their children, which, in turn would benefit our communities.

Teen women need to be uplifted, empowered, and told the stories of other women who have walked in their shoes and overcame the odds. The advice provided in Research Question 8 could be expanded on and shared with organizations in communities and
school settings. Local college and high schools can invest in programs that genuinely inform educators and counselors of the research which clearly shows that every single teen mother, regardless of her circumstance CAN overcome and reach her goals.

Just because a young woman is pregnant, it does not mean her life is over. Yes, her life will be challenging, however, as eloquently stated by S-I, “Having a child is a difficult journey, period- whether you are 16 or 36. The challenges are different, but they still exist. Take time, make choices, and realize the long term impacts. I am living with the decisions I made when I was 16. My oldest son is a reflection of the decision I made when I was 16. It will shape their life.”

**Recommendations for Further Research**

Considering all the major findings, conclusions, and implications for action, recommendations for further research are presented as follows with the context that this study sought to hear the untold stories of many former teen mothers who have the answers within them to make a difference with our current and future teen mothers. Currently, being a former teen mother in college is not a demographic captured. It is a silent group that goes unnoticed unless shared in a small capacity. Lack of research in this area stifles the voices of former teen mothers because they are not adequately represented. With current statistics of teen pregnancy, the lack of research surrounding positive outcomes for former teen mothers, investing in case studies provides a tremendous wealth of advice and knowledge waiting to be tapped into. The gaps in literature and research are a cause for building awareness and knowledge for teen mothers. Further awareness could impact thousands of young women, their families, and
educators. The most significant impact it could have is for the children of teen mothers and the life they have the potential of having if their mother becomes educated.

The first recommendation for research is to expand a long-term phenomenological study of former teen mothers who have achieved a master’s degree or higher. This data can be utilized to directly impact programs and people who work directly with current or future teen mothers. It is recommended that research capture a vast geographical range in a state heavily populated with pregnant teens. Additionally, research can be targeted to analyze the professions former teen women are part of. All participants researched in this study are in the field of service jobs such as education, social work, and teen programs.

The second recommendation for research is to seek organizations with access to current and/or former teen mothers in order to analyze the programs provided and the impact it does or does not have on the teen mother’s pursuit of a master’s degree or higher. The data can be used to create effective programs and/or be embedded in current organizations. A focus of positive outcomes in relation to this topic has the potential to change societal perception and improve negative statistics. Furthermore, fiscal resources may be used to promote effective programs which result in achievement for these women.

The third recommendation for research is to extend a replica of this study to former teen fathers and increase knowledge surrounding their personal lived story. Nearly half of the partners in this study remained involved in the life of the child and the former teen mother. Research can seek the untold stories of these men who were all defined as a support system that assisted these women in their pursuit of education. The research can study and compare the journey these men live and allow them to tell their
story. It has potential to reach an underrepresented group of former teen fathers. Their perspectives through childhood and analysis on the college trajectory of their life could further enhance research and directly impact future children and their mothers.

The fourth recommendation for further research is to study the children of former teen mothers who have achieved a master’s degree or higher. Researchers can analyze the impact on these children and glean the perspective from their lived story along with any positive or negative implications. This research could be used to directly impact current and former teen women with knowledge to help their children.

The fifth recommendation for further research is to research former teen mothers achieving a master’s degree or higher in specific cultural groups to analyze commonalities and differences based on these sub groups. The objective of research would be to seek the commonalities and provide support to varying sub groups if substantial data is founded.

The sixth recommendation for research is to conduct a long term phenomenological study of former teen mothers who have achieved a bachelor’s degree or higher. The comparison between bachelor’s and master’s degree may provide profound data to positively impact current and future teen mothers.

The seventh and final recommendation for further research is to study the factors that cause teen fathers to stay with teen mothers or to leave teen mothers. Exploring the reasons why teen fathers stay or leave could potentially identify themes of these men and their lived experience up to the time they have a child. This research could support the family unit by identifying key factors.
Concluding Remarks and Reflections

As a former teen mother who achieved a master’s degree I have often wondered what made me different than other women (whether they were a teen parent or not) who did not pursue higher education via graduate level degrees. Prior to this study, I had certainly hypothesized why I followed the path to higher education. I formulated themes which were captured in the research questions of this study as I analyzed myself. These included intrinsic, external, and influencers. They were broad questions, yet honed into very specific life stories and memories of women across the United States.

Throughout my lived journey, being a teen mother is not something I have broadcasted or discussed outside of opportunity and sphere of influence surrounding me. Even as an adult, it can carry shame and a need to justify that my accomplishments outweigh my inadequacies as a 14 year old girl.

Prior to this study, I had never asked myself the questions I sought to discover from the lived stories of the women I interviewed. Sure, I thought I had answered them. However, this study took it to a whole deeper level and it brought me and every woman I interviewed back in history to analyze the steps that shaped them into the woman they are today. There was much reflection, laughter, vulnerability, and even tears. Their contributions and existence in this world is marked on my heart forever. My hope is their children will know the sacrifice, love, and selfless fight they took to journey down a difficult path. My hope is also for the family members and educators who are part of the support system of teen mothers will recognize and own the positive impact they can choose to have in their life. Even if we are young and don’t realize our potential or future, you can provide wisdom and encouragement to them.
Through this study and each individual participant, I discovered the often silenced voices and stories of these women who were never asked the details of their journey. Their stories were raw, profound, inspiring, and have changed my life forever. Going into this research, I had assumptions that I had already lived it, and, while I was passionate about the subject and wanted to hear from these women, I had absolutely no idea the impact it would have on me. From this study, I rekindled old friendships from age 14 at pregnant school and developed lifelong friends from across the United States. We are a new found “Sisterhood” who has overcome the obstacles, statistics, and judgment. We all came from different walks of life, with different stories, different paths, but an undeniable common theme of unity and an internal fight to strive and overcome. These women validated me and it is my desire that we validate each other and others who are on this journey.

The deep insight and emotions shared through this study opened a door into a life journey that will absolutely continue far beyond the interview process. I am incredibly thankful for every single woman who shared their voice and story with me. The power in their stories will carry on and make a difference in the lives of teen women and those who have the honor of working with them.

My final hope is that any person who imposed negativity on these women (by judging, expressing disbelief in their ability, or viewing them as a statistic) know that they didn’t keep them down. In fact, your negativity was transformed into a vigorous force that can never be squelched.
References


Centers for Disease Control. (2013). *Make a difference at your school.*


APPENDIX A

National Campaign to Prevent teen Pregnancy Advertisement

Note. Two ads from a series of public service announcements released on March 3, 2013 by New York City Mayor Michael Bloomberg and the city's Human Resources Administration.
## Synthesis Matrix of Major Research Concepts

<table>
<thead>
<tr>
<th>Overarching area</th>
<th>Concept</th>
<th>Overview of references</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of teen pregnancy</td>
<td>Childbirth was historically based on cultural norms until sexual behavior started to be a focus in the 1950’s-1960’s. Childbirth and marriage were tightly linked. As premarital sex increased, there was emphasis on unwed teen mothers.</td>
<td>Campbell (1968); Furstenberg (2003); Kinsey (1948); Miles (1968); Morehead, A., &amp; Soriano, G. (2005); O’Connell &amp; Moore (1980); Vinoski (2003)Walker et al., (1976); Wilson (2012); Weinberg (1976); Zelnik et al., (1981)</td>
</tr>
<tr>
<td>Educational levels</td>
<td>Teen mothers are at risk to drop out of school and are often hindered by factors such as poverty, access to resources, and support. With adequate support and school mentors, educational attainment is more likely. Teen mothers who have attained their education do exist and appear to be underrepresented in the research.</td>
<td>Ann (2012); Belfield et al. (2007); Brosh et al., (2007);East et al., (1996); Geronimus (1991); Guttmacher Institute (2006); Hewlitt Foundation (2007); Hoffman et al. (2008); Klein (2013); Mangino (2008); Morehead, A., &amp; Soriano, G. (2005); Rumberger (1987); Seamark (2004); SmithBattle (2000); Upchurch et al., (1990); Zachry (2005); Zellman (1992)</td>
</tr>
<tr>
<td>Statistics surrounding teen pregnancy</td>
<td>In recent year’s teen pregnancy rates are dropping, however, the United States continues to have one of the highest teen birth rates. Rates have dropped with access to contraceptives, abortion, and sex education. Implications of health, education,</td>
<td>American Academy of Pediatrics (20130; Bankole, et. al, (2015); Boonstra (2002); Domenicio et al. (2003); Manach (2013); Kirby (2001); Sedgh (2015); Singh et. al (2000); Solomon (2013); Stapleton (2006); Tampkins (2004);</td>
</tr>
<tr>
<td>Psychological, and economic factors are associated with early child rearing.</td>
<td>Ventura (1995); Wilson (2012)</td>
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| **Policies and Stigma**  
Policies have been developed over the past several decades in order to slow teen pregnancy. Policies include abstinence, education, access to contraceptives, and funding allocated to meet these policies. Teen pregnancy is perceived as both a fiscal and social issue. Campaigns used for teen pregnancy prevention often emphasize shame and stigma associated with being a teen parent. | Culp-Ressler (2013); Darrach et. al (1998); Hatbluemilk (2011); Kirby 2001; Kahn (2010); Paton (2012); Leadbeater et al. (2001); Leitz (2007); McKenzie et al., (2005); O’Brannon (1990); Oringanje et al. (2009); Paton (2012); Russell Sage Foundation (2011); Schuler (2000); Werner et al. (2001) |
| **Positive outcomes for teen mothers**  
Teen mothers have the ability and drive to accomplish goals for themselves and their children. Becoming pregnant at an early age does not always result in negative outcomes such as poverty and lack of education. Former teen mothers have had positive life experiences and success. | Hewlitt Foundation (2007); Kahn (2010); Leitz (2007); Mangiano (2008); Morehead et.al (2005); Schuler (2000); Simms (1993); SmithBattle (2007); Werner et al. (2001) |
Participant Letter of Invitation and Informed Consent

Dear Participant:

My name is Tanya Benitez and I am a doctoral student in the Brandman University Organizational Leadership program. I am requesting your participation in a dissertation study that is designed to explore the stories of former teen mothers who achieved a master’s degree or higher through qualitative inquiry. To participate, you are required to complete an Informed Consent. The information about the nature of the study and the Informed Consent is described below:

The research questions of this study are as follows:

1. What is the lived story of former teen mothers who have achieved a master’s degree or higher leading up to the time before becoming a teen mother?
2. What external motivators or actions led former teen mothers to pursue the achievement of obtaining a master's degree or higher?
3. What internal motivators or efficacy inspired former teen mothers to pursue the achievement of obtaining a master's degree or higher?
4. What specific person or people influenced the former teen mothers to achieve a master's degree or higher?
5. What type of support was received by former teen mothers from family members (parents, partners, siblings, relatives) or educational/personal mentors?
Based upon the context and nature of my study, I am requesting your assistance in the following manner:

1. Your informed consent to participate in this research study
2. Your permission to interview you
3. Your agreement to record and transcribe interview and use the information for the purpose of this dissertation study.

Your interview will last between 1-1.5 hours and will be held face to face in a mutually agreed upon location or by telephone, as arranged with you and free from any distractions. For the purposes of this study only, the interview will be documented by the use of an audio recording device. These recordings will only be reviewed by the researcher. Your responses will be coded and unlinked to any personally identifying information before reporting or publication in the dissertation study.

Your participation is completely voluntary. Should you have any questions before, during, or after the study, you are advised to openly communicate with the researcher in face-to-face conversation or by phone call at 760-900-1841 or at tanyambenitez@gmail.com at any time.

I understand that I may refuse to participate in or I may withdraw from this study at any time without any negative consequences. Also, the investigator may stop the study at any time. I also understand that no information that identifies me will be released without my separate consent and that all identifiable information will be protected to the limits allowed by law. If the study design or the use of the data is to be changed I will be so informed and my consent obtained. I understand that if I have any questions, comments or concerns about the study or the informed consent process, I may write or call the office of the

I understand that the interview will be documented using audio recording device and reviewed only by the researcher for the purpose of this study. By signing this informed consent, I give consent to Tanya Benitez to record my interview. I understand that my interview will be transcribed and the information will be used for the purpose of the dissertation only. Excerpts from the interview will be published in the dissertation. My interview data will be securely kept in a locked location and destroyed in accordance with
the regulations of the Brandman University Institutional Review Board process, maintaining your full confidentiality at all times.

Signing below signifies that you have read and understood the above and that you agree to participate in this study. Thank you for volunteering your time to participate.

I, _______________________________________________ consent to participate in the research study completed by Tanya Benitez.

Signature of participant_______________________________________
Date_______________________
I hereby agree to abide by all parts of the informed consent guidelines and Participants Bill of Rights.

Researcher's
Signature______________________________________Date_______________________
APPENDIX E

Audio Release Form

RESEARCH STUDY TITLE: The Untold Stories of Former Teen Mothers Who Have Achieved a Master’s Degree or Higher

BRANDMAN UNIVERSITY
16355 LAGUNA CANYON ROAD
IRVINE, CA 92618

I authorize Tanya Benitez, Brandman University Doctoral Candidate, to record my voice. I give Brandman University and all persons or entities associated with this research study permission or authority to use this recording for activities associated with this research study.

I understand that the recording will be used for transcription purposes and the information obtained during the interview may be published in a journal or presented at meetings/presentations.

I will be consulted about the use of the audio recordings for any purpose other than those listed above. Additionally, I waive any right to royalties or other compensation arising or related to the use of information obtained from the recording.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to the outlined terms. I hereby release any and all claims against any person or organization utilizing this material.

____________________________________  __________________
Signature of Participant or Responsible Party  Date

____________________________________  __________________
Signature of Witness (if appropriate)  Date
APPENDIX F

BUIRB Research Participant’s Bill of Rights

BRANDMAN UNIVERSITY INSTITUTIONAL REVIEW BOARD

Research Participant’s Bill of Rights

Any person who is requested to consent to participate as a subject in an experiment, or who is requested to consent on behalf of another, has the following rights:

1. To be told what the study is attempting to discover.

2. To be told what will happen in the study and whether any of the procedures, drugs or devices are different from what would be used in standard practice.

3. To be told about the risks, side effects or discomforts of the things that may happen to him/her.

4. To be told if he/she can expect any benefit from participating and, if so, what the benefits might be.

5. To be told what other choices he/she has and how they may be better or worse than being in the study.

6. To be allowed to ask any questions concerning the study both before agreeing to be involved and during the course of the study.

7. To be told what sort of medical treatment is available if any complications arise.

8. To refuse to participate at all before or after the study is started without any adverse effects.

9. To receive a copy of the signed and dated consent form.

10. To be free of pressures when considering whether he/she wishes to agree to be in the study.

If at any time you have questions regarding a research study, you should ask the researchers to answer them. You also may contact the Brandman University Institutional Review Board, which is concerned with the protection of volunteers in research projects. The Brandman University Institutional Review Board may be contacted either by telephoning the Office of Academic Affairs at (949) 341-9937 or by writing to the Vice Chancellor of Academic Affairs, Brandman University, 16055 Laguna Canyon Road, Irvine, CA, 92618.
APPENDIX G

Interview Questions

The questions chosen for this interview were designed to address the research questions of the study in the life stories and experiences that shaped former teen mothers accomplishing a master’s degree or higher. All data collected through this interview will remain anonymous and confidential with control of the data in sole possession of the researcher.

Interviewer: Tanya Benitez

Interview time planned: Approximately 1.5 hours

Interview place: Via telephone or at the arranged location between the researcher and participant

Recording: Digital voice recorder

Opening Comments: First, I thank you for joining me in the interview today. Welcome to our interview conversation to share your personal experience of being a former teen mother who pursued a graduate degree. I thank you for joining me today to engage in dialogue about your personal journey to degree achievement based on your personal story. Based on the email that you received, you understand that the purpose of this research study is to understand the lived experience of former teen mothers who have achieved a master’s degree or higher. The information that we discuss will be included my dissertation. To ensure privacy, your identity will not be revealed and will remain confidential. While you have signed the informed consent form, please know that you may choose to withdraw from your participation at any point in the process. Do you have any questions or concerns before we start our interview? [Answer any question]

Interview Questions:

1. What is your life story leading up to the time before you became a teen mother? This question is optional and the participant is not required to answer it to participate in the study.
2. What external motivators or actions led you to pursue the achievement of obtaining a master's degree or higher?

3. What internal motivators or efficacy inspired you to pursue the achievement of obtaining a master's degree or higher?

4. What specific person or people influenced you to achieve a master's degree or higher?

5. What type of support was received by you from family members (parents, partners, siblings, relatives) or educational/personal mentors?

6. What struggles or obstacles were encountered by you as you worked toward achieving a master's degree or higher?

7. What societal or stereotypical barriers did you encounter as you pursued a master's degree or higher?

8. What advice do you have for current or future teen mothers to follow to pursue a master's degree or higher?

Closing Comments: This concludes my questions for our interview today. Again, I thank you for your participation. Your lived experience as a former teen mother is a valued one that I am thankful to learn about in our conversation today.