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Being a Teenage Mother with a Mild Disability: Experiences in Motherhood and Expectations from Service Providers

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ABSTRACT

The aim of this ethnographic study was to gain an in-depth understanding related to the experiences of adolescent mothers with mild disabilities in pregnancy and motherhood. Participants were selected from an alternative high school in a rural Midwestern town in the US. Data analysis resulted in three main themes focusing on teenagers' experiences related to pregnancy, motherhood, and experiences and expectations related to service providers. None of the pregnancies was planned. Despite the great emphasis on psycho-social difficulties of teen pregnancy, study participants viewed this experience as an opportunity to better themselves educationally, economically and behaviorally. Being able to build relationships based on face-to-face interactions, mutual trust and open communication was the most valued quality of a service provider. They want their child to be safe and treated respectfully in health and early childhood education institutions.

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Introduction

Over the last several decades, teen pregnancy has been of international interest to researchers, particularly in terms of health, education, statistical trends, and social welfare (Almeida & Aquino, 2011; Pedrosa, Pries, Carvalho, Canavorro, &Dattillo, 2011; Atuyambe, Mirembe, Johansson, Kirumira, &Faxelid2005; Moffitt, 2002;Rameyet al., 2000). However, the experience of adolescent pregnancy for women with disabilities is an under-explored area (Heer, 2008; Jones, Domenico, Valente, 2006). A national study revealed that the percentages of teen mothers with learning difficulties(LD), mental retardation (MR) and emotional behavioral disorders (EBD) were 62%, 30% and 27%, respectively (Jones, et. al., 2006).

Despite the disproportionately high pregnancy rates among teens with disabilities compared to their non-disabled peers (Heer, 2008; Muccigrosso, 1991; Kleinfeld& Young, 1989), the majority of programs targeting teen mothers do not adequately address their particular cognitive, behavioral and educational needs (Seiler, 2001). To provide effective services for these young women, especially those with disabilities, it is necessary to understand the context of their lives: the events leading to their pregnancies; their living conditions; and their subsequent plans for self-improvement and child care (MacLean &Aunos, 2010; Heavey, Moysich, Hyland, Druscel, &Sili, 2008, Montgomery, 2004, Frost &Oslak, 1999).

Life context

The dynamics accompanying teen pregnancy have been outlined in several studies. Social circumstances combining a history of poverty, a history of teen births, unemployment, educational failure, limited future opportunities, and sexual, physical or psychological abuse are prevalent among pregnant teens internationally (Meade, Kershaw,& Ickovics, 2008; Heavey et al., 2007; Raneri &Wiemann, 2007;

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Duarte, Do Nascimento, & Akerman, 2006; Atuyambe et al., 2005; Driscoll et al., 2005; Ermisch &Pevalin, 2003;Moffit, 2002; Frost &Oslak, 1999). Some of this research explains these dynamics behaviorally; as reflections of social disadvantages such as early sex debut (Fatusi& Blum, 2008; Darroch et al., 2003) or lack of contraceptive use (Kearney & Levine, 2009; Santelli, Lindberg, Finer, Singh, 2007). Other researchers' explanations focus on the mother's religious, cultural and economic situation, familialsocial class, educational attainment, and abuse-related factors (Pedrosa et al., 2011; Almeida & Aquino, 2009;Fatusi& Blum, 2008; Francisco, et al., 2008; Raneri &Wiemann, 2007).

The risk factors cited above are exaggerated when a teen mother has a mild disability. While disability itself is often correlated with many of these factors, a young girl with an MR, LD, EBD is confronted with many other complex problems as well, problems which increase the risk of pregnancy (Jones, Georgia, Domenico,& Valente, 2006; Yampolskaya, Brown, & Greenbaum, 2002; Shapland, 1999).

Characteristics in teenage women with disabilities contributing to pregnancy. Teens with these disabilities may have psychological processing problems (including with attention, memory, problem-solving and logical thinking) and social-emotional (such as low self-confidence and limited social skills), difficulties that increase their vulnerability to pregnancy (Sheareret.al., 2002).

Lack of social skills, inadequate sexual education, low expectations for post-school outcomes, and vulnerability to sexual abuse are the main reasons for pregnancy in adolescents with disabilities (Jones, Woolcock-Henry, &Domenico 2005). Lack of social skills(such as poor communication skills, low self-esteem, a limited socialization repertoire, and reduced decision-making skills), negative stereotyping, and social isolation, result in poor self-esteem and body image for individuals with LDs (Heer, 2008; Shearer et al., 2002). A teenager with lower self-esteem may regard motherhood as a way to increase her social status, since she would have an important job to complete, a baby to love her, a stronger bond with the baby's father, and also an assurance of her attractiveness. Thus low self-esteem is believed to be associated with higher risks of pregnancy (Croekberg&Soby, 1989).

Although contraceptive use has been increasing (Kearney & Levine, 2009), typical teen mothers report irregular, or lack of, use of contraception before their pregnancy (Pedrosa et al., 2011; Spear, 2004). The relationship between contraceptive use and self-esteem depends on the availability of contraceptives and related information. A girl with the desire to continue her education and relatively high self-esteem may be more motivated to prevent pregnancy without forgoing sexual intercourse (Croekberg&Soby, 1989).The experiences and thought processes of women with mental retardation, concerning the use of contraception, are not well known (McCarthy, 2009). However, recent research on LDs and contraception demonstrates that doctors are often uncertain about the capacity of females with LDs to give consent for treatment, and that decisions about contraception use are therefore often made by others (McCarthy, 2010).

Many adolescent mothers and their children encounter social and economic problems as a consequence of early child-bearing, from developmental delays to behavior problems and low educational success (Spieker, Larson, Lewis, Keller,& Gilchrist, 1999; Dubow& Luster, 1990; Levine, Pollack, & Comfort, 2001; Keown, Woodward, & Field, 2001; Pogarsky, Thronberry, &Lizote, 2006) Other teen moms, however, may become successful and well-adjusted individuals (Ramey et al., 2000; Campbell, Breitmayer, & Ramey,1986), who come to terms with difficult pasts and who find new strength, capacities, priorities and meanings in life through parenthood (Smithbattle, 2008). The individual differences in resilience can often be explained by a) personal traits such as higher self-esteem, better basic skills, and educational expectations, and b) available services and early intervention programs (Huang & Lee, 2008).The risk factors associated with MR or LD generally coincide with the causes of teen parenthood. Having an understanding of the interaction between these two factors is critical to preparing high-quality services and intervention programs to improve the lives of these mothers and their children (Seiler, 2001).

Services and Service Providers.

Teenage pregnancy is a situation that involves a wide variety of complex and interrelated factors, and thus a wide selection of services is needed. In the US alone, there are over seven hundred programs to prevent and deal with teen pregnancy (Haris&Allgood, 2009).Services for parents with mental disabilities are especially important, as they often make a difference with regard to child custody. Research

demonstrates that services should be provided both for mothers with mental disabilities and for their children, and that these services should be modified as the children grow up (Aunos, Goupil, & Feldman, 2003). Often overlooked, is the fact that mothers with disabilities need services related to their personal well-being. Specific areas of need identified as especially important for parents with mental disabilities, include gaining vocational skills, increasing knowledge of available community resources, and becoming part of the community (Llewllyn, McConell,& Byre, 1998).

Health services. Teen mothers' physical care needs are comparable to adult females (Montgomery, 2003); however, they have unique support service needs related to mental health, establishing good quality mother-child relations, child health and development, and planning for the future (McGaha-Garnett, 2008; Letourneau, Stewart, &Barnfather, 2004). Despite their special needs, young low-income mothers often feel hesitant to seek out health services (Anderson, et al., 2006).In addition to scarcity of economic resources, time constraints and limited access to health care providers, this hesitation is often due to-perceived or actual-lack of respect, confidentiality and ethical behavior from health care professionals (Atuyambeet al., 2005). Correspondingly, teen mothers report that when they do contact a health service provider for themselves or their children, their primary need is safety and empathy (Atuyambe et al., 2009).

Home-visit and intervention programs have been found to be especially advantageous for teenagers, as they overcome many of the practical and emotional barriers detailed above. When home-visit programs take into account the complex and interrelated needs of adolescents and are presented in flexible and developmentally appropriate ways, they promote positive outcomes for young mothers and children; on a practical level alone, they directly counter problems like limited income, undependable child care, transportation and lack of health benefits (Smithbattle, 2008; Montgomery, 2003).Many intervention programs include opportunities for female and male teenagers to learn from peers who have also experienced pregnancy, and to learn through hands-on experiences via child simulators(Minnick &Shandler, 2011; Barnett & Hurst, 2004).

Social & educational services. In addition to the health care services, researchers agree on the positive effects of early social and educational interventions for parents and children (Barnet, Liu, DeVoe, Alperovitz-Bichell, &Duggan, 2007; Koniak-Griffinet al.,2003; Campbell, Ramey, Pungello, Sparling, &Miller-Johansen, 2002; Ramey et al., 2000).High educational expectation is identified as the most prominent inhibitor of adolescent pregnancy. Research demonstrates that adolescents often do not risk early pregnancy when they feel they can achieve their future goals and feel there are many opportunities available for them in their community (Driscoll, 2005).

Having access to variety of child care programs can increase teen mothers' participation in intervention programs(Tayloret al.,2012; Meade, 2008); and assist them in entering work life and furthering their education without depending on family support (Ramey et al., 2000; Campbell et al., 1986).However, finding a good childcare center can be very stressful, due to the cost, quality of services provided and most significantly, the staff (Leadbeater&Way, 2001). The majority of early childhood professionals do not have adequate experience or preparation to work specifically with teenage mothers and their children (DeJong, 2003).

Research demonstrates that home-based and community-based programs are also useful for teen parents with disabilities. While family involvement boosts the effectiveness of intervention programs (DeJong& Cottrell, 1999), community-based programs decrease pregnancy rates (Hagen, Skenandore, Scow, Schanen, & Clary, 2012), increase rates of school attendance and graduation, decrease adolescent depression, and help teen mothers develop better parenting attitudes (Barnetet al.,2007; Stiritzingeret al, 2002).When working with teen parents with intellectual disabilities, it is important to provide services regularly and frequently (Wade, Llewellyn, & Mathews, 2008). The context and delivery methods (i.e. behavioral teaching strategies, modeling, and repeated practices) should be chosen and adapted based on the special needs of the teenager(Jones, Domenico, Valante, 2006).

The majority of studies related to adolescent mothers utilize quantitative research design, and focus on welfare reforms and the effects of specific programs that serve young mothers' children (Huang & Lee, 2008, Ramey et al., 2000). However, there is lack of qualitative research based information concerning pregnant and parent teens with LD and MR, even though that population is associated with a high risk of

pregnancy (Heer, 2008; Jones, Woodcock-Henry, Domenico, & Valente 2005; Montgomery, 2004). Having an authentic understanding of the insider view of teenage motherhood would serve to develop programs that match teen mothers' actual needs (Breheny& Stephens, 2007a.). Realizing this need, the current study specifically focuses on the experiences of adolescent mothers with mild disabilities. It is hoped that the insight gained will help to improve the services provided for such individuals by early intervention professionals.

Methods

For the purposes of this study, a qualitative research design was used with the main objectives being to a) understand the meaning of pregnancy and parenthood for adolescent females with mild disabilities, and b) to thereby better understand their experiences and expectations of the services available to them and their children. The data was collected through semi-structured interviews and observations during parenting classes.

Setting

To conduct this study, the researcher volunteered in an alternative high school - located in a small, rural Midwestern town in the US- two days a week for a year, to become familiar with the culture of the school and its students. The twenty-five students were served by one social worker, one special education teacher, and two instructional assistants, one of whom was a former physical education teacher. Excluding the teenage mothers, each student was required to have a job and attend the school at least three hours a day. Teenage mothers were provided with parenting classes and were allowed to bring their children to school.

The researcher's role in the school was to work with students one-on-one, specifically on Biology and Algebra. She also adopted other roles as needed, such as helping the social worker organize binders for students in parenting classes and babysitting children while their mothers were working on assignments.

The Participants

To recruit participants, the researcher joined a parenting class session and described the study. The class participants were provided with study invitation handouts explaining the procedures and the purpose of the research; the handouts also included the contact information of the researcher. Four mothers aged between sixteen and twenty contacted the researcher and volunteered to participate in the study. They were attending classes at least 3 hours a day. In order to protect the anonymity of the participants, the researcher selected pseudonyms for the participants and their children, and changed the names of the towns mentioned. The demographic characteristics of the subjects reflected the predominantly white ethnic composition of their rural Midwestern town. At the time of the study there were no teen mothers from other ethnic backgrounds in the school. Although the number of participants is limited, small sample and case-study interventions for research on parents with disabilities does permit more comprehensive analysis—in this case, of the individual families involved and the social context in which their families were embedded (Wade, et al., 2008).

Libby. Libby was a 16-year-old single mother who lived with her sister's family. She had an 18 month-old-daughter named Lissy. Libby was very energetic and smiled most of the time. Her interest area was technology. She described her childhood as "a very hard life", due to substance and sexual abuse at home. She was looking for a job to ensure she could take care of herself and her daughter and was hoping to graduate as soon as possible. She had no connection to her mother. Libby was diagnosed with mild mental retardation.

Sandra. Sandra was a 17-year-old mother who lived with her boyfriend in her parents' house. She and her boyfriend had an 18-month-old son named Tyson. They both worked and were planning to get their own apartment. She was very protective of her son and had concerns relating to professionals and others taking care of her son. Her grandparents played an important role in her life as she lived with them until she was 14. Sandra was diagnosed with LDs.

Kelly. Kelly was 20, with two children. Jack was 10 months old and Ashley was two and a half years old. Kelly's parents divorced when she was in 3rd grade. After going back and forth between her mother and

father, she left her mother's home at the age of 16. Since then, she had not maintained contact with her mother. Kelly and her boyfriend, who was the father of her second child, were renting a house from his family. At the time of the study, Kelly and her boyfriend were both working shifts at a supermarket. Kelly often spoke about working long hours and not making enough money to take care of her family. She understood that in order to improve the living conditions of her family, she should get a college degree. She had also decided not to have any more children because being a mother of three would prevent her from reaching that goal. She believed that mathematics was one of her strong points, and stated that she wanted to be a strong, independent woman. Kelly was the only participant who had experience in an early childhood setting among the participants, having worked in a day care center for a short time. Kelly was diagnosed with learning disabilities.

Nichole. Nichole was a 17-year-old mother who was very interested in cars. Her son, Joshua, was 12 months old. Her boyfriend left her after learning about the pregnancy. She lived with her mother and stepfather. At the time of the study, she was looking for a job. Nichole was diagnosed with learning disabilities.

All of the participants were hoping to graduate from high school soon. They did not know which major to choose, but were all planning to continue their education at a junior college or university close to their hometown. While Sandra and Kelly were interested in early childhood education and psychology, Libby wanted to work in criminal justice, and Nichole was considering a career related to cars. At the time of the study, none of the participants' children had an identified disability or a significant health problem.

Data Collection

The study employed two data collection strategies: observations during the parenting classes and individual interviews with adolescent mothers. Participants were observed during different parenting class sessions conducted in the high school. These classes were offered by the social worker and they were structured as group discussions based on the readings related to child development. The researcher was a participant observer in these classes.

Two semi-structured interviews were conducted with each of the four adolescent mothers. These interviews were held in a private room in the school. Each interview lasted 45 minutes to 1 hour. Sample interview questions can be found in the appendix. Interviews began with a short conversation to establish a level of relaxation, before the purpose of the study was reviewed. After obtaining the participant's permission, the interviews were audio-taped for later transcription. During the first interview, participants were asked questions regarding their experiences of becoming pregnant and the effects of pregnancy on their lives (social, educational, familial, etc.).The teenagers talked about typical days with their babies. They explained the new meaning brought to their lives through motherhood and the transformations that occurred after giving birth.

The second interview had a different theme and focused on the services participants received related to being a teenage mother and services that their children received. The adolescent mothers also answered questions about their relationships with health and education professionals. Data collection ended when theme saturation was achieved.

Data Analysis

Interview transcripts and field notes were analyzed based on the narrative data analysis strategies described in the literature (Merriam, 2000; McMillan & Schumacher, 1997), and recurring themes were identified. Word-for-word transcriptions were made immediately after each interview and saved as a Word document with two columns. While the left column included the interview transcription, the right column was used for the researcher to make further notes (i.e., interviewee's tone of voice, pauses, gestures and facial expressions).Then the researcher returned to the beginning of the document. This time, notes that had been added to the left-hand margin were transformed into emerging theme titles and written in the right column next to the related information. At this point, the whole transcript was treated as data and no item was omitted. Using Microsoft Office Word, recurring ideas were color coded. Emergent themes and their meanings were also listed in a different document. The same data set was read separately by two other experienced qualitative researchers, who followed the same steps. After this, the three researchers discussed

and compared their initial thoughts regarding the themes. The same procedures were used for all interviews and field notes. After reading and rereading the texts, several tentative themes emerged from these pieces, with information recurring within and across participants. Using this information, a descriptive summary of each participant was written. When the data analysis came to an end, three main themes and 33 subthemes emerged. As a final step, the original data sets (interview transcriptions and field notes) were read in their entirety again in an attempt to confirm or disconfirm the presence of the themes.

Trustworthiness of the Data

In order to ensure the reliability of the findings, member checking was conducted. Each participant was provided with a summary of the researcher's understanding from the interviews and fields notes. They were asked whether their thoughts, feelings and experiences were correctly understood. In addition, the researcher worked with two other peers in the process of coding the data in an attempt to check the agreement on codes and the themes which were reflective of personal narratives (Patton, 1990).

Results

Examination of interview transcriptions and field notes revealed three major themes: 1) pregnancy, 2) motherhood, and 3) experiences and expectations related to the services provided for the participants and their children. Each of these major themes included three subthemes. These themes and subthemes were used to provide a focus for the participants' narrations and to present the meaning oftheir experiences in an organized manner.

Pregnancy

Matters related to pregnancy were grouped as the first major theme. The teenager's discovery of her pregnancy, the reactions of the teenager and those around her to the incident, and the changes that occurred in the girl's life due to the pregnancy were the main ideas discussed in this section. Three subthemes were defined under the first theme: 1) unexpected pregnancy, 2) feelings related to pregnancy, and 3)consequences of pregnancy.

Unexpected pregnancy. One of the common themes among the participants was the surprise of the pregnancy. Even though none went on to regret their pregnancy, none of them had planned to be a parent so early. Nichole reported that she learned about it when she stopped having her period. She described it as "scary" because she did not know how to deal with her mom. According to Libby, finding out about the pregnancy was "crazy." She said, "Oh my god! I am gonna be a mother, what am I gonna do? You just start going spastic, you just start going crazy! You are like, wow!" Another participant described the experience this way:

> I still had a period that month that I was pregnant. I had a period; I did not know I was pregnant. Went to get on birth control with Mom because I was on my period, I thought. Took the test and I could not get my shot because I was pregnant. So… I was like… I was already 3 months whenever I found out. My doctor, Mr. Smith, was in Cleveland. The day after I found out I was pregnant, I had an ultrasound and I must have been 4 months when I found out. Because we went the next day and found out it was a boy. (Sandra)

Still another participant describes her experiences this way:

> My grandmother went shopping and bought a lot of things for me, and the smell of everything would make me sick, and when I come back home like a week later, I took a pregnancy test. Because my grandma said, "You are pregnant, I know you are pregnant." And I told my dad what my grandma was saying and he goes, "WHAT! You cannot be pregnant." I said, "Well…." (Kelly)
>
> I was off my birth control for about a month and I want to get back on it and my doctor said, "We cannot put you back on birth control until you start your period." Well, he scheduled me an appointment for the next week, and he done a pregnancy test and said, "Well, you ain't going to get on it because you are pregnant." (Kelly, on her second pregnancy)

Feelings related to pregnancy. Upon discovering their pregnancies, the study participants were confronted with a wide range of emotions such as fear and isolation, as well as a sense of the complex upcoming responsibilities and challenges they would have to navigate as teenage girls.

Though the predominant feelings among the participants in relation to being pregnant were often positive, some had traumatic experiences concerning how they become pregnant. Libby found it difficult to discuss as her pregnancy was the result of sexual abuse by her mother's boyfriend. She stated "Her dad… you know what… And… I had …her at 14. So... You know she was not here for a good…Good reason but…I am glad she is here". To contrast Libby said that having a child felt "kind of good…Because you know you have someone to look up to you and know you got something to look for. You know. You are not the only one. You know you got someone to strive for. You make yourself better for." Participants' descriptions relating to the hardship of pregnancy depended upon the accessibility of resources and the support provided by family members and boyfriends. Sandra, who lived with her parents and boyfriend during her pregnancy, described the experience as a "cool thing," and she added, "In the long run, I do not regret it at all. If I could go back and see in a month or two I am going to be pregnant, I would still be fine. I do not regret it."

For Kelly and Nichole, on the other hand, pregnancy was a stressful experience. Kelly described the difficulties of not having access to good health care because of financial limitations. She remembered how painful it was to be pregnant due to a tear in her lower abdominal muscles. She talked about the hardship of having limited mobility because of this tear. Thirty-six hours of labor also added to her negative feelings. Nichole cried as she described the ordeal as "very hard" because her family had rejected her. However, she also said, "It feels good; you know that he is yours and nobody can take him away from you. It is beyond words."

Consequences of pregnancy. This subtheme focuses on the important changes arising in the context of pregnancy and motherhood. When the participants were asked about the effect of being pregnant or being a mother, their comments formed three main topics: social isolation, improved motivation for focusing on school work, and increased incentive to improve their current situation for the future. All four of them lost most of their friends as a result of pregnancy, yet they reported that being a mother made their lives better because they had to take care of not only themselves but also their children.

The participants described a strain on their existing friendships, arising due to lack of time and changes in the types of activities in which they took part. Kelly talked about friendships drifting away "because they are not parents and they do not understand, they want to be able to go, go run and run and be with everyone else and go to parties and stuff, and you cannot do it when you have kids." Sandra and Nichole also mentioned that after they became pregnant, almost all their friends left them. Unlike the other three participants, Libby talked about never being able to have friends in the first place because of her family problems. Because of loneliness and setbacks in relationships, Sandra and Nichole transferred their focus to their school work. Sandra noted, "That was fun, with the school all the time. I made better grades then than I do now actually. I think it was because all my friends kind of left, you know. I did not have a lot to do, so I just did homework. It was fine." Sandra also mentioned increased attention as a result of pregnancy:

> For one thing was people were always coming up to rub your belly. You are always on display. I just started feeling…thinking a lot about what I was going to do in the future, how I was going to take care of this baby and all of that. But everything kind of fell in its place. (Sandra)

All four participants described the pregnancy as affecting their drive to do well in school and to be successful in life. The overarching attitude among the participants was that they were determined to proceed with their education and to provide for their babies. In the interviews Libby and Kelly talked about making their lives better for themselves and for their children. According to them, if they did not have their children, their life circumstances would be worse:

> If it was not for my kids, I would not be coming back to school. The only thing that made me come back is when my kids get older, I cannot tell them that they have to finish school because they can just look at me and say, "Well, you do not have your diploma, so why should I?" So that is one thing that made me come back. I mean I wanted to, I tried to get my GED 6 or 7 times, I could not make

> myself go. And now, I have my kids to look at every day "Well, I have to do this." So If I did not have them, I do not think I would be getting it. (Kelly)

Participants talked about their babies making them stronger as a person. This strength not only inspired them to do well in school, but also motivated them to determine the priorities in their lives and make better life choices:

> Make sure you got a job to make sure to afford all of those things. So you are not always thinking negative like, "I am not good, I am just dumb," you know…you gotto look positive because you gotto look for the future, you gotto look for the best. Because you know you have someone looking up to you. You gotto make sure you make everything better. (Kelly)

> If I did not have Lissy, I probably be like… in what I grow up with.Probably be on streets, doing drugs or something. And that's like serious because if I did not have Lissy and I did not grow up as much as I have in the last year and a half,I probably be some young teenager being stupid, doing drugs or something. Probably, there is 50/50 chance, if I did not have Lissy, I would be doing something stupid. You know, doing something to kill my life. You know, take my life if I hadn't had Lissy. I would probably be in a whole another situation, you know, because when I had Lissy I grow up really quick, really fast. (Libby)

Motherhood

The second main theme, motherhood, formed around the participants' narratives about their own mother-daughter histories and their current experiences as a mother. The teen mothers examined the shift in their lives from being a teen girl to being a teen mother, in terms of reviewing their relationship histories with their own mothers, assuming new responsibilities and roles (i.e., becoming a disciplinarian, providing for their children and bettering themselves), and balancing new and old responsibilities(for example, being a mother and a student).The participants' thoughts and experiences regarding motherhood were grouped under three subthemes: 1) mother-daughter relationships, 2) good mothers vs. bad mothers, and 3) difficulties of motherhood.

Mother-daughter relationships. The mother-daughter relationship theme encompassed teen mothers' experiences with their own mothers. Negative or lack of mother-daughter relationships in the past or in the present was a shared experience among participants. Sandra mentioned that she lived with her grandparents until she was 14 and felt that they were her real family. Although she lived with her parents at the time of the study and got along well with her mother, she described their relationship as "not a super close one."Nichole also expressed a lack of closeness with her mother, in particular at the time she learned that she was pregnant. Her mother told her that she was not family anymore, that she was on her own. Libby and Kelly too talked about their negative relationships with their mothers. During the interviews, these two participants expressed that they felt deeply wounded that their mothers chose men over their own daughters. Libby in particular found it difficult to navigate the pregnancy and the ongoing sexual abuse by her mother's boyfriend.

> Growing up a hard situation and not being able to talk to anybody. I was getting in so much trouble by my mom and her boyfriend so… I was between this situation and… I wanted to tell someone but I could not… Because I was getting in to so much trouble I could not tell anyone what was going on and tried to tell my mom about what was going on with her boyfriend and she just called me "lying little blank blank" so I was between this and … I was being pulled to so many directions. I wanted to tell somebody but I knew I could not. I was so hurt; I could not talk to anybody (Libby).

> As long as we are at school, getting good grades, she would not care about what we did. And he (her mother's husband) did not like that. Me and him got in to it couple times and cops got called and that's why I moved out at an early age. Her husband does not like me, to keep the peace instead of leaving him she quit talking to me. So that's dumb on her part (Kelly).

After experiencing motherhood themselves, Kelly and Libby talked about not being able to understand how their mothers could choose somebody else over them. Expressions of a desire to resolve these feelings by being a good responsible mother were seen across the data sets.

Good mothers vs. bad mothers. The study participants' past experiences constructed their concept of a "good mother." Experiences similar to the ones portrayed in Mother-daughter Relationship section influenced how they defined a good or bad mother. Since they had firsthand experience of feeling disconnected from or feeling unimportant to their mothers, they knew the wounding effects of this. Therefore, when they described a good mother, they repeatedly used the phrase "making the child our first priority."Meeting the child's immediate needs such as food, clothing and showing love, was another reoccurring theme in the descriptions of a good mother.

> Good mom puts her kid above anything else, makes sure that his needs are met before hers, and puts him above anything and everything else because that is her kid. Does not neglect him and what he needs and gives him attention and over all just puts him first. Have good priorities (Sandra).

> To making sure that they are healthy, they do not get real hurt. But kids fall when they starting to walk, that's fine. But like if they do not get a hold of knives and you teach them, like the stove is hot and like stuff like that. Like things that they are not supposed to have. Just make sure that they know you love them because if they do not think that, they will get depressed even as young as they are. They can be a month old and still get depressed. They can get stomach problems and just end up real sick. So you need to make sure that they know you love them and to make sure they do not get things that they are not supposed to (Kelly).

In addition to love, protection and care, participants recognized the ability to provide stability as being a quality of a good parent. At some point during the study, all of the participants expressed a desire to be economically secure. They talked about stability in terms of independent housing, completing school, and having a career that would bring financial security, in order to meet their children's health, education and care-related needs. Sandra expressed her opinion on this issue clearly and believed that a good mother or father must have a job:

> You know a good mother makes sure that he has what he needs when he needs it. Makes sure that he goes to the doctor when he is sick, makes sure that he eats when he is hungry, and just everything make sure that he is getting enough outside time, enough learning experience and stuff and just what he needs (Sandra).

> A good mom makes herself better for her child. You know you gotta get a job, you got to be a good mom because there is someone looking upon you. Make sure she has her food, her clothes, make sure you gotta a job to make sure to afford all of those things (Libby).

Difficulties of motherhood. All four adolescent mothers described being a mother as a transformative experience. As exemplified in Pregnancy section., though it was hard, being a mother changed their lives for the better, and none of the participants regretted having a baby. However, they brought up the complexities of motherhood on several occasions. The most frequently expressed difficulties included: having a lack of knowledge regarding behavior modification; overcoming financial barriers; and coping with having to grow up fast.

One of the difficulties of being a young mother mentioned by participants was managing their children's undesirable behavior. This issue manifested itself during the analysis of field notes as well as interview transcriptions. In parenting classes they frequently sought information about appropriate discipline strategies.

> She is in the stage of not listening now. She wants to do what she wants. She does not care what you say to her. You know she is kind of get in her own imagination you know she wants to do what she wants to do. Sometimes I think it is hard because sometimes it is hard to cope with it. Because you do not know how to react, because you do not know what to do. Because you do not want to go just spank them, because they are not listening to you. But I mean it is really kind of hard… like… figure out what to do because you are not sure what to do. Because you are like "Ok, she is not listening to me" because I kind of freak out because I am like oh my god! She is not listening to me. Some people told me to make her sit at a chair like a time out with her age limit. Like if she is 1 let her set down at the chair for 1 minute. Because I think supposedly, it makes her understand that she is not listening; she is not doing what she should be (Libby).

> When you have some other person's kids screaming you can give them to their moms but you cannot do that with your own. You have to find a way to deal with it (Nichole).

Another issue raised by participants was the difficulty of being both a student and a mother. Participants complained about not having time to focus on their schoolwork since their primary responsibility was taking care of their children. Nichole noted, "It is so hard to get your homework done and it takes twice as much to get to the school." The young mothers also expressed concerns related to economic limitations.

> I mean we are doing all right, since we both are working and we both put 100% effort to it, you know, it is still doctor's appointments, diapers and there is always something (Sandra).

Even though participants talked about the advantages of being a mother at a young age, such as having more time with the child and not being as pre-occupied with other things as an older mother might, they also talked about the complexity of being a teenage mother. They specifically mentioned having to grow up fast and having many worries about the future.

> That's crazy! I have gotten pretty stressed out last week. I cried and cried. I did not go to bed until 2 o'clock in the morning (Kelly).

Despite the difficulties of early motherhood and the added disadvantages of coming from a lower socioeconomic status, the participants demonstrated a great desire to nurture and meet the emotional and physical needs of their children. When talking about motherhood, they said knowing their child belonged only to them, feeling needed, and teaching their children were the most enjoyable aspects of being a parent.

Experiences and Expectations Related to Service Providers

The participants' feelings, thoughts and experiences related to pregnancy and parenthood were conveyed through the first two main themes. The final major theme focuses on their thoughts and experiences relating to the health, social and educational services that they received from the beginning of pregnancy. This theme comprises three subthemes: 1) child care, 2) characteristics of good professionals and 3) criteria for good day care.

Child care. Child care was a great concern for the study participants. In order to decrease school absence, occurring due to lack of child care facilities available, all teenage mothers were allowed to bring their children to the high school. Although this was a safe and feasible solution, it interfered with them others' school work. Time allocated for academic activities was often disrupted by having to feed the young child or change diapers. In addition to this option, their families (such as their parents, their boyfriends, parents and sisters) played an important role in providing childcare. Libby stated, "Lissy usually stay with my sister. Then they go over to my sister's mother in-laws' home. Because they usually have their grandchildren. So she has people to play with."

> Only thing I have right now is that my boyfriend's dad watches them, like when I go to work and sometimes when I come to school (Kelly).

All participants except Kelly mentioned repeatedly that they could not trust anybody to take care of their children. Nichole and Sandra depended heavily on their mothers for child care. Reliable child care provided by grandparents gave Sandra and Nicole peace of mind when they were at school, at work, or when an unexpected situation occurred. However, Libby had several negative experiences due to the lack of dependable and trustable child care options. For example, she was late to school many times and she was not able to hold a job.

Except for Kelly, none of the participants had experience in early child care. Sandra was hoping to enroll her son into a day care center in couple months. The professionals that they interacted with were mainly medical professionals and social workers. Even if it was very limited, some of them had experience with early intervention service providers such as professionals at Head Start. Nichole's experience with these professionals has been positive.

> They teach you different things about your kid, like games to play with them. They teach you about child development and milestones I think it is a good program for young mothers. They give you good ideas, things you can do at home (Nichole).
>
> I wish I learned about them earlier (Sandra).

Characteristics of a good professional. This theme evolved from participants' stories about their previous experiences with professionals such as doctors, social workers and educators. An interesting finding of this study was that when defining the good qualities of a professional, all participants valued experience more than education and formal professional preparation. They stated that it is important to them that the professionals have children and know what it is like to be a parent. While talking about early intervention professionals, Nichole said, "They are very experienced, they understand what I want to ask even if I don't ask. They really know what I need." Kelly related her experience with a social worker who frustrated her: "She's only 23-24. I think she does not know how to take it seriously."

While they were explaining the characteristics of a good medical or educational professionals, participants stated that having good communication skills were very important to them. They explained that they want to be taken seriously and they preferred face-to-face communication.

> They're nice, you know. They talk to him, not just come at him with a needle. They're play with him, trying to get comfortable with him too. If you have any questions they stick around for a while. They don't just blow you off, like "I have other people to deal with." They're there for you if you need them, you know. That makes me more comfortable with them. They'll stick around and ask if I have any questions or need anything (Sandra).

Being able to trust to the teacher or day care provider was an important issue for the young mothers. Sandra stated, "I am not trusting at all; I would want references that they have experience. I would want to know that they are CPR certified; you know and certified in first aid and all that good stuff." Libby also said that she does not trust others to leave her child with.

The participants did not consider professional training as crucial, when looking for a good teacher for their child. Alternatively, they explained that they want someone who will take good care of their children's basic needs, will be fair and will value their child as an individual.

> I didn't ask them [about their education].I just watched how they interacted with the kids, 'cause she had…there were a group of 8 or 9 babies, all from about 6 weeks old to a year old, in Ashley's section. So I just watched how she interacted with them (Kelly).
>
> I don't think they should have to have any type of degree. Like you can see kids that are 14 or 15 and they could be better with your kids than people who have gone to college and taken courses over it. So education on it doesn't matter, it just depends on how well you can interact with the kid (Libby).

The participants also commented on the teacher-parent relationships. Three of the participants thought that it was very important to know about their children's lives at school and it was important for them to develop a good relationship with the teacher.

> Well, I would expect them to let me know if he is having trouble with biting or something. Or if he is having trouble with smacking or anything. Or if he is showing unusual withdrawnness or something. I would want to know about those things. I would want to have a pretty good relationship with them so that I would know what's going on there, you know, with him when I am not there (Sandra).
>
> They should not talk down to me. They should let me know about the circumstances and it should not be one-sided. They should let me decide whether I should punish him or not (Nichole).
>
> I could come in and talk with them. We could set a time every week or every month to talk about her (Libby).

Criteria for a good day care. The last sub-theme concentrated on the sought-after qualities of good day care by teen mothers. The most common criteria for a good day care center focused on safety. The

mothers talked about safety in terms of the physical structure of the building, equipment and the staff. For Nicole, it was very important that the administrators had their staff checked for substance abuse. Sandra mentioned CPR trainings for professionals and training in emergency situations such as fire. Libby stressed the importance of screening who is entering the building.

> In a school, there shouldn't be any more than a few kids per person. Because if there are too many kids then you can't pay attention to them. I want somebody that I'm comfortable with and that I'm sure is not going to hurt him or get mad and just have a fit. But also I want them to be interactive, not just put in a movie and sit there and have them watch a movie all day. I want him to play and them interact with him so that he is getting things that help his learning ability—things that he would have at home. Things like toys without small pieces that he could stick in his mouth, and toys that could stimulate his growth and imagination and stuff. And like, fire alarms and smoke detectors and such and fire extinguishers and stuff—everything. I'm pretty sure that they're all supposed to have it—they're required to. So that is what I would look for (Sandra).

Discussion & Conclusion

The present study provides an insight into the complexity of the changes that take place in the lives of teenage mothers with mild disabilities, and the anxiety associated with their new role as a young mother. Additionally, the findings convey the young mothers' experiences and expectations related to service providers. The major results and implications are discussed below.

Knowing the number of pregnant or parenting adolescents in each disability category is valuable information for identifying risk factors, organizing necessary services, and developing a curriculum tailored to the special needs of teen mothers with a certain disability (Jones et. al., 2006). Unfortunately, there is very little research and information about the incidence of pregnancy among youth with disabilities (Seiler, 2001). Corresponding with the representations in the present study, based on the teachers' reports, the majority of teen parents with a disability have LDs, followed by parents with MR (30%) (Jones, et. al., 2006).

The participants in this study demonstrated a comparable life context to the non-disabled counterparts described in previous literature, including; childhood histories of living in poverty and school failure (Smith, Gilmer, Salge, Dickerson, and Wilson, 2013; Heavey et al., 2008; Hobcraft& Kiernan, 2001; Darroch, Singh,& Frost 2001), inattentive parenting behaviors, and strained mother-daughter relationships (Francisco et al., 2008; East, Reyes, & Horn., 2007). Teenagers who live in communities like the one where the study took place, with little to offer in terms of employment and education, are twice as likely to become pregnant (Driscoll et al., 2005).

Despite well-documented evidence outlining the negative consequences of teen pregnancy (Lipman, Gergiades, & Boyle, 2011; Moffitt, 2002; Hobcraft& Kiernan, 2001), there were several positive aspects described by the participants. An important finding is that even though it has been a difficult experience, being a mother favorably affected these four women's lives in various areas. Regardless of how they got pregnant, having children gave them a purpose and motivation to excel in life. In all interviews, participants emphasized the effects of "being a kid growing up into a mother real quick" (Libby) not as merely stressful, but as a significant learning experience. This finding was consistent with previous research (Montgomery, 2004; Spear, 2001, Spear & Lock 2003; Williams & Vines, 1999). However, in contrast to the subjects in Spear's (2001) study, the young mothers in this study put greater emphasis on responsibilities and transformations, rather than just referring to the restrictions placed on their lives, such as not being able to go out at night.

Though being a mother had positive effects on study participants' lives, none of the pregnancies were desired or planned. In contrast, the subjects in Montgomery's (2004) study had desired and planned to become pregnant and have a positive perception of the effects of pregnancy. A study by Heavey et al. (2008) suggests that this favorable outlook toward pregnancy is greatly impacted by the views of an individual's peers and community. According the same study, teenagers who are not in school are significantly more likely to desire to be pregnant, than their peers still in school.

Participants in this study reported another positive aspect of young motherhood, as having more time and not being as preoccupied as many older mothers. Supporting these results, Moffitt's (2002) findings reveal that many adult mothers desire to be as energetic and lively as younger ones. However, teenagers'

positive perceptions about pregnancy and child rearing may change, even after just a one-session intervention. Once they learn from the lived experiences of others, they can develop a better understanding of pregnancy-related health risks and learn that having a baby will not automatically solve problems in existing relationships or lessen loneliness (Minnick & Shandler, 2011; Driscoll et al., 2005).

Although the participants were able to describe favorable outcomes, resulting from their pregnancies, it has been documented that early childbearing limits a mother's chance to be successful in educational settings and professional life, and it threatens the health and development of both offspring and mother (Almeida & Aquino, 2011; Champell, Breitmayer, & Ramey, 1986). For example, having a baby kept the participants away from risk-taking behaviors such as drug abuse, as Libby explained, motivated them to focus on their school work as Nicole discussed, and served as an impetus to pursue higher education, as Kelly mentioned. Yet, despite these positives, it is known that teenage mothers are more likely to be single parents (Moffit, 2002), to live in low income households, to have extra-marital births, to live in public housing, and to report their life as unsatisfactory and health as poor (Choet al., 2012; Hobcraft & Kiernan, 2001). It is

Although they had disabilities that hindered their academic work, they saw schooling as a passage from difficult adolescence to adulthood, where they could provide better opportunities for their children. While finishing high school and receiving higher education in different areas were stated as common future goals by all four study participants, previous studies suggest a very low possibility for attaining this goal (Almeida & Aquino, 2011; Huang & Lee, 2008). Failing to complete basic education, in turn, contributes to the cycle of teen pregnancy (Almeida & Aquino, 2011). During the process of reporting the study results, Kelly got pregnant again, with her third child, as do four percent of all teen mothers (Lachance, 1985). Although she was not a teenager anymore at age 20, this was another unintended pregnancy, asher previous pregnancies were.

Reflecting the findings of Llewllyn et al. (1998), related to mothers with mental disabilities, this study's participants' main concerns were their children's healthy development. Therefore, they put great emphasis on raising their child well, by understanding and addressing their child's needs, developmental stages, and behavior management. When it comes to children's needs at home and at school, many teen mothers are mainly focused on immediate and concrete needs. This study's participants explain their responsibility as a mother in terms of these immediate needs, such as having a roof over their heads, being able to feed their child, and being able provide clothing. Although, the participants in this study described a good mother as someone who loves her child unconditionally, puts her child's needs before hers and stimulates the child's development, which was parallel with the health professionals' ideas in Breheny and Stephens' work (2007b.), these professionals asserted that teenagers did not have the developmental characteristics, the skills, and the experience to qualify as a "good mother". According to the researchers, this notion might be a reflection of a middle class construction of motherhood among educated women.

The participants' concerns about behavior management, evident in discussions during parenting classes, were also recognized by the researchers. The relationship between teenagers and their children requires special attention, since adolescent mothers score low in mothering competency measures, especially when a disability is present (Secco et al., 2001). They feel less confident, more stressed, and they report more child abuse potential (Andreozzi, Flanagan, Seifer, Brunner, & Lester, 2002). Supporting this relationship is especially important when a teen mother with a disability is a concern (Perkins, Holburn, Deaux, Flory, & Vietze, 2002). Being negatively impacted by poor relationships with their own mothers, the participants in this study valued building a positive relationship with their young children. In an effort to establish this relationship, they sought to learn more about effective and appropriate disciplining and communication techniques during parenting classes. Previous research demonstrates that teen mothers are more inclined to use spanking as a disciplinary approach (Huang &Lee, 2008) and their lack of involvement and emotional and verbal responsiveness toward their young children leads to delays in language development (Keown, Woodward, & Field, 2001). In this study, however, participants repeatedly talked about restraining these types of punishments and using other techniques, such as 'time-outs'.

The final section of the results focused on the participants experiences with services and service providers. As Llewellyn et al. (1998) noted, parents with mental disabilities need services related to their

personal well-being, to improve their socioeconomic situation and to increase their understanding of the service systems. Although there is scarcity of information related to the services for adolescent mothers with disabilities, it is known that they benefit from health, educational and social services (Wade et al., 2008; Llewellyn, McConell, & Byea, 1998). The study participant's most significant need was child care. In agreement with these participants, teen mothers in the UK viewed the lack of child care options as the main obstacle preventing them from undertaking important activities such as finding a job and completing school work (de Jonge, 2001). Among important services such as counseling, health, tutoring, mentor support, 85 % of teachers who work closely with teen mothers with disabilities, valued day care services the most (Jones et al., 2006).

The study participants' experience of educational services was limited to Head Start and the parenting classes offered in the alternative high school. Parallel to previous research results demonstrating the effectiveness of parent trainings for individuals with disabilities (Wade, Llewellyn, & Mathews, 2008); study participants expressed that they benefited from learning about child development and activities ideas that they can use at home.

Regarding service providers, study participants talked a lot about health professionals. Every year, fifteen million teenagers give birth all over the world; however, they have relatively little access to reproductive and mental health care services (Andersonet al.,2006; Cherry, 2001). Kelly's unpleasant memories of a 36-hour labor and a painful, mostly unassisted pregnancy present a vivid example of this statistic. It was Kelly's impression that if she was an adult with better health insurance and economic status, she would have received better services. Likewise, young low-income mothers in other studies have a keen understanding of society's critical perception of them (Romangnoli &Wall, 2012). The findings of this study confirm Rolfe's (2008) research results in the sense that professionals should be aware of the positive aspects of these young woman's lives and the achievements they make. It is very important that service providers recognize the diversity among teen mothers, resilience of low-income families, and the barriers they overcome every day (SmithBattle, 2007; Kidger, 2004).

Complementing Montgomery's (2003) recommendations for nurses, teenage mothers in this study appreciated face-to-face relationships with professionals based on mutual trust and communication. The mothers expressed a general skepticism of childcare providers' ability to keep their children safe and, similar to Atuyambe et al.'s (2005) participants, wanted themselves and their children to be treated respectfully and nonjudgmentally by the professionals in health and education institutions. While Michels's (2000) participants wanted professionals to be both caring and competent; in this study, participants valued trust, experience, and good communication more than professional preparation. Similar to non-disabled teen mothers in Michels's study (2000) they wanted to be respected, understood and taken seriously by professionals.

Limitations

The results of this study should be considered as preliminary because of the small sample size. As encountered in previous research (Aunoset al., 2003; Llewellyn, McConnell & Ferronato, 2003), finding teen parents with an official identification of a mental or learning disability, who were willing take part in research projects, was challenging. The lack of diversity among the study participants, in terms of ethnicity and socioeconomic situation, mean the findings of the study cannot be considered representative of all adolescent mothers' lived experiences. Having a larger sample size with greater diversity would certainly yield a greater range of useful information. However, the represented demographic here does reflect a significant percentage of single mothers in similar communities across America.

Additionally, observations in a variety of settings (at home, at the playground, etc.) and later in life (such as after their children started school) would strengthen the study. At this time, teen mothers may be better able to reflect on their experiences in motherhood, with services and service providers (de Jonge, 2001).

Finally, interviews with medical and education professionals and observations of their interactions with teen-age mothers could provide another useful perspective on the context and content of the services for this population.

Directions for Further Research.

It can be argued that further research is necessary to explore how higher education programs (such as schools of nursing, education, and social work) could be improved to graduate better-prepared professionals to serve teen mothers. In exploring such improvements, most researchers examine the effectiveness of as specific kind of intervention. However, research related to teachers', nurses' and caregivers' professional preparation to work with this population, as well as their experiences in working in different intervention programs, is very limited. It would be helpful to explore which kinds of in-service trainings would best aid these professionals in working with teenage mothers. As the majority of studies in this area are conducted using quantitative techniques, it is necessary to carry out more qualitative research to obtain in-depth information about intervention techniques. Although some studies on mothers with physical and health-related disabilities have been undertaken, it is apparent that more research is needed to better understand the experiences of young mothers with mild disabilities.

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Appendix

Sample Questions for Interview 1

1. Can you tell me about yourself?
2. If I could spend a day with you and with your child, what would I see?
    a. Would you describe a typical day in your life?
3. What memories do you have of your pregnancy?
4. Can you tell me about being a young mother (What are the best/hardest aspects of it?)

Sample Questions for Interview 2

1. Do you know what types of services available for you and for your child in the area?
    a. Educational or health?
    b. Can you tell me you experiences about them?
2. What do you look for in a healthcare professional?
3. What do you look for in a daycare?
4. What are the most important qualities of early intervention professionals (doctors/nurses/educators) for you?
    a. Can you tell me one of your best/worst memories about them?