Teenage mothers with oppressive pasts created new family caregiving traditions

SmithBattle L. *Developing a caregiving tradition in opposition to one's past: lessons from a longitudinal study of teenage mothers.* *Public Health Nurs* 2000 Mar-Apr;17:85-93.

QUESTION: How do teenage mothers extend and develop family caregiving traditions?

Design

Qualitative longitudinal study with data collected at baseline, 4, and 8 years.

Setting

A large metropolitan area on the west coast of the USA.

Participants

The original sample comprised 16 teenage mothers whose firstborn infants were 8-10 months of age and who had ≥ 1 parent who also agreed to participate. 8 years later, 11 of 16 families (23 participants) were interviewed (mean age of mothers 25 y; 7 white and 4 African-American).

Methods

Multiple individual and family interviews occurred at all 3 time periods. At 8 years, young parents were interviewed twice and grandparents were interviewed once. Participants were asked to describe what was meaningful and difficult in being a parent or grandparent and what had occurred in their lives during the previous 4 years. Interviews were tape recorded, transcribed verbatim, and analysed using the interpretive method. Original interviews from all 3 time periods were examined to capture transitions and continuities in the development of caregiving traditions.

Main findings

3 vivid cases were used to describe the struggles of creating a more positive maternal legacy and the role of positive and negative paradigms in hindering or fostering the aspirations of young mothers.

Raised by an alcoholic and sometimes abusive mother, Tammy began using drugs when she was 7, and fighting and running away from home by age 11. Tammy claimed

that motherhood was a transforming experience, which provided the impetus for her to become responsible. Because she lacked concrete examples of how a mother should act, she had to "create parenting all on [her] own." Her efforts to develop a new caregiving tradition were informed by the negative example of her own mother (ie, what not to do). She invented new habits and responses by contrast, imagination, and perseverance.

Cary, who also had an abusive mother, was able to learn from the coherent caregiving ethic of her husband's family. She described being socialised into the family's culture and supportive bonds. In particular, her father-in-law provided a strong model of a good parent. Although the negative paradigm of her own mother continued to shape her reactions to certain situations, Cary now had positive role models to emulate and an involved husband, which provided corrective experiences and helped her to realise new relational possibilities in parenting.

LaKeisha was often left alone at the age of 3, after her father's death and her mother's subsequent drug addiction. After giving birth to her first son, LaKeisha moved several times to avoid her mother's criticism and overindulgence of her son. 8 years later, she was proud to have established a safe and stable home for her 4 children. However, with the absence of positive examples, the lack of a socially supportive environment, and the lack of respite, LaKeisha often "stumble[d] into rituals of connection with her children," but these connections remained underdeveloped.

Conclusion

The family caregiving legacies of teenage mothers, even when rejected, provided the framework for the creation of new traditions of caregiving.

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COMMENTARY

A common emphasis in research on teenage mothers is the identification of deficits and negative maternal-child outcomes. In this study, SmithBattle challenges preconceived notions that early pregnancy generally has a negative impact on a teen's life course. Her seminal work in this field is enhanced by other qualitative studies of teenage motherhood, which conclude that for some teens, mothering can be a corrective experience that promotes the development of maturity and responsible behaviour.^{1,2}

Compared with other studies that may only examine a limited, stressful time period, such as pregnancy or the postpartum period, this longitudinal study provides insight into the process of becoming a mother. The original sample of 16 mothers varied on the following dimensions: age, level of education, ethnicity, family income, and social class.³ Therefore, the study was not limited to an examination of only impoverished, high risk, minority teen mothers. Data obtained from a subset of 3 mothers who rejected their own parents as models for caregiving were presented in an evocative and powerful way. One limitation of the study is that there was minimal description of the methodology.

The findings are relevant to all professionals who work with pregnant or parenting teenage mothers, and particularly public health nurses who provide home visiting support or parenting education. The findings should encourage nurses to thoroughly assess teenage mothers' experiences of being parented to identify which traditions they would like to maintain or change as they begin to parent their own children. In the study, the mothers who were successful in developing new parenting skills acknowledged the influence of role models. In clinical practice, nurses can assist teenage mothers in identifying and linking with mentors who can provide social support and demonstrate positive parenting skills.

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- 2 Geronimus AT. Clashes of common sense: on the previous child care experience of teenage mothers-to-be. *Human Organization* 1992;51:318-29.
- 3 SmithBattle L. Teenage mothers' narratives of self: an examination of risking the future. *ANS Adv Nurs Sci* 1995;17:22-36.