I, Debora M Dole, hereby submit this original work as part of the requirements for the degree of:

Doctor of Philosophy

in Nursing - Doctoral Program

It is entitled:

Cultural Meanings of Mothering for African American Adolescent Mothers: Through Their Own Eyes!

Student Signature: Debora M Dole

This work and its defense approved by:

Committee Chair: Donna Shambley-Ebron, PhD

Lisa Vaughn, PhD

Mary Brydon-Miller, PhD
Cultural Meanings of Mothering for Adolescent African American Mothers: Through Their Own Eyes

A dissertation submitted to the

Graduate School

of the University of Cincinnati

in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

of the College of Nursing

By

Debora M. Dole

B.S.N., Medical University of South Carolina, 1989
M.S.N., Medical University of South Carolina, 1992

November 2009

Committee Chair: Donna Shambley-Ebron, PhD, RN
Abstract

Nationally, African American babies die at twice the rate of their Caucasian counterparts - 14.1/1000 versus 6.9/1000 for the 2004 reporting period (CDC, 2005). African American babies in Hamilton County, Ohio died at nearly three times (17.8/1000) the national rate of Caucasian babies (6.9/1000) (CDC, 2005; Ohio Department of Health, 2004). While the majority of infant deaths are due to causes such as prematurity, low birth weight and congenital anomalies, thirty percent of those African American infant deaths are due to preventable accidents, neglect and abuse (Every Child Succeeds, 2004; Children’s Bureau, 2007). Infants born to adolescent mothers are at increased risk of death due to neglect and abuse as compared to babies born to their older counterparts (CDC, 2004; Mathews & MacDorman, 2007)). The alarming disparity in infant mortality has remained unchanged despite national and local efforts to develop program interventions that focus on parenting deficits.

Mothering practices of African American women have been affected by social, political, race and gender issues that have altered the ways in which cultural practices are transferred generationally. Traditional biomedical research has focused on the African American adolescent mother as pathologic in her ability to parent effectively. Traditional approaches have failed to consider the effects of the alteration in generational transfer of traditional mothering practices. This study explored the cultural meanings of mothering of nine African American adolescent mothers using Photovoice, a participatory research methodology in which participants were given cameras to document their own experiences. This study explored adolescent mothering from the inside out revealing how cultural mothering practices are being transferred
generationally. An intersectional approach using an integrated conceptual framework including critical feminist theory, critical social theory and critical race theory provided theoretical support for exploring mothering practices through the socially constructed concepts of gender, class and race.

The approach and process itself provided participants with a forum to identify and share their own cultural strengths and positive mothering practices with each other. Themes of building a network, seeing the future and sharing responsibilities emerged as an avenue for the intra-generational transfer of positive mothering practices. Insight gained from this study will result in new and innovative approaches that will guide researchers in conducting community based participatory inquiry designed to assist communities in identifying their own existing cultural strengths. Community health professionals in partnership with African American communities can then build on those strengths to develop useful and relevant strategies that support adolescent mothers and their infants in an effort to reduce the disparity in infant mortality.
This journey would not have been possible without the support, encouragement, guidance, faith and trust of those whose hands have touched this project. I have been humbled by the strength of the young women who have shared their stories and lives with me through their own eyes. They are knowers!

I would like to thank my husband Steve, for his endless support; my children Amanda, Sergio, and Edgar who inspire me daily and challenge me to be a better person by showing me what unconditional love really is and continually remind me of what the future can hold; my sister Brenda, who supports me unconditionally; and my friends who have listened patiently, supported me emotionally, and edited my work.

I am truly thankful to the women who have guided me along this journey: Dr. Donna Shambley-Ebron whose generosity of spirit and devotion to seeking a just world has shown me kindness and friendship and continually challenges me to seek higher ground in the spirit of peace and power; Dr. Mary Brydon-Miller whose expertise and passion for social justice inspires me to dig deeper, reach higher; and Dr. Lisa Vaughn whose continual support, encouragement and willingness to share her expertise opened my eyes to a whole new way of "seeing" the world.

To Dr. Susan Elek who started me on this journey by challenging me to become…to stretch…to grow… It HAS made me a better midwife. It has made me a better person. Thank you.
TABLE OF CONTENTS

ABSTRACT ......................................................................................................................2

ACKNOWLEDGEMENTS................................................................................................4

LIST OF FIGURES AND TABLES.................................................................................10

CHAPTER ONE..............................................................................................................11

A. Introduction and Purpose......................................................................................11

B. Statement of the Problem.....................................................................................15

C. Discussion of Terms and Concepts......................................................................17

D. Background and Significance..............................................................................20

E. Conceptual Framework.........................................................................................26

F. Research Questions...............................................................................................39

G. Summary ...............................................................................................................39

CHAPTER TWO

REVIEW OF THE LITERATURE.................................................................................41

A. Historical Forces and Generational Transfer of Cultural Mothering Practices........41
B. Biomedical Framework – Intervention Studies .................. 44

C. Intersectional Framework –

Participatory Research Methods ................................. 47

D. Summary ................................................................. 50

CHAPTER THREE

METHOD ................................................................. 51

A. Photovoice ............................................................. 51

B. Ethical considerations ............................................. 53

C. Self-disclosure of Researcher .................................. 56

D. Participant Narrative/Researcher Narrative ............... 56

E. Methodological Rigor ............................................... 57

CHAPTER FOUR

RECRUITMENT, PARTICIPANTS AND THE RESEARCH SETTING

A. Recruitment Process ............................................. 62

B. Consent Process ..................................................... 63

C. Research Setting .................................................... 65

D. Research Participants ............................................. 68
E. Data Collection Process………………………………………………77

E. Summary………………………………………………………………82

CHAPTER FIVE

PRESENTATION OF THE DATA………………………………………83

A. Data Analysis…………………………………………………………84

B. Participant Narrative………………………………………………85

C. Researcher Narrative………………………………………………89

D. Reflection and Transformation……………………………………90

E. Building a Network…………………………………………………93

F. Sharing Responsibilities…………………………………………96

G. Seeing the Future…………………………………………………100

H. Summary……………………………………………………………103

CHAPTER SIX

DISCUSSION………………………………………………………………104

A. Findings/Emergent Themes………………………………………104

B. Implications for Nursing…………………………………………107

Practice…………………………………………………………………107
LIST OF FIGURES AND TABLES

Figures
1 Theoretical Framework.............................................27

Tables
1 Comparison of Theories Used in Development of Theoretical Framework........................................38
2 Participant Summary..................................................69
3 Research Process for this study.................................81
Chapter 1

“A web is stronger than it looks. Although it is made of thin, delicate strands, the web is not easily broken. However, a web gets torn every day...and it must be rebuilt when it gets full of holes.”

– E.B. White from Charlotte’s Web

Introduction

The purpose of this study was to understand and explore how African American adolescents identify and represent the meanings and practices that result in positive mothering. The challenges and successes experienced by adolescent African American mothers have been shaped by social constructions of culture, race, gender and class in American society. The co-created knowledge generated in this study has the potential to build on identified strengths of young African American mothers who are engaged in the constant construction and re-construction of a mothering network. Ultimately this knowledge can be used to assist communities in developing culturally appropriate interventions, assistance and educational programs to improve outcomes for babies at greatest risk for mortality in the first year of life. The specific aims of this study are to: (1) Explore the cultural meanings of mothering for adolescent African American mothers; (2) Explore the ways in which cultural mothering practices are perceived and transferred within African American families and communities; and (3) Identify and explore the cultural strengths and barriers within African American families and communities that affect the generational transfer of mothering practices.
Photovoice is a qualitative research methodology originating from community-based participatory research (CBPR) and participatory action research (PAR) that is uniquely designed to give voice to those who otherwise would not have the opportunity to express their unique views or experiences (Wang, 1999). The Photovoice process uses photographs taken by the participants to elicit and explore deeper meanings and experiences than can be derived from interviews or words alone. This methodology also allows for participant expertise and knowledge to be shared with researchers in a way that values participants' unique perspectives (Wang, 1999). This process promotes a true participatory relationship with communities and groups and has been used successfully in public health research to identify needs, strengths and practices in communities at great risk for poor health outcomes (Wang, 1999; Wang & Redwood-Jones, 2001; Wang & Pies, 2004; Wang, Yi, Tao, & Carovano, 1998; Wilson et al., 2007).

Understanding cultural meanings of experiences and practices allows for the development of culturally relevant interventions that can truly have an impact on those at risk for poor health outcomes. Targeted initiatives that are designed with consideration given to cultural strengths and barriers of the population being addressed have the ability to facilitate profound and lasting change (Israel, Schulz, Parker & Becker, 2001). Reason and Bradbury refer to the development of “practical knowing” (2008, pg 4) grounded in a participatory worldview that seeks to develop practical solutions to issues of concern to individuals and communities. Theory driven practice can be supported and strengthened by seeking understanding of individual and community cultural meanings associated with issues of concern. Including the voices
and perspectives of people and communities who experience challenges and issues of daily living firsthand, insures that initiatives that are developed actually reflect their concerns.

The traditional biomedical framework that has been used to explore areas of health disparities has failed to produce any improvements in the health outcomes related to infant mortality in the African American population. Genetic differences have been the focus of recent research seeking to find an explanation for the disparities in infant mortality (David & Collins, 2007). The pattern that emerges in the search for an explanation of the disparity in infant mortality outcomes suggests a cumulative effect of life course events that includes social interactions. Genetic predispositions alone have not been able to sufficiently explain the continued disparity (David & Collins, 2007). It was important to frame this study in the context of race, gender, and social class. While individually each has historically had an impact on the social structure in which African American mothers live, the collective impact of gender, race, and class in the United States has placed African American mothers at great disadvantage. It is for these reasons an alternative and intersectional approach that critically reflects on the historical and socially constructed experiences is proposed as the framework for this study.

Interventions, programs and current health policy directed at maternal and child health within the Healthy People 2010 mandate have failed to produce improvements in the infant mortality rate among African American infants (Centers for Disease Control (CDC), 2007a). One potential explanation of the disappointing outcomes of such initiatives may lie in the traditional biomedical perspective taken by health researchers and policy makers. The biomedical framework focuses on the “cause’ of health
disparities as located within individuals or groups rather than in sets of social relations (Schulz & Mullings, 2006). Categories of race, gender, and class are often defined by biologic or genetic characteristics, or arbitrary income stratifications. The result is race, gender, and class then become categorical variables that are used to arbitrarily predict outcomes based on individuals belonging to a certain group or possessing a particular characteristic. The biomedical framework fails to recognize the historical and contemporary social, cultural, and institutional contexts in which people live their lives and construct their reality.

An intersectional framework is based on the position that race, gender, and class are socially constructed and have differing meanings for individuals and communities (Schulz & Mullings, 2006). Intersectionality takes into account the simultaneous and cumulative effect of multiple factors on a given situation. The result of coping with the virtual trifecta of race, gender, and class is often an invisible weight, greater than the sum of its parts that produces visible effects.

The complex, multifaceted nature of culture, cultural transfer and mothering requires a multifaceted approach to the exploration of these phenomena. The use of critical social theory, critical feminist theory and critical race theory provided theoretical support for this study by deconstructing the socially constructed concepts of class gender and race individually. Critical social theory (CST) is consistent with an intersectional approach. Critical social theory provided a framework for this exploration by asserting that understanding patterns of human behavior involves an understanding of societal structures which shape personal meanings and experiences (Ray, 1992). Critical feminist theory provides a uniquely gendered perspective that also contributes to
an understanding of personal meanings and experiences. Culturally appropriate interpretative frameworks such as Africana Womanism (Hudson-Weems, 1993) and Black Feminist Thought (Collins, 2000) provide a unique perspective from which to view and understand meanings and experiences in the social and historical context of the African American female experience.

The method chosen for this study purposefully focuses on promoting the “voice” of participants. Implicit in the notion of voice is also the volume of that voice. Issues of power, position, and privilege affect the volume of one’s voice. As the researcher it is important to also report the personal transformation that took place as a result of identifying the need to turn down my own high-volume voice in order to hear the voices of participants. As the reader follows the development of the study to its end, a distinct difference in the use of voice is acknowledged. The change in voice reflects the evolution and personal transformation that took place in the researcher as a result of engagement with the participants, the process, as well as reflection on issues of power, position, and privilege within the researcher-participant relationship.

**Statement of the Problem**

The general health of a society can be measured by its infant mortality rate and is often a reflection of social, political and economic conditions impacting health at the time (Mathews & MacDorman, 2007). More babies die in the United States before their first birthday than in almost any other industrialized country in the world (Centers for Disease Control (CDC), 2006; Mathews & MacDorman, 2007; Morbidity and Mortality Weekly Report (MMWR) & Centers for Disease Control (CDC), 2005). Nationally,
African American babies die at twice the rate of their Caucasian counterparts - 14.1/1000 versus 6.9/1000 for the 2004 reporting period (MMWR & CDC, 2005). Furthermore, between 1999 and 2001, African American babies in Hamilton County, Ohio died at nearly three times (17.8/1000) the national rate of Caucasian babies (6.9/1000) (MMWR & CDC, 2005; Ohio Department of Health, 2004). While the majority of infant deaths are due to causes such as prematurity, low birth weight and congenital anomalies, thirty percent of those African American infant deaths are due to preventable accidents, neglect and abuse (CDC, Every Child Succeeds, 2006; Children’s Bureau, 2007). Infants born to adolescent mothers are at increased risk of death due to neglect and abuse as compared to babies born to their older counterparts (CDC, 2004; Mathews & MacDorman, 2007). Risk factors related to child abuse and neglect include emotional immaturity of parents, lack of parenting skills, unrealistic expectations about children's behavior and capabilities, social isolation, frequent family crises, financial stressors and alcohol or drug abuse (Ohio Department of Health, Every Child Succeeds, 2004; Children’s Bureau, 2007).

Approaching the tragedy of disproportionate numbers of infant deaths among African American adolescent mothers from the perspective of cultural mothering practices places the inquiry in the context of their socially constructed reality. The socially constructed reality includes the perception created by public educational campaigns and discourses that situate young African American mothers as pathologic in their mothering capabilities and primarily responsible for the unacceptable infant mortality rates among this demographic (Cleeton, 2003). Identifying those meanings and practices that affect mothering and developing an understanding of how culturally
influenced practices are passed along, can assist communities in developing culturally relevant strategies to support positive mothering. Identifying and supporting positive mothering practices can begin to address risk factors such as inexperience and social isolation that have been shown to put infants at risk for death due to abuse and neglect (Every Child Succeeds, 2004; Children’s Bureau, 2007).

Discussion of Terms and Concepts

It is important to clarify various concepts and terms used in this study.

**African American** – a self-identified affiliation either through shared ethnicity, culture or geographical location that may or may not coincide with arbitrarily defined racial categories referring to those individuals of African descent (U.S. Census Bureau, 2000)

**Culture** – patterned lifeways, values, beliefs, norms, symbols and practices of groups or institutions that are learned, shared and usually transmitted intergenerationally over time (Leininger & McFarland, 2006). Critical to any discussion of culture is the understanding that culture is dynamic and complex. Culture responds to and is impacted by social, political and economic conditions that not only affect the substance of culture but the interpretation and the transmission of those cultural meanings (Leininger & McFarland, 2006). For the purposes of this research study culture will be defined as: The learned and shared beliefs, values, customs, behaviors and practices that are passed generationally through a variety of verbal and non-verbal mechanisms.
**Mothering** – a multifaceted phenomenon that manifests in processes, behaviors and practices that can be expressed verbally and non-verbally and observed in voice inflection, manner of touch, problem solving processes, expectations of child and self that are gender associated (Dole, unpublished paper). Mothering is socially constructed and culturally interpreted. It is transferred from one generation to the next through a variety of mechanisms and paths unique to a particular culture (Glenn, 1994). Mothering in African American women has been described by Black feminist writers bell hooks (1984, 2000) and Patricia Hill Collins (1994, 2000) as distinctly different from mothering in other cultures. For purposes of this study a distinction is made between mothering and parenting. While parenting is also influenced by culture and social constructions, it is not necessarily gendered.

**Cultural Mothering Practices** - those behaviors and processes that result from a wide range of influences including church membership, religion, implied expectations from authority or respected figures, previous experience, language and storytelling, play acting/role modeling and observed behaviors (Collins, 1994, 2000; Glenn, 1994; Greene, 1995). Cultural mothering practices are socially constructed and like culture, are dynamic and change over time in response to the experiences and interpretation of those who are mothering and those being mothered (Glenn, 1994). Cultural mothering practices within the African American community include biological mothering, “other mothering” (mothering by other women who may or may not be related) and “multiple mothering” which refer to a shared approach to responsibilities in childrearing by kin and non-kin (Collins, 1994, 2000; Greene, 1995).
Generational Transfer – the transmission and sharing of cultural values, beliefs, norms and practices from one generation to another (intergenerational), within a generation (intra-generational), or across multiple generations (trans-generational) (Andrews & Boyle, 2008; Leininger & McFarland, 2006).

Generational Compression - the result of multiple generations of teen childbearing resulting in reduced age span between mothers-grandmothers and great grandmothers (Hattery & Smith, 2007). Generational compression contributes to intergenerational caregiving patterns of shared caregiving among generations of women where grandmothers may be primary caregivers to their grandchildren while their children may be caring for older family members (Hattery & Smith, 2007).

Health Disparities – the differences in health status that occur among population groups as compared to the dominant group that are defined by specific characteristics such as socio-economic status, racial, ethnic identity, gender, or geographical location (Goldberg, 2004)

Infant Mortality - a term used to describe the numbers of deaths that occur in infants birth to one year of age (Mathews & MacDorman, 2007). This rate is reported in numbers of deaths per 1000 live births.

Kinscripts – prescribed patterns of family interactions that focus on the tensions that are produced and negotiated between individuals in families in response to family roles and responsibilities (Stack & Burton, 1994).
**Background and Significance**

**Health disparities – infant mortality.**

The alarming infant mortality statistics among African American infants have not escaped notice by the federal, state, and local governments. The Department of Health and Human Services (DHHS) has developed a comprehensive, nationwide health promotion and disease prevention agenda known as Healthy People 2010 (Centers for Disease Control (CDC), 2007b). Healthy People 2010 has built on similar initiatives beginning in 1979 with the Surgeon General’s report on Health Promotion and Disease Prevention. Included in Healthy People 2010 are national health goals and a comprehensive agenda with specific objectives designed to increase years of healthy life, reduce disparities in health among population groups and achieve access to preventative health services (Oxendine, 1998; Office of Minority Health, US Department of Health and Human Services, 1998). Maternal, infant and child health are a primary focus of Healthy People 2010 (Centers for Disease Control (CDC), 2007b). The promotion of social and physical environments that support the health, safety, and development of infants and toddlers as well as the prevention of injury and violence and their consequences are specific objectives developed within the Health Protection Goals for Healthy People 2010 (Centers for Disease Control (CDC), 2007a).

The disparity in the health of African Americans as compared to any other group in the United States could not be more apparent than in the infant mortality rate. In the 2007 Healthy People 2010 Progress Review, overall infant mortality was reported to be improving (Centers for Disease Control (CDC), 2007b). While this fact is generally true,
nationally the infant mortality rates for African American babies remain two and a half times higher than their Caucasian counterparts and three times higher than the 2010 target goal of 4.5 deaths per 1000 (Centers for Disease Control (CDC) 2007; Morbidity and Mortality Weekly Report (MMWR) 2005).

The state and local picture is even more disparate. In 2003, the state of Ohio ranked fifth highest in infant mortality among the 50 states and District of Columbia, with a rate of 16.1 per 1000 among African American babies compared to 6.1 per 1000 deaths for Caucasian babies (Ohio Department of Health, 2004). Within the urban confines of Cincinnati, African American babies are dying at a rate of 17.8/1000 versus 8.4/1000 for Caucasian babies (CDC, MMWR Weekly, 2002). The majority of these deaths occur in the babies of mothers less than 20 years old. In summary, babies born to adolescent African American mothers in Cincinnati, Ohio are more likely to die before their first birthday than any other racial or ethnic group in almost any part of the United States.

**The challenges of adolescent mothering.**

Acknowledging that statistics alone can be misleading and can be used to paint a picture that may or may not represent any given reality, the trends cannot be ignored. Of particular interest to this study is the group of infant deaths due to preventable causes. Included in this group are deaths due to accidents, abuse and neglect (CDC, 2004, Ohio Department of Health, 2004). Maternal age alone is not sufficient explanation for the increased risk of infant death in this group. Adolescent mothers are capable of providing loving, caring and supportive environments in which their children
can thrive. Ruddick (1980) describes three interests that govern maternal practices in general: 1) preservation of children 2) ensuring emotional and physical growth of children 3) and preparing children for their “acceptable” roles in society. Many factors can impact maternal thinking and maternal practices resulting in unavoidable conflict between the interests of preservation, growth and acceptability.

Severe poverty can affect maternal practice by making maternal thinking nearly impossible by forcing mothers to focus on securing basic needs for themselves and their children sometimes at the expense of other maternal interests (Hattery & Smith, 2007). African American children born to adolescent mothers today are more likely to enter single-parent households without the financial support of the father (Hattery & Smith, 2007). It has been estimated that eight out of ten African American children born to adolescent mothers will experience food insecurity, live in substandard housing, attend the poorest schools and have limited access to opportunity (Hattery & Smith, 2007). Higher percentages of African American adolescents live in poverty with up to 80% of young teen mothers receiving public assistance during some period after the birth of their first child (Hattery & Smith, 2007). The intersectional trifecta of age, inexperience and lower economic status puts these young mothers at a parenting disadvantage from the start. They are forced to simultaneously cope with the overwhelming demands of a new infant, their own developmental immaturity as well as the struggles of day to day living. Few are prepared to tackle such a task in isolation.

Adolescent African American mothers not only bear the vulnerability of their age, inexperience, gender and economic status, but the social network of family and extended kin has undergone changes that may affect their ability to benefit from past
positive influences (Hattery & Smith, 2007). Traditionally within African American families, culturally defined mothering practices were transferred from one generation to the next through a strong family structure and extended kin network. (Hattery & Smith, 2007; Stack & Burton, 1994). This network provided collective support for nurturing and raising children at the same time providing an opportunity for younger family members to learn how to mother by observing, participating in, and receiving that nurturing. However, economic factors, increasing numbers of female headed households and generational compression have stressed the African American family structure by forcing families to function with fewer and fewer resources.

Economic factors stressing the family structure in poor African American families include the lack of financial support provided to unmarried mothers by fathers of infants (Hattery & Smith, 2007). African American adolescent mothers today are more likely to be living without support from other family or relatives with only 30% of single parent teens living with an adult relative (Hattery & Smith, 2007). While the overall adolescent birth rate is declining, the trend is toward an actual increase in births to adolescents between 14-16 years old (Moore, Papillo, & Manlove, 2003). Children born into and raised in single-parent, female headed households are more likely to grow up in poverty as a result (DeNavas-Walt, Proctor & Mills, 2004).

The challenges associated with children born to single adolescent mothers are more difficult to overcome than those born to single mothers in their 20s and 30s due in part to developmental immaturity and limited access to resources (Hattery & Smith, 2007). Developmentally, adolescence marks a time of increased risk taking behavior that may also play out in child rearing practices putting both mother and child at risk.
Adolescent mothers also experience barriers in accessing quality resources such as obtaining health care for themselves and their children (Hattery & Smith, 2007). Adolescent mothers also struggle to secure quality childcare, early education for their children, and support for completing their own education (Hattery & Smith, 2007). Lack of money, lack of reliable transportation, and lack of knowledge of even what may be available to her all contribute to a situation where “access” is limited to valuable resources that potentially could support vulnerable mothers and children.

Multiple generations of adolescent childbearing have created generations that are closer and closer in age. This generational compression has altered the intergenerational caregiving patterns and associated kinscripts. Kinscripts are prescribed patterns of family interactions based on roles that are negotiated among family members (Stack & Burton, 1996). Younger and younger generational members (adolescent mothers) find themselves in the challenging position of caring for their own children as well as being called on to assist with the care of older generational members (Hattery & Smith, 2007). The reverse is also true when grandmothers, great grandmothers and other kin find themselves caring for the children of adolescent mothers who may consider their adolescent daughters too young to raise children. This has resulted in a dramatic change in the social network as families struggle to provide basic needs (Hattery & Smith, 2007; Willimas, Auslander, Houston, Krebill & Haire-Joshu, 2000).

The fragmented network adolescent mothers currently find themselves trying to raise their children in stands in contrast to a family structure consisting of a close network of relatives with very specific assigned roles within the family that was in place
just a few decades earlier (Hattery & Smith, 2007; Williams, Auslander, Houston, Krebill & Haire-Joshu, 2000). This close family network also promoted the generational transfer of cultural values and caregiving practices through observation and experience. The increased social isolation of African American adolescent mothers results in a generation of young mothers who have not benefited from the positive influences of culturally influenced child rearing practices.

While the process of parenting and the many factors contributing to parenting success have been studied, very little knowledge exists related to the cultural meanings and practices of parenting or more specifically mothering. Parenting consists of cognitive and psychological processes that result in behaviors that direct parent-child interaction and are not gender specific (Belsky, 1984). Both fathers and mothers possess parenting skills that are influenced by a variety of factors that may include but are not defined by gender. In contrast, mothering is heavily identified and influenced by gender. Mothering practices are socially constructed and culturally interpreted and in turn, transferred from one generation to the next through a variety of mechanisms and paths unique to a particular culture (Glenn, 1994).

The importance of exploring mothering from a cultural perspective, lies in the ability to provide unique insight and understanding into its complex nature for nurses, other health care professions, policy makers and program developers. It is necessary for those involved in caring for and/or developing interventions directed at improving health outcomes for mothers and babies to understand the importance of culture in the critical task of childrearing. To date interventions targeted at reducing infant mortality through improving parenting skills have failed to address the unique cultural dimensions
of mothering in African American adolescent mothers (Flynn, 1999; Mann, Pearl & Behl, 2004; Ricks-Saulsby, 2001; Thompson, Powell, Patterson & Ellerbee, 1995, Woods, et al, 2003). Developing an understanding of the cultural meanings and influences on mothering practices will provide a foundation for the future development of culturally relevant and community based interventions designed to improve health outcomes for mothers and babies.

Conceptual Framework

The focus of this study is a population that is vulnerable on several levels; gender, age, race, childbearing, and social status. An intersectional approach and framework for this study was chosen as a way to accurately explore the socially constructed realities of African American adolescent mothers. It is important to frame this study in the context of gender, race and social class as these issues individually and collectively influence how people view themselves and others in their own communities. Gender and race are often used to offer significant dichotomous standpoints for comparison in the traditional biomedical model e.g. (1) male/female (2) Black/White. The social constructions of gender and race stand in contrast to the arbitrarily defined classifications represented by the biomedical framework. Social class adds a dimension that crosses gender and racial designations while reflecting not only economic but societal designations as well. The approach used in this study challenges the traditional biomedical model of inquiry by viewing race, gender, and class as social constructions providing meaning and context, as opposed to arbitrarily defined categorical variables that have some predictive association.
While individually race, class and gender have historically had an impact on the social structure in which adolescent African American mothers live, the collective impact in the United States has placed African American mothers at great disadvantage. The complex nature of the phenomena of cultural meanings and cultural transfer of mothering practices requires a theoretical framework that supports not only the methodology necessary for the study but supports the interpretative findings as well. A diagram depicting the integration of theories used in development of the theoretical framework for this study can be found in Figure 1.

Figure 1. Theoretical Framework showing intersectional approach include study, interpretative framework, and ultimate dissemination of findings back to the community.

Flow showing intersectional approach including: study theoretical framework, interpretative framework and ultimate dissemination of findings back to the community.
The framework of this study takes into account the distinct situated and gendered experience of the researcher and the participants as well as the methodological framework. The situated experience of the researcher includes being female, middle-aged, Caucasian, and a practicing nurse-midwife of 20 years. The researcher’s midwifery experience has primarily been with young African American mothers by preparing them for and supporting them in the birth process. Midwifery practice is grounded in a feminist philosophy that supports empowerment through acknowledgement of individual women’s experiences as valid knowledge (Barnes, 1999; McCool & McCool, 1989). The framework for midwifery practice also includes elements of critical social theory through mandating and supporting the idea of activism and research in the area of childbirth and women’s health as a means for social change. This mandate is articulated in the official Philosophy of Midwifery Practice document (ACNM, 2004). The gendered experiences of the researcher and the participants as well as the philosophical foundation for midwifery practice and research are supported by a theoretical framework that includes feminist theory as well as critical social theory.

The framework provided by feminist theory and critical social theory is also consistent with photovoice methodology used in this study. The goals of photovoice include: (1) enabling people to record and reflect their personal and community strengths and concerns (2) promoting critical dialogue by enhancing knowledge about issues through group discussion of photographs and (3) to reach policy makers to effect real change (Killion & Wang, 2000). The goals of photovoice are accomplished by the use of photography as a mechanism to give voice to those previously not heard due to oppressive or difficult circumstances. Photovoice as developed by Wang and Burris
(1997) is a methodology grounded in critical social theory including Freire’s (2000, 1993, 1970) approach to education for critical consciousness, as well as critical feminism.

Critical race theory (CRT) offers further support for the socially constructed nature of race. The theoretical deconstruction of gender, race and class is necessary from the researcher perspective as well as the participant perspective in order to examine the conditions under which each of these are ultimately constructed. It is through the deconstruction and ultimate reconstruction in the context of everyday lives that meaning can be ascribed. The thread of critical social theory and critical feminism continues as a connection between the researcher, the participants and the methodology. It is for these reasons that critical social theory (Crossley, 2005; Ray, 1992) and critical feminism (Campbell & Bunting, 1991; Hughes, 2002; Rakow & Wackwitz, 2004) were used in the development of this study.

The use of culturally appropriate interpretative frameworks when studying and analyzing culturally diverse populations has been proposed by authors Shambley-Ebron and Boyle (2004) and Blackford (2003). The analysis as well as the interpretative findings will be viewed in the context of culturally appropriate frameworks including Africana Womanism (Hudson-Weems, 1993, 2001), Womanism (Walker, 1983), and Black Feminist Thought (Collins, 2000; hooks, 1984, 2000). Below each theory used in the development of this study is discussed. A chart showing the comparison and commonalities of each theory is provided as Table 1.
Critical Social Theory.

Musto (2009) in an analysis of Marx’s original writings produced between 1843 and 1845 discussed the early focus on interplay of economics and oppression. Marx’s ideas evolved during a time of major economic and social transformation and evolved to include recognition of what we now refer to as the “working poor” (Musto, 2009). Ironically it was through the ability of a society to develop economic wealth and ultimate distribution of that wealth that created the backdrop for Marx’s critique. Critical social theory (CST) continued its evolution in Germany during the 1920’s through the work of a group of interdisciplinary scholars known as the Frankfurt School (Crossley, 2005). The group sought to incorporate recognition of subjective individual perceptions and experiences as having scientific value into traditional Marxism (Crossley, 2005). Critical theory continued its’ evolution through the work of Habermas by focusing on communication competence as a method of emancipation (Crossley, 2005; Ray, 1992). It was in the work of Habermas, Ray argues, that nursing science may find a “connection to facilitating emancipation and bringing to consciousness patriarchal models that support authoritarianism and suppress human caring values” (1992, p.99).

Uncovering and critically analyzing social, cultural and political conditions that oppress and prevent individuals and communities from thriving is central to critical social theory and to any study that seeks to engage the community in discussions of strengths and challenges. Critical social theory evolved to encompass not only economic oppression but other more subtle forms of oppression that become part of the
socially constructed reality of individuals and communities (Crossley, 2005). Also central to the theory is the idea that knowledge should be used for the emancipatory aims of the people.

Analyzing mechanisms of class oppression and its effect on society are considered central to critical social theory (Crossley, 2005). Epistemologically CST maintains that “truth” or “evidence” is socially constructed (Crossley, 2005). Social construction involves the assignment of meaning exhibited in rules, practices and habits (Campbell & Bunting, 1991; Crossley, 2005). Personal meanings are shaped by societal structures. Furthermore, all meaning and truth are interpreted within the context of history. Personal meanings and historical context frame this study as it seeks to understand the impact of those meanings on the mothering practices of adolescent mothers.

One purpose of critical social theory is to “analyze the difference between the actual and the possible” (Campbell & Bunting, p.4). The emancipatory nature of critical social theory requires people to be freed or emancipated from imposed ideology and expectations in order to evaluate their true situations. This concept fits with Freire’s work with education for critical consciousness which highlights the importance of people’s sharing and speaking from their own experiences (Freire, 2007, 1993, 1970). Valuing and validating the lived experiences of individuals creates an analytical perspective from which to relate root causes of problems and issues as well as assisting in development of solutions and strategies for change (Freire, 2007, 1993, 1970; Wang & Pies, 2004).
Critical social theory offers a framework consistent with the aims of exploring cultural meanings of mothering in African American adolescent mothers. This framework supports and encourages direct participation in the exploration as well as creating an analytical perspective grounded in one’s own experiences. Critical social theory is also a primary theoretical underpinning for the photovoice methodology as developed by Wang and Burris (1997).

Critical Race Theory (CRT).

Critical race theory (CRT) as described by Delgado and Stefancic (2001) is theory with an activist dimension. The interest is in understanding how society organizes itself along racial lines and hierarchies as well as transforming the relationships among race, racism and power (Delgado & Stefancic, 2001). Critical race theory challenges the foundation of liberalism including equality theory and legal reasoning. Of particular interest is the concept of “color blindness” which attempts to remove race as a means of leveling the playing field or assigning equality. CRT challenges this position as problematic in and of itself by posing that by artificially removing race as a confounding issue, the discriminatory effects of race and racialization are unfairly removed from the equation. One theme central to CRT is that race is socially constructed and therefore holds meaning for those whose every day existence has been impacted by race (Delgado & Stefancic, 2001). The result is that the socially constructed idea of race contributes to the continued oppression of those who are not members of the privileged group. The role of activism and action to transform society is central to CRT.
Of particular relevance to this research is the idea of “storytelling”. Storytelling in relation to CRT provides an avenue for the voices silenced by the experience of racism to be heard (Delgado & Stefancic, 2001). Storytelling is part of naming. Naming is critical to identifying. Once “it” is named and identified, it can then be addressed. It is the power of the story that can call attention to neglected evidence, lived experience, and reminds us of our common humanity (Delgado & Stefancic, 2001). Through photovoice the stories of adolescent mothers whose lives have been complicated by racism can be told in a way that we can all hear.

**Critical Feminism.**

Feminism recognizes the social construction of gender and its relationship to the experiences of all people. Critical feminism seeks to expand on this analysis by also identifying oppressive and discriminatory conditions that exist from the perspective of gender. Epistemologically critical feminism views knowledge as relational, contextual and situated from a gendered perspective (Campbell & Bunting, 1991). Knowledge is non-dichotomous and non-hierarchical. Critical feminism acknowledges the effect of race, class, and gender on constructed realities and constructed history. Knowledge that is created is often co-created with those participating in the experience by valuing and validating the lived-experience and the social construction of that experience (Hughes, 2002). Knowledge created has the capacity to be emancipatory by allowing individuals to critically evaluate their own situations and experiences in relationship to existing power imbalances. By understanding one’s own “situatedness” one then becomes empowered to seek solutions to issues that may or may not be gender associated.
Critical feminism is closely aligned with critical social theory and is consistent with the philosophical perspective of the researcher. The following culturally derived theories of Black Feminist Thought (Collins, 2000), Black Feminism (hooks, 1984, 2000), Womanism (Walker, 1983) and Africana Womanism (Hudson-Weems, 1993) that make up the theoretical framework for the interpretation of study findings all contain the common thread of a gendered perspective. Critical feminism connects the researcher with the method and the method with the participants. It is a critical link in both study design and interpretation of the findings.

**Black Feminist Thought and Black Feminism.**

Eminent Black scholars such as Patricia Hill Collins (2000) whose writings on Black Feminist Thought and bell hooks’ (1984, 2000) writings on Black feminism share a common thread with critical social theory in the pursuit of exposing injustice and oppression. The context is gendered, woman-centered, and values the experiences of Black women as unique (Collins, 2000). Black Feminist Thought acknowledges that African American women have “created independent, oppositional yet subjugated knowledges concerning our own subordination” (Collins, 2000, p.13). Acknowledging the shared legacy of struggle and validating group knowledge as a result of that shared legacy are central to Black Feminist Thought. Author bell hooks uses her very personal writing style to examine and expose how class intersects with race and gender producing social conditions that oppress from within (hooks, 2000). It is through the literature, poetry and art of Black women that these scholars have dispelled stereotypes and revealed strengths (Collins, 2001). Strengths that have been concealed through
generations of oppressive conditions are then revealed similarly to storytelling, grounded in experience.

**Womanism.**

Womanism is a distinct form of feminism as described by author Alice Walker (1983) in her classic collection of essays entitled *In Search of Our Mothers’ Gardens.* According to Walker, a womanist is:

A black feminist or feminist of color … who loves other women, sexually and/or non-sexually. Appreciates and prefers women’s culture … sometimes loves individual men, sexually and/or non-sexually. Committed to the survival and wholeness of an entire people, male and female … Womanist is to feminist as purple is to lavender.

Womanism examines survival strategies of Black women living in hostile environments. The focus is on group survival as opposed to individual survival. Survival of the group or people inevitably supports and benefits individuals as well through the collective efforts of the group. Womanism has been described as more of a philosophy and less of a theory but epistemologically views knowledge as contextual and grounded in the African American female experience (Banks-Wallace, 2000).

**Africana Womanism.**

Africana Womanism is a theory created and designed for women of African descent and also emanates from an epistemological position that all knowledge is situated (Hudson-Weems, 1993). It is “grounded in African culture and focuses on the
unique experiences, struggles, needs and desires of Africana women” (Hudson-Weems, 1993, p. 24). Africana Womanism takes a separate and distinctly different view from both White feminism and Black feminism. One primary distinction is the importance of “naming” which is deemed critical to owning knowledge and self-definition (Hudson-Weems, 1993). Another primary distinction between Africana Womanism and either of the feminist perspectives is the context in which Africana women construct their experiences. The construction has less to do with gender or race specifically and more accurately situated in the African cultural experience. This context allows for a family centered and male compatible perspective as opposed to a gendered only experience (Hudson-Weems, 1993).

**Appreciative Inquiry**

The entire research study is framed through the lens of appreciative inquiry (AI). The decision to take an appreciate inquiry approach was deliberate and is consistent with identifying strengths and viewing results from a positive perspective. Principles of AI include: 1) the constructivist principle – ideas about the world are “constructed” through interpretation and experience 2) the principle of simultaneity – inquiry itself can serve as an intervention 3) the poetic principle – individuals “author” their experiences through storytelling 4) the anticipatory principle – how people think about the future shapes the way they move toward it and 5) the positive principle – asking positive questions engages people deeply and for longer periods of time (Reed, 2007). Strengths and assets are then able to be used to build upon and create actions that can result in real and meaningful change.
The multifaceted nature of this inquiry demands a framework that supports not only the study design and methodology but has the ability to interpret the study findings in the context of community participants. In order for the findings to be relevant and useful, it is critical to incorporate culturally relevant frameworks to assist researchers, public health workers and policy makers in developing a deeper and more meaningful understanding of the findings. While multiple theories were incorporated into the theoretical framework for the study, the common thread of the importance of socially constructed, situated knowledge as valid knowledge along with the common goal of exposing and addressing inequalities and oppression wherever they may exist runs throughout.
**Methodology Theoretical Framework**

<table>
<thead>
<tr>
<th>Theory</th>
<th>Critical Race Theory</th>
<th>Critical Social Theory</th>
<th>Critical Feminism</th>
<th>Black Feminist Thought</th>
<th>Womanism</th>
<th>Africana Womanism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epistemology</td>
<td>Knowledge is contextual grounded in experiences framed by the social construction of race</td>
<td>Knowledge is contextual, socially constructed</td>
<td>Knowledge is relational, contextual, situated - woman centered (perspective), non-dichotomous, non-hierarchical</td>
<td>Knowledge is relational, contextual, woman centered and values the experiences of Black women</td>
<td>Knowledge is situated – woman centered</td>
<td>Knowledge is situated – Naming critical to owning knowledge and self-definition</td>
</tr>
</tbody>
</table>

**Goals**

<table>
<thead>
<tr>
<th>Critiques traditional liberalist views of race by acknowledging the impact of race and institutionalized racism</th>
<th>Critique ideology</th>
<th>Critique traditional hierarchical structures</th>
<th>Emancipatory</th>
<th>Acknowledges shared legacy of struggle</th>
<th>Seeks to dispel stereotypical images</th>
<th>Emancipatory – works to eliminate all forms of oppression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeks to understand how society organizes along racial lines and hierarchies</td>
<td>Reveals hidden power imbalances</td>
<td>Reveal hidden power imbalances through a gendered perspective</td>
<td>Emancipatory</td>
<td>Reveal hidden power imbalances connected with social activism</td>
<td>Acknowledges shared legacy of struggle</td>
<td></td>
</tr>
<tr>
<td>Seeks transformation of racialized situations and institutions</td>
<td>Empower through knowledge</td>
<td>Values the subjective experience as valid</td>
<td>Emancipatory</td>
<td>Role of Black feminist scholars</td>
<td>Values the subjective experience as valid</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Constructed reality as valid</td>
<td>Values the subjective experience as valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acknowledges effect of race, class, gender on constructed realities and constructed history</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table 1. Comparison of theories used in development of the theoretical framework synthesized from the following sources:** Campbell & Bunting, 1991; Collins, 2000; Crossley, 2007; Weems, 1991; Delgado & Stefancic, 2001
Research Questions

The research questions for this study are:

1. What are the cultural meanings of mothering for adolescent African American mothers?
2. How are cultural mothering practices transferred generationally in African American families?
3. What are some of the cultural strengths and barriers to the generational transfer of positive mothering practices in African American families and communities?
4. Is the use of photovoice methodology appropriate in exploring factors impacting the generational transfer of cultural mothering practices in African American families?

Summary

Infant mortality is a public health problem that has implications for all of society. Infant mortality is often used to indicate the general health of a society. It can easily be used to illustrate the larger pattern of health disparities between African Americans and all other races. Infants of adolescent African American mothers experience alarmingly higher rates of infant mortality than any other group in spite of a governmental mandate through such programs as Healthy People 2010. Explanations to date have been inadequate and have failed to address the historical and contemporary socio-cultural factors that exist and influence the health of entire communities as well as individuals. This study provides an alternative approach utilizing an intersectional framework to
explore the cultural meanings of mothering and how those meaning are transmitted intergenerationally. The ultimate goal of this study is to use co-created knowledge gained from adolescent African American mothers to inform policy and program development that can begin to build on the successes and strengths that already exist in the communities in which these mothers live and care for their children.
Chapter 2

Review of Literature

Historically, the family structure or kin network of African American families is steeped in a rich cultural tradition of mothering uniquely adapted to mothering the mother and the infant (Hattery & Smith, 2007). This mothering the mother occurred even in the presence of stressful situations (Hattery & Smith, 2007). Cultural mothering practices in African American families traditionally have been transferred from one generation to the next through a network of relationships consisting of immediate family and extended kin (Collins, 1994; Hattery & Smith, 2007; Shaw, 1994). Historical, social, political and economic forces have affected the social structure and support network through which cultural practices were transferred within the community and across generations. Various approaches to addressing the issues surrounding adolescent parenting have included the role of social support, identifying and developing the parenting skill set and interventions targeted at education. In spite of these efforts, there has been little to no published work on the importance of culture, identifying cultural strengths and practices or how cultural practices are transferred generationally specific to mothering.

Historical - Cultural Mothering Practices.

In order to understand the present, one must understand the past. The devastating impact of slavery on African American families and childrearing is still evident today. Ruddick (1980) identifies preservation, growth and acceptability as three primary interests in caring for children. Attention to all three at one time can be difficult
under the best of circumstances. It is difficult to focus on issues of acceptability when personal preservation and viability are threatened. Yet each of these interests is vital to sustaining children and therefore a society. An example of mothering under incredible pressure is provided in accounts of mothering under slavery in America (Shaw, 1994). Slave mothers were forced to continue in their productive work responsibilities for the slave owners while attempting to ensure the protection and preservation of their children. The protection and preservation of their children involved simultaneously nurturing emotional and intellectual growth as well as the conflicting task of preparing the children for their expected social roles as slaves.

Slave mothers were caught between protecting and preserving their children and continuing to inadvertently support the system that oppressed them. Some women could not reconcile the two opposing worlds and chose infanticide or self-induced abortion rather than see their children separated, sold or pressed into a life of unbearable misery (Shaw, 1994). The purposeful separation of families by slave owners left children often being supervised and raised by other children who themselves had been separated from their families. This separation had a devastating effect psychologically, emotionally and physically on slave families. The resiliency of slave women in finding ways to protect, preserve and nurture their children gave rise to an emphasis on community mothering (Shaw, 1994). Shared child-rearing responsibilities among other slave women in the community allowed women to negotiate this complicated reality.

In response to the need to insure children were being cared for, a network of bloodmothers, othermothers and other extended kin developed that is still evident in
African American communities today (Collins, 2000). This woman network went beyond ensuring the survival of a particular woman’s individual biological children. This network of caregivers acknowledged that individual survival depended on group survival (Collins, 2000). Slavery in America can serve as a graphic example of how the purposeful construction of race, class and gender by the dominant group can effectively manipulate an entire population.

The practices of blood mothering, other mothering, multiple mothering, and intergenerational caregiving have been described by those familiar with African American childrearing practices (Hattery & Smith, 2007; Collins, 2000, 1994). Blood mothering refers to mothering and caring for one’s biological children (Collins, 1994). Other mothering refers to mothering of children by persons that may or may not be related (Collins, 1994). Other mothers often provide much needed support, physically and emotionally to the infant and the adolescent mother. Multiple mothering refers to mothering by a variety of persons depending on proximity, availability and task. Intergenerational caregiving is a term that describes the pattern of caregiving within the currently compressed generations of some African American families (Hattery & Smith, 2007). These compressed generations are a result of children being born to younger and younger mothers with grandmothers and great-grandmothers caring for infants of adolescent mothers and in turn the younger women caring for grandmothers and great-grandmothers as they age (Hattery & Smith, 2007). This caregiving pattern often takes place in the presence of economic hardships due to households being headed by single females with limited resources.
What does the research show? – Contrasting frameworks.

**Biomedical Framework - Intervention Studies.**

It is well documented that a positive maternal-infant relationship has a positive impact (Belsky, 1984; Booth, et al., 1987; Barnard, et al., 1996). Belsky (1984) developed the Determinants of Parenting Process Model which posits that parental functioning is multiply determined. Belsky’s work sought to frame parental competence in terms of personal psychological resources, social contextual stressors, and individual characteristics of the child and the parent. Booth and colleagues (1987) claimed “successful intervention with multi-problem mothers” with a two-step nursing intervention program designed to alter the mother’s external competencies (adult social skills) and internal perceptions (support, depression). The multi-problem mothers (low education – high school education or less; lack of social support – self identified; low income; young - 19 years old or less) were deemed successful when they exhibited more optimal patterns of mother-child interaction during teaching and feeding episodes at one year post study (Booth, et al., 1987). Barnard and colleagues (1996) examined results of three National Institute of Mental Health funded intervention programs in three identified risk groups – social risk mother, adolescent mother and mothers of preterm infants and found no differences among the groups in maternal-infant interaction. They did find a difference in maternal-infant interaction between the three risk groups as it pertained to positive maternal affect and interaction.

Constructs such as parental competence and parental self-esteem and their impact on parenting behaviors have been studied, but again not in the context of cultural impact or meanings (Belsky, 1984; Mendez-Baldwin, M. & Busch-Rossnagel,
Changes in parental sense of competence were assessed in parents who participated in a Head Start parenting workshop at one point in time and did not consider the influence of culture, race or gender (Mendez-Baldwin & Busch-Rossnagel, 2003). The perceived quality of externally observed parenting behaviors has been shown to impact the maternal-infant relationship (Montigny & Lacharite, 2005; Patterson, 1997). Researchers rated maternal behaviors while observing maternal child interaction (Montingy & Lacharite, 2005). Those mothers that scored higher on the parenting behavior scale also had higher maternal-infant interaction scores.

The impact of social support on maternal-infant interaction has also been extensively researched. In a meta-analysis Clemmens (2001) found a significant relationship between perceived social support of adolescent mothers and their interactions with their infants. Social support, as well as other cognitive and behavioral factors, have been incorporated into Belsky’s Determinants of Parenting Process Model (1984). Belsky’s parenting model has been used to guide many studies by providing a framework for the psychological, cognitive and behavioral factors from which parenting skill and capability are measured (Belsky, 1984). Belsky’s model has also been adapted to consider the influence of grandmothers on adolescent parenting competence as well as to evaluate parent self-confidence; the presence of social stressors; developmental stage of the adolescent parent; and its impact on developing parenting competence (Sadler, Anderson, & Sabatelli, 2001).

Social stressors, inexperience and developmental characteristics of adolescent parents have been identified as possible factors contributing to the parenting skill set.
Assessing the parenting skill set has been the focus in this at-risk population in many studies (Chase-Lansdale, Brooks-Gunn, & Zamsky, 1994; Sadler, Anderson, & Sabatelli, 2001; Tarkka, 2003). Improving and enhancing the parenting skill set has also been the target of interventions designed to improve parenting outcomes in many at-risk populations (low-income, adolescents, parents of premature infants) with varying degrees of short-term success reported (Baffour, Jones & Contreras, 2006; Booth, Barnard, Mitchell, & Spieker, 1987; Barnard, Osofsky, Beckwith, Hammond, & Appelbaum, 1996; Flynn, 1999; Mendez-Baldwin & Busch-Rossnagel, 2003; Woods et al., 2003). Adolescent parenting alone has been explored in terms of role transition and attainment (psychological factors), parenting competence and confidence (cognitive factors), and measuring observed parenting behaviors (behavioral) (Belsky, 1984; Fowles & Horowitz, 2006; Mercer & Ferketich, 2004; Nelson, 2003; Sawyer, 1999).

Previous studies have all been developed using the biomedical framework. Each study sought to identify deficiencies categorically and quantify behaviors. Previous work has been focused on a single condition/concept, level of social support or short-term outcomes. In contrast, community-based participatory research has produced knowledge that has been transformed into public policy that has the potential to positively affect the health of communities.
Intersectional Framework - Community Based Participatory Research (CBPR).

The lack of progress made toward reducing infant mortality among African American infants despite years of funding for intervention studies directed at individual characteristics and arbitrarily defined categories of “risk” demands an approach that seeks to engage those individuals and communities most affected. An intersectional framework that considers the impact of race, class and gender is consistent with principles of community based participatory research (CBPR). While this study utilized an intersectional framework both in methodology and interpretation of findings, it cannot be viewed as a pure form of CBPR as the study objectives are predetermined by the researcher and not emanating directly from community concerns. Community-based participatory research in the public health arena focuses on uncovering and addressing social, structural and physical environmental inequities that affect individuals and communities (Israel, Schulz, Parker & Becker, 2001).

The rationale for choosing a methodology (Photovoice) consistent with CBPR principles lies with the growing body of evidence that supports a relationship between contextual social factors and the health status of individuals and communities (Israel, Schulz, Parker & Becker, 2001). Some key characteristics of participatory research include co-learning in which researchers and community members contribute to and learn from shared experiences and enabling a reflective process that involves education for critical consciousness (Israel, et. al, 2001; Kemmis, 2008). The process of community-based participatory research creates a form of communicative space and
environment that enables people to identify, understand and express their own experiences as valid knowledge (Kemmis, 2008).

Wang and Pies (2004) conducted a community needs assessment utilizing Photovoice methodology in a San Francisco community seeking to better understand maternal and child health concerns. Participant generated findings from this research identified safe places for children’s recreation and improvement in the broader community environment as primary concerns affecting the health of children in their community (Wang & Pies, 2004). The findings from this research contradicted the view typically held by maternal child health professionals and health department personnel (low birth weight, maternal morbidity, infant mortality, teen pregnancy prevention, access to prenatal care) as priorities necessary to address maternal child health concerns. The findings were then used to develop programs directed at actual community concerns rather than those thought to be of concern according to public officials. The result was a mobilization of community residents spearheading outreach, community organization and formation of a Maternal Child Health advisory committee focusing on community identified concerns (Wang & Pies, 2004).

In a study by Killion and Wang (2001) community based participatory research was used in a population of homeless women to establish intergenerational links across life stage and station of three generations. The intergenerational links created by involving the community members in the process served to build a social support network of women that ultimately resulted in shared housing and resources among this homeless population. The project had an impact on how programs were designed and
funded in the community by redirecting critical support to developing shared housing programs.

Carlson, Engebretson and Chamberlain (2006) used CBPR to further build theoretical support for emotional engagement and collective introspection of community members. The authors described a critical shift that occurred in cognitive-emotional interpretation that recognized responsibility for change as resting within the control of community members. The result being the agency for change is placed into the hands of community participants rather than appointed advocates or policy makers.

Wang (1999) applied Photovoice as a participatory action research strategy to effect social change as it relates to women's health. Consistent with feminist inquiry, Photovoice seeks to appreciate and validate the subjective experiences of women as valid knowledge (Wang, 1999). That knowledge can then be called upon by women to develop programs and policies for women that reflect the concerns of women.

Wilson, Dasho, Martin, Wallerstein, Wang and Minkler (2007) employed the Photovoice as part of a curriculum with underserved adolescents in an afterschool empowerment program designed to engage the group in social action. The project resulted in 12 of the 13 groups designing and implementing social action projects about assets or issues at their school (Wilson, et al., 2007). One important result of the project was the importance of modifying the Photovoice approach for use with early adolescents. Areas identified included the cognitive developmental appropriateness of the method, managing social development and group issues and intervening in the process of implementing social action (Wilson, et al., 2007). Ultimately the use of
Photovoice provided a positive opportunity for youth to actively engage their social environment from their own perspective.

Summary

In summary, the current trend in public health research is in the direction of community based participatory research (CBPR) methodologies and away from pathology driven inquiry. The goal of CBPR is to engage community participants in identifying community strengths and challenges thereby empowering those very community participants to become the change agents. While this study is not a pure form of community based participatory research, the overall goal of the study is consistent with CBPR by seeking to engage community members (in this case African American adolescent mothers) in identifying strengths and barriers they experience in their everyday lives. Community-based participatory research is consistent with an intersectional framework that simultaneously considers the impact of societal factors including the social construction of race, gender and class that affect the health of individuals and communities. The ultimate goal of such inquiry is to effect social change that is represented in public policy at the community level that is both useful and practical.
Chapter 3

Method

Photovoice.

Photovoice methodology, also known as auto-photography, was utilized in this study. This method was chosen in order to explore mothering practices from the perspective of the adolescent mother in the context of her own environment and daily reality. Active engagement of the community and participants in the research process promotes the development of relevant objectives that hold potential for meaningful change at the community level where the effects can have the greatest impact (Brydon-Miller, 2003; Israel, Schulz, Parker, Becker, 2001). Photovoice has been used with numerous vulnerable and culturally diverse populations including homeless adults and youth, rural Chinese women, people with mental illness, older adults with chronic pain and childbearing age women (Baker & Wang, 2006; Wang, 1999; Wang & Redwood-Jones, 2001; Wang & Pies, 2004; Wilson et al., 2007).

Photovoice is a qualitative methodology originating from community-based participatory research (CBPR) and participatory action research (PAR) that is uniquely designed to give voice to those who otherwise would not have the opportunity to express their unique view or experience (Wang, 1999). The photovoice process uses photographs taken by the participants to elicit and explore deeper meanings and experiences than is possible with interviews, questionnaires or observation alone. This allows for participant expertise and knowledge to be shared with the researchers in a way that values participants’ unique contribution (Wang, 1999). This process promotes
a true participatory relationship with communities and groups and has been used successfully by others in public health research to identify needs, strengths and practices in communities at great risk for poor outcomes (Wang, 1999; Wang & Redwood-Jones, 2001; Wang & Pies, 2004; Wang, Yi, Tao, & Carovano, 1998; Wilson et al., 2007).

McIntyre and Lykes (2004) discussed the use of photovoice in providing women in the war torn areas in the North of Ireland and rural Guatemala with a powerful vehicle to make their voices heard locally and internationally. The women who participated in these projects not only found voice but engaged in a process that resulted in real change that had real meaning for their daily lives. Vaughn and colleagues (2008) also used photovoice with a group of Latina “tweens” to explore their perceptions of health. Engaging Latina girls in a conversation about health provided community members and health care providers with information that can be used to address health concerns in the local Latino community (Vaughn, Rojas-Guiyler, & Howell, 2008). These examples show the versatility of photovoice and the many ways the method can be used to facilitate change from the ground up.

The concept of photovoice was developed by Wang and Burris (1997) from theoretical literature based on Freire’s (1970, 1993, 2000, 2007) work on education for critical consciousness, feminist theory, and documentary photography. The work of Freire (1970, 1993, 2000, 2007) based in critical theory utilized problem posing educational methods beginning with issues people saw as central to their lives which enabled them to identify common themes through dialogue. The process is mutual and results in emancipatory knowledge that enables people to think critically about their own
situations. The ability to think critically about one’s own situation and community redistributes real power into the hands of those previously without power or agency.

Community based participatory research (CBPR) avoids the tendency to characterize communities as “bundles of pathologies” or “problems to be solved” (Brydon-Miller, Greenwood & Maguire, 2003). Instead, the CBPR approach actively engages community members to identify their own areas of concern and also provide real life solutions to those problems (Brydon-Miller, Greenwood & Maguire, 2003). The ownership of knowledge generated as well as responsibility for action shifts from researchers and policy makers to those who are most affected by the participatory process.

Photovoice Process.

Photovoice consists of multiple and distinct process steps that include: 1) Conceptualizing the problem 2) Defining goals and objectives 3) Implementing method by recruiting and training participants and identifying a theme for the first photographic assignment 4) Participatory analysis of selecting, contextualizing and codifying photographs 5) Researcher analysis of narrative transcripts, notes and corresponding photographs 6) Dissemination of findings via community and professional presentation (Wang, Wi, Tao, & Carovano, 1997). The details of how the photovoice process was used in this research will be discussed in detail.

Ethical Considerations of Photovoice.

The nature of community-based participatory research (CBPR) seeks to develop and maintain personal and social interactions (Brydon-Miller, Greenwood, and Eikeland,
The interaction is non-exploitative and enhances the social and emotional lives of all who participate (Stringer, 2007). The same provisions of duty of care apply as all participants have the same rights to safety and informed consent as in other forms of research. Due to the public and participatory nature of this research methodology, the ethical considerations of public participation, acknowledging participant interpretation of the work and ownership of the finished product are all special considerations. It is important to make clear the understanding at the outset of the research the responsibilities of both the researcher and the participants. All processes must be transparent to all participants.

The goodness of fit ethics (GFE) model is an appropriate model to use when conducting research, interacting with communities, or developing policy directed at populations who are vulnerable due to age, gender, social position, racial or ethnic affiliation (Fisher & Ragsdale, 2006). Goodness-of-fit ethics recognizes that although power imbalances are intrinsic to most forms of research involving human subjects, relationship power is fluid and constantly negotiated and renegotiated (Fisher & Ragsdale, 2006). Ethical concerns of interacting with individuals and communities who are vulnerable due to age, gender, social position, racial, or ethnic affiliation include a respect for the unique contribution participants make to the process of “co-learning”. Co-learning is a dialectic process, grounded in respect that creates something new from participation in a relational process – ethical procedures that fit the needs and values of the participant population (Fischer & Ragsdale, 2006).

Photography in research can present unique challenges for researchers and participants where issues of privacy, vulnerability and power relationships can be
exposed. Special ethical concerns surrounding the use of photography as a research method are addressed by Wang and Redwood-Jones (2001) using the example of a large scale Photovoice project in Flint, Michigan. The authors (Wang & Redwood-Jones, 2001) framed their analysis using concepts from *Image Ethics* edited by Gross, Katz and Ruby (1998). Issues of intrusion into one’s private space, disclosure of true but embarrassing facts about individuals, being placed in a false light by images that distort the truth, and use of a person’s likeness for commercial benefit will be addressed below.

Potential issues of intrusion into one’s private space were addressed for this research by the use of separate consent forms that included: (1) informed consent to participate in the study (2) subject of photographs permission to be photographed and (3) permission for pictures to be published or used in public presentation. It is an important tenet of the photovoice process to avoid using any photo that places anyone in an embarrassing situation or discloses embarrassing facts. The risk of inadvertently exposing or embarrassing individuals can be reduced by having all photographed individuals give permission to use their photo after seeing the photo and prior to discussion or display of the photo.

The issue of being placed in a false light by images and words is important as participants offer interpretation of events pictured. The interpretation of the photographs by participants is central to the photovoice methodology. While the context of the photo is provided by the photographer, a single photograph may represent differing perspectives, emotions and thoughts for different people, including those being photographed. Protections against the use of a person’s likeness for commercial benefit were addressed by maintaining that the photographs remain the property of the
participants and permission be granted for any public display or professional publication of the photos.

The challenges and potential risks of using photography in research can be far outweighed by the rich and powerful messages and the unique insight gained by such a method. Providing voice to those previously unheard is not without perceived risk for those participating in and facilitating the process but, if the mutually agreed upon goals of the study remain the focus, those perceived risks can be minimized.

**Self-disclosure of Researcher**

In the interest of authenticity as the researcher I must disclose my own situated position as a white female nurse-midwife in mid-life. The majority of my midwife career spanning 20 years has been participating in the care of young, urban African American mothers and their babies. Acknowledgement of the innate power imbalance that exists between health care provider and patients as well as any perceived power imbalance due to social position, race, or age is critical to understanding why the photovoice methodology was chosen. Photovoice provides participants with their own voice which ideally is independent of power imbalances that may be perceived by either party.

**Participant Narrative/Researcher Narrative**

Data collected during the photovoice process was used to produce both a participant narrative and a researcher narrative. The participant narrative represented the participant generated work of the discussion sessions and included photographs, descriptions, thoughts and expressed feelings surrounding individual photographs as well as the final collage for public display. The participant narrative is critical to the
photovoice process as it adds the unique emic perspective of the participant to the
visual perspective of the photograph. The photographs become the vehicle for telling
their story. The participant narrative is also valuable as perspective is gained on not
only those photographs taken by individuals but the contribution to the group
perspective is accomplished as well.

The researcher narrative was developed using researcher field notes and
reflections, as well as analysis of data used in the participant narrative. Of critical
importance to the researcher narrative is documentation of the reflective process that
took place as the research unfolded. The participatory and collaborative nature of the
research is reflected in development and comparison of the participant and researcher
narratives. The research would not have been complete without including the etic
perspective of the researcher. While the etic perspective suggests an “outsider” looking
in it must be noted that the researcher narrative also included documentation of the
personal transformation that took place as a result of becoming part of the process.

Methodological Rigor

Social inquiry and the generation of new knowledge may follow many paths. As
qualitative methodologies have expanded and innovative ways of exploring the human
condition are being developed, the concern for ensuring the product of such inquiry is
sound, valid and useful remains. Manning (1997) refers to “high-quality, meaningful
research, which offers insights for practice and makes a valuable contribution” as the
goal of constructivist inquiry. The hallmark of “good” research, regardless of method, is
evidenced by the researcher engaging in systematic and rigorous processes that
ensure trustworthiness and authenticity. The interpretative nature of Photovoice
methodology lends itself to answer the question posed by Guba and Lincoln (2005) of interpretative rigor: Can our co-created constructions be trusted to provide representative insight on human phenomena? The resounding answer is yes!

Trustworthiness was originally conceived as a parallel to the empiricist concepts of internal and external validity, reliability and objectivity (Manning, 1997; Smith, 1990; Guba & Lincoln, 1989). Trustworthiness can be assessed through evaluation of credibility, transferability, dependability and confirmability (Stringer, 2007; Guba & Lincoln, 2005; Lincoln, 1995). Authenticity emerged from the constructivist paradigm and involves criteria of fairness, ontological authenticity, educative authenticity, catalytic authenticity and tactical authenticity with no parallel in the positivist paradigm (Guba & Lincoln, 2005; Manning, 1997).

**Trustworthiness.**

The trustworthiness of a study assures outcomes of a study do not merely reflect the particular perspectives, biases or worldview of the researcher and are not based solely on superficial or simplistic analyses of the issues investigated (Stringer, 2007). The following attributes of trustworthiness in the context of this study will be discussed: credibility, transferability, dependability and confirmability.

**Credibility.**

Credibility refers to the plausibility and integrity of the study. Credibility in community-based participatory research (CBPR) is a fundamental issue addressed by prolonged engagement with the participants and multiple opportunities for participants to explore and express their experiences and reflections on the issues (Stringer, 2007;
Denzin & Lincoln, 2005). The participants in this study had multiple opportunities to explore and discuss their own experiences, meanings and interpretations ensuring credibility through; (1) the actual taking of photographs; (2) photographic discussion sessions; and (3) planning and participation in the public presentation of their work. Member checking (participant opportunity to review data and analyses) and participant debriefing (focuses on feelings and responses of participants) were ongoing and took place during photograph discussion sessions.

**Transferability.**

Contrary to traditional quantitative or experimental studies that seek to generalize research findings to other contexts and groups, CBPR seeks to accurately reflect the interests of the participants (Denzin & Lincoln; 2005 Stringer, 2007). This does not mean that findings are not relevant in other contexts or with other groups. Providing detailed descriptions of context, activities and events that are reported as outcomes provides a basis for those who have not participated in the research to make judgments about application to other contexts or usefulness with other groups (Stringer, 2007). While the findings of this study may represent a particular perspective and experience of adolescent African American mothers in the greater Cincinnati area, there may certainly be broader application of the findings to the issue of infant mortality in babies of adolescent African American mothers in other communities whose lived experience may be similar.
Dependability.

The extent to which people can trust that all measures required of a systematic research process have been followed ensures dependability. A detailed description of the procedures that have been followed in the form of an *inquiry audit* that exists in the researcher field notes, participant journals, photographs and participant narrative of photograph analysis. Analyses were verified through interrater reliability first among project investigators (dissertation chair and researcher) through weekly meetings that included discussion of emergent themes and reflection on participant interaction, and researcher observation. Analyses were then verified among participants for clarification, consensus and validation (Lincoln, 1995; Manning, 1997).

Confirmability.

Confirmability is accomplished through an audit trail that enables an observer to view the data collected, field notes, tapes, transcriptions, journals, photographs related to the study. This process provides another method for those evaluating the findings to ensure the research is trustworthy.

Authenticity.

The meaningfulness, usefulness and ability to enact social change implicit in constructivist inquiry are directly linked to authenticity (Manning, 1997; Guba & Lincoln, 2005). The criteria for ensuring authenticity include fairness, ontological, educative, catalytic and tactical authenticity.
**Fairness.**

Fairness is perceived as a quality of balance – all stakeholder views, perspectives, claims, concerns and voices are apparent in the text (Guba & Lincoln, 2005). One primary goal of photovoice is to give voice to the perspectives, experiences and meanings of participants (stakeholders). The process of co-creating knowledge through the participatory process reduces the possibility of researcher bias and further supports balance and fairness in the process and interpretation of the study findings.

**Ontological and educative authenticity.**

Ontological and educative authenticity are designated as criteria for determining a raised level of awareness on the part of the participants and those who surround them or who interact with them (Guba & Lincoln, 2007). Questions of “what can be known?” and how that knowledge can then inform and move participants to social action are addressed in the critical reflection occurring in the Photovoice process. The development of critical consciousness occurs as participants explore their own constructions of meaning and reality, ultimately owning and naming that reality.

**Catalytic and tactical authenticity.**

Catalytic and tactical authenticity refer to the ability of a given inquiry to prompt action on the part of the research participants and the subsequent involvement of the researcher in training participants in specific forms of social and political action if participants desire such training (Guba & Lincoln, 2007). Photovoice and community-based participatory research (CBPR) are predicated on creating the capacity in
research participants for positive social change and forms of emancipatory community action (Wang, 1999; Stringer, 2007).

In summary, ensuring the method, process and study findings are sound, meaningful and useful requires engagement in a systematic and rigorous process. The process includes evaluating the trustworthiness and authenticity of every aspect of the research process. The unique nature of constructive inquiry results in co-created knowledge on the part of the participants and the researcher. Photovoice achieves this through participant directed taking of pictures, selection and discussion of meanings associated with the photographs with the ultimate goal of creating an environment supporting social change through social action. Adherence and attention to issues of trustworthiness and authenticity allow for the findings of the study to become the catalyst for that social action.
Chapter 4

Recruitment Process

Approval was obtained from the University of Cincinnati Institutional Review Board (IRB) prior to beginning the study (Appendix A). Recruitment flyers (Appendix B) were placed in various health clinics that provided prenatal care, general health care and pediatric care. Adolescent African American girls, who met the inclusion criteria and were interested in participating, contacted me directly via the phone numbers provided on the flyers. They were then given basic study information and invited to attend an informational meeting. During the meeting, detailed study information was provided and an instructional video on how to take pictures with the disposable camera was viewed. Following the video, a discussion around ethical picture taking and how to obtain consent from individuals to take their picture was facilitated by the researcher. During the first photovoice session, there was a group discussion about cameras, power, ethical issues, potential risks to participants, how to minimize these risks and the practice of taking photos for this type of research project. Participants viewed a ten minute video about how to take pictures in a manner that would not put participants or photographed subjects at harm by taking photographs in a safe manner and how to avoid sensitive situations.

Specifically, the researcher addressed the following questions with the participants:

- What is an acceptable way to approach someone to take his or her picture?
• Should someone take pictures of other people without their knowledge?
• What kind of responsibility does carrying a camera bring?
• What would you not want to be photographed doing?
• Should you take pictures of a sensitive situation (e.g., abuse, violence, drug use, etc)? What will happen if such photos occur?

Inclusion/Exclusion Criteria

Participants were: (1) self-identified as African American (2) female between the ages of 14 and 19 or had delivered a child between the ages of 14 and 19 at the time of the study (3) pregnant or parenting a child (4) family member or parent of a participant. This population is vulnerable on several levels including age, race, pregnancy, or parenting status. One major purpose of the study was to explore and give voice to those who traditionally do not have voice due their vulnerability. Also, the target population was based on the disparity health outcomes that affect African American females and their children. For this reason it was critical to the study to recruit specifically from this population.

Consent Process

Adolescents and their parents (guardian) when appropriate were invited to the informational session where the study was explained in detail. Adolescents and their parents (guardian) received an informational sheet about the study at the informational session (Appendix C). If the adolescents and their parents (guardian) when appropriate agree to participate, written permission was obtained from parents (those younger than
18) and participants over 18. Assent was be obtained from those younger than 18 years old and documented per the assent document.

Participants were asked to sign a permission form for the use of the photo in the exhibition or in publications and presentations. All photographed subjects over 18 years old were asked to sign the consent form. For all photographed children under 18 years of age, parents (guardians) were asked to sign this consent form giving parental permission to use the child’s photo.

Research Setting

The research setting took place in the greater Cincinnati area. The actual location and environment evolved over the course of the study. An effort was made to plan meetings at locations that were convenient to the majority of group members. Public library locations were scattered throughout the community and available through public transportation (metro bus). Most had available meeting rooms that would accommodate the group activities.

After the first few of meetings and attempting to find the most convenient library location, it was decided by the group that meetings would be held at the main branch library location. The main branch location was centrally located to all participants, required the fewest bus transfers, and had the most accommodating meeting rooms. The teen program director of the library invited the group to meet in the designated teen area of the library where there was dedicated space for meetings including open classrooms with whiteboards and video screens.
Phase one of the project was designed to evaluate the appropriateness of the method (Photovoice) with pregnant or parenting African American adolescent girls. Additionally, phase one laid the foundation for the continuation of the project by providing insight into the specific questions the group wanted to answer and how they wanted to answer them. The challenge for me as the researcher was to balance the desire to answer the original research questions with the responsibility to honor the participatory nature and design of the project. I found myself continually relating back to the original research questions to see if the process continued to inform the project or vice-versa. The first group of five participants quickly revealed that the evolving nature of participatory research demands flexibility and attention to the direction the group wishes to go. It soon became clear that limiting the study to only those girls who were pregnant or parenting would drastically limit the depth and breadth of the study. The input, experiences, observations and insight offered by those family, friends and significant persons in the lives of these girls also contributed to the mothering experience in some way.

My role as a novice researcher in this area of participatory research with a dynamic group of young women who had much to say – literally and figuratively, also evolved into one of true facilitation. The balancing act continued as it was clear that in order for the group to continue to explore, analyze and create, my job was two-fold: (1) to provide some basic structure upon which the group could build; and (2) to facilitate a process which promoted co-created knowledge generation that truly reflected the participants contribution and not only my interpretation.
Phase two continued with two of the phase one participants and the addition of six additional participants. The activities used to elicit and explore the questions employed the SHOWED technique developed by Wang (1999) which included personal journaling, free writing, concept mapping exercises, group discussion and collage building. The acronym SHOWED is represented by the following questions: 1) What do we SEE here? 2) What is really HAPPENING here? 3) How does this relate to OUR lives? 4) WHY does this problem, concern, or strength exist? 5) How can we become EMPOWERED by our new social understanding? 6) What can we DO to address these issues? Each activity set the stage for another layer of discovery to take place. Those girls who were less verbal wrote detailed journals while others revealed much in their collage building. The physical meeting space promoted a comfortable environment in which the participants felt they could talk, move around, write on the board and interact with one another.

The earlier meeting rooms had mainly long conference-type tables and a more formal atmosphere. The group behaved in a more formal way as a result. The group appeared to want to be “led” as if we were in a classroom being taught rather than to learn from one another. I found myself struggling with taking on the familiar and more comfortable role as “teacher” and needing to impart some type of valuable knowledge. In contrast, the teen meeting rooms had circular tables and chairs arranged in close proximity to the whiteboard, very open with glass walls on one side and well lit. The environment definitely contributed to the positive working atmosphere.

Through our meeting in the teen space the teen director invited the group to display their work in the teen section of the library. This invitation provided the group
with an opportunity to publicly present their work in a relevant way to an interested audience. The end result was a complex representation of blended voices of each of the participants creating a rich representation of their experiences while their individual voices remained intact.

**Research Participants**

A total of nine girls participated in some capacity in the research study. One participant attended the informational meetings, viewed the training video, signed consents, provided the first photograph assignment topic and received a camera but did not return her camera for processing or attend any photo discussion sessions. The ages ranged from 15 to 20 with the average age being 17. Two family members (one sister, age 19 and one mother, age 37 of a participant) also participated in several of the photo discussion sessions during phase two. All were consented prior to participation in any group discussion. See Table 2 below for participant summary. Following the summary, a brief description of each participant will be given to provide a better understanding of the unique situation of each. Participants have been assigned a pseudonym in order to protect their confidentiality.
Table 2 - Participant Summary

<table>
<thead>
<tr>
<th>Phase</th>
<th>Participants</th>
<th>Ages</th>
<th>Education</th>
<th>Role</th>
<th>Pregnant/Parenting Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1 - Pilot</td>
<td>Carrie**</td>
<td>20</td>
<td>GED</td>
<td>Participant</td>
<td>Parenting 1 child, teen mom at age 19</td>
</tr>
<tr>
<td></td>
<td>Grace**</td>
<td>18</td>
<td>HS</td>
<td>Participant</td>
<td>Parenting 1 child</td>
</tr>
<tr>
<td></td>
<td>Rachel</td>
<td>18</td>
<td>HS</td>
<td>Participant</td>
<td>Pregnant</td>
</tr>
<tr>
<td></td>
<td>Jamie</td>
<td>15</td>
<td>10th grade</td>
<td>Participant</td>
<td>Pregnant</td>
</tr>
<tr>
<td></td>
<td>Sherry*</td>
<td>19</td>
<td>HS</td>
<td>Participant</td>
<td>Pregnant</td>
</tr>
<tr>
<td>Phase 2</td>
<td>Delilah</td>
<td>17</td>
<td>11th grade</td>
<td>Participant</td>
<td>Parenting 1 child</td>
</tr>
<tr>
<td></td>
<td>Tina</td>
<td>18</td>
<td>10th grade</td>
<td>Participant</td>
<td>Parenting 3 children/also pregnant</td>
</tr>
<tr>
<td></td>
<td>Lisa</td>
<td>17</td>
<td>12th grade</td>
<td>Participant</td>
<td>Pregnant</td>
</tr>
<tr>
<td>Other discussion participants</td>
<td>Marie</td>
<td>37</td>
<td>HS</td>
<td>Mother of participant</td>
<td>Teen mom at age 17, 2 children</td>
</tr>
<tr>
<td></td>
<td>Cheryl</td>
<td>19</td>
<td>HS</td>
<td>Sister of participant</td>
<td>No children</td>
</tr>
</tbody>
</table>

*Attended information session, viewed instructional video, consented and provided first photograph assignment topic but did not return camera for processing or participate in photo discussion session

**Participated in both Phase 1 and Phase 2 of the study
Carrie.

Carrie is 20 years old and is the mother of a four-year old daughter. Carrie smiles easily and seems somewhat shy when first greeted. Carrie takes great pride in her appearance with her hair always styled and dressed in current, age appropriate clothes. Carrie dropped out of high school when she became pregnant at age 17 but has since completed her general education diploma (G.E.D). Carrie works at a local discount apparel store and lives with her younger sister Grace and Grace’s eight-month old daughter. Carrie and Grace came together to the first informational meeting and continued through both phases of the study. Carrie’s face becomes animated when she speaks about her daughter and she credits strong family support with helping her successfully complete her G.E.D. Carrie maintains a positive attitude when discussing the challenges of being a teenage mother and continues to look toward the future. Carrie expresses a desire to provide a better life for her daughter by continuing her education at a local technical college to learn advanced computer skills.

Grace.

Grace is 18 years old and is the mother of an eight-month old daughter. Grace and Carrie live together in an apartment close to their parents and six siblings. Grace attends high school and plans to graduate at the end of this year. She and her sister share household duties and child care responsibilities. Grace also is very attentive to her appearance. Both Grace and Carrie appear to dote on their children whom they brought to two photograph discussion sessions. The children were dressed in very feminine outfits and their hair was carefully braided. Grace and Carrie provided snacks
for their children during the sessions and kept them occupied with coloring and playing with simple toys (cups, keys, crinkled paper). Grace would redirect her sister’s four-year old daughter as if she was her own and Carrie would often hold and snuggle Grace’s baby. Grace described her experience of “falling in love” with her baby as taking time to happen. When Grace discovered she was pregnant she expressed ambivalence about becoming a mother. Having grown up in a large family as one of the older children in the family with responsibilities of caring for the younger children she was not eager to become a mother herself. Grace now sees her daughter as the hope for the future. Both Carrie and Grace spoke about the absence of the children’s fathers as a disappointment. Grace’s parents are married and she stated that a child grows better with two parents. She wants that for her daughter.

Cheryl.

Cheryl is 19 years old and is the sister of Carrie and Grace. She does not have any children and still lives at home with her family but is planning to move to her own apartment soon. Cheryl came to one of the photograph discussion sessions and also requested a camera to take her own pictures related to the photo assignment. Cheryl provided great insight into the relationship of Carrie and Grace and also how the family supported both girls in their mothering. Cheryl provided additional observations about watching Grace grow and change during her pregnancy from not wanting children of her own to becoming a loving and caring mother. Cheryl also provided insight into Carrie’s interaction with her daughter by saying, “The baby runs the show sometimes!” Cheryl offered her opinion that Carrie should be stricter with her four-year old and should not give her so much juice to drink. Cheryl, Carrie and Grace appeared comfortable with
one another, smiled and giggled at each other’s jokes and comments during the
discussions.

**Sherry.**

Sherry is 19 years old and expecting her first child. She graduated from high
school, lives alone in an apartment and is not employed. She is close to her
grandmother and mother but feels she is “on her own” now. She describes being
nervous about becoming a mother but feels she is ready and will be a good mother
when the time comes. During the initial informational meeting Sherry was engaged in
the discussion and offered the first photo assignment topic as “What motivates you as a
mother?” Sherry presents herself as inquisitive and after discussing the purpose of the
study inquired as to the personal “why” of the study. She specifically wanted to know
what motivated me as the researcher to do this study. This exchange prompted a
series of personal reflections that both changed me personally and my approach to this
study. Sherry and I communicated several times over the phone but due to some
personal circumstances she was unable to complete the study. Even though she was
unable to complete the study, Sherry’s contribution to the study was and continues to be
important.

**Rachel.**

Rachel is 18 years old, is expecting her first child and lives with her family
(mother, sister, and brother). Rachel moved twice during the study. Rachel brought
two friends with her to the informational meeting. One of those friends (Jamie) also
participated in the study. Rachel appeared a bit shy and kept to herself during the
discussions. She often would observe the interaction in the room among the girls who were engaged in discussion. While observing, Rachel would often appear uninterested or disapproving of the responses given by some of the girls but then would offer a comment or observation. Rachel’s written participation often revealed a softer, more vulnerable side. Rachel delivered her baby during the study and did not participate further.

**Jamie.**

Jamie is 15 years old and expecting her first child. During her participation in the study she was essentially homeless and stayed with a variety of people (friends, extended relatives) moving locations on almost a daily basis. Jamie first came to the group by way of Rachel. Jamie appeared angry and disinterested at the information meeting but requested a camera and wanted to participate. Jamie did return her camera and attended a discussion session. During that discussion session she expressed disappointment in her pictures and said “I didn’t take any good pictures” and threw them in the garbage can. Even after encouragement to reconsider throwing them out and reassurance that she did not have to share any of her pictures if she did not want to, she said they were “bad” and did not want to keep them. Jamie did participate in the discussion of some of the other girl’s photographs and offered her own interpretation of their photos. Jamie had her baby during the study. Jamie’s baby was discharged to foster care until Jamie secured stable housing. Several of the girls in the study knew Jamie and tried to encourage her to participate further. One girl actually called Jamie from a discussion session and said “You need to be here. The group can help you”. Jamie did not participate further.
Delilah.

Delilah is 17 years old, a junior in high school and parenting a one-year old daughter. Delilah lives with her 23 year old sister who she credits with literally saving her life. Delilah and her sister were abandoned by their mother when she was young and her sister assumed responsibility for both of them. Delilah smiles easily, speaks in an animated way and is highly motivated to provide a better life for her daughter. She is very active in a mentoring program in which a college student spends time with her and helps her move toward her goal of going to college. Delilah brought her daughter to one discussion session and kept her busy with age appropriate toys and would “chat” with her continually as she was working on her pictures. She was always engaging her daughter in whatever she was doing at the time. Delilah surrounded herself with “positive” people as she describes them. She only wanted to be around people who would lift her up and not bring her down. The only time she spoke negatively was when she would describe her mother or the time when her mother left her and her sister.

Tina.

Tina is 18 years old, is currently parenting three children and is expecting her fourth child. Her children are four-years (son), three-years (son) and 8 months old (daughter). Tina dropped out of high school in the tenth grade. Tina has a quick wit and is very engaging from the first moment you meet her. Tina lives with the father of the baby she is currently pregnant with. She refers to him as her husband even though they are not legally married. Tina describes her life as busy taking care of her children and she does get help from her husband and her brother. Tina brought her three
children and her brother's child to her first informational session. Tina watched the instructional video intently while the children played actively (wrestling and aggressively setting up plastic animals for a battle) nearby. She would periodically verbally correct the older children reminding them to stop being “bad”. The children seemed to respond to her verbal requests for a few minutes and then returned to their active play. Tina was very animated with her baby daughter and played with her in a physical way that mimicked an aggressive game of hide-n-seek. Both Tina and her daughter would laugh heartily as they played. Tina made a point to explore all options available to her in the community to help her take care of her children. She actively participated in parenting classes offered at the local community center and a program that offered “coupons” to be earned by participating in parenting activities that could be used to purchase baby items such as diapers, clothes, strollers etc. Tina was eager to take pictures and share her life experiences through her journaling. She often made the other girls laugh and gave “advice” on how to deal with stressful situations.

Lisa.

Lisa is 17 years old and is expecting her first child. She is a junior in high school and lives with her mother. Lisa is very quiet and shy but appears mature for her age. Lisa’s mother speaks for her frequently. Lisa’s mother was the initial contact for the study and accompanied Lisa to all of the meetings. Lisa seemed comfortable with her mother’s direction but also participated in discussion readily. Her photographs and journal entries spoke to her mature nature and were layered with meaning. Lisa engaged Delilah, who had no particular religious affiliation, in an in-depth discussion surrounding the role of Jesus in her life. Lisa appeared extremely focused on her
responsibilities as a mother and credited her grandmother and mother with teaching her what she needed to know about being a mother.

**Marie.**

Marie is 37 years old and the mother of Lisa. Marie directed her daughter in many ways. Marie made the initial call to participate in the study, accompanied Lisa to all of the meetings and appeared to be extremely resourceful. Marie never appeared overbearing and was always polite and respectful. Marie listened attentively to her daughter and was respectful of her contributions. While Lisa was quiet and reserved, Marie was more outgoing and initiated conversation easily with those around her. There was some initial concern that Marie might have wanted to have Lisa participate more than Lisa wanted to participate but during the discussion sessions and after questions directed specifically at Lisa, it became apparent that Lisa had much to say in her very quiet but powerful way. Marie’s participation in this study also added a perspective that otherwise would have been missed had the study been limited to the girls themselves.

**Chris.**

Chris is 23 years old, a college student in a master’s program and a mentor to Delilah. Chris attended one of the discussion sessions at the request of Delilah. They were spending the day together and were planning lunch to discuss how school was going for Delilah and what she should focus on for next year to prepare her for college. Chris appeared extremely invested in Delilah’s success. Delilah was very excited to share her photographs and her work on the project with Chris. Chris’s participation in
this project was minimal, mainly observational but important. Chris represented another way in which young mothers and mothers-to-be are reaching out and attempting to build and rebuild a network of support that went beyond their immediate day to day survival.

Data Collection Process

Consistent with participatory research and Photovoice methodology, data collection and analysis for this study was and continues to be an iterative process that takes place in the context of group process as well as the research environment. As stated earlier the creation of a participant narrative provides the critical emic perspective that can then be compared to the researcher narrative representing the etic perspective. The participant narrative was developed using data that included photographs taken and chosen for discussion by the participants as well as excerpts from personal journals, free writing, tape recordings of discussion sessions as well as project activity work (brainstorming lists, colored post-it notes used to generate a type of concept map, and personal collages) created by the group during discussion and analysis sessions.

Participants were given a 35mm disposable camera with 24 exposures and an addressed, stamped mailer for return of the camera to the researcher for processing. The photographic assignment was determined by the group. The participants were then instructed to take as many photographs as they liked related to the assignment but were not obligated to take the entire roll of film. The cameras were returned to me as the researcher and then taken to a local film developing business. The film envelopes were marked with an identifier unique to each participant and the film was then developed.
with two hard copies and one digital disk. The developed photographs, negatives and disk remained in the sealed film envelope until the group discussion meeting.

The participants were also given individual journals and pens at their first informational session. They were encouraged to write their thoughts, feelings and experiences down as they took their photographs. They were also encouraged to write about any other thoughts or experiences they may have had during the study whether they were related to the photographs or not. The participants were assured that the journal writings were private and they were not obligated to share any of their journal writings if they did not wish to. The goal of the journal writing activity was to provide an opportunity for the participants to begin to explore their own feelings about taking the photographs as well as their own experiences as a mother. The assurance of privacy and voluntary sharing hopefully removed the “assignment” nature of the activity and provided the participants with a safe place to express themselves.

Only one full discussion session was audio taped due to participant requests to not tape subsequent sessions. The one digital recording that was made was of poor quality due to the physical space being somewhat open. The external sound on the recording was very distracting and difficult to filter out making the recording unable to be used in the analysis. A variety of activities were used to facilitate informal and relaxed interaction among the group and to allow for individuals to contribute in ways they felt most comfortable. Using a variety of activities also provided avenues for the group to begin to move beyond superficial description of photographs and begin to engage in real analysis. The ongoing recruitment and the subsequent snowball effect resulted in participants bringing friends unannounced. This situation also resulted in part of the first
four meetings needing to include a short re-orientation to the study, viewing a ten-minute video on picture taking, and obtaining consent from those new to the group who wished to participate. The video was viewed via a laptop computer and could be done discreetly and by one or two girls and not disrupt the rest of the group.

The format used for each session was developed by me to promote a systematic approach to initiating group discussion. The format also served as a way to document events occurring prior to the group meeting, general goals for the session, activities occurring during the session, and analysis of and reflection on the session as a whole. Hand written notes were then transcribed into an electronic format using Microsoft® Office OneNote 2007 software. The electronic document along with photographs, transcripts, and personal journal entries were then imported into NVIVO 8, qualitative data management software for sorting, coding, and analysis. The format included:

1. A short pre-session summary of events occurring prior to the meeting
2. Description of attendance – who attended and their role/relationship
3. **Activity** – selection of photographs to be discussed, questions raised and answered by the group, visual representation of the SHOWED technique (use of brainstorming lists, colored markers for identifying themes, post-it notes for concept mapping, collages, free writing exercises etc.)
4. **Plan** – plan for next photo assignment/discussion and preparation for next meeting
5. **Observations** – my personal observations of the group meeting, personal and group interactions, verbal and non-verbal communication
6. **Reflections** - my own reflections on the events, process, progress

Below is a summary of the research process (Table 3) used for this study adapted from the photovoice process developed by Wang, Yi, Tao and Carovano (1998):

80
### Table 3. Research Process for This Study

<table>
<thead>
<tr>
<th>Research Process Step</th>
<th>Research Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conceptualizing the problem</td>
<td>Exploring representations of cultural meanings of mothering in adolescent mothers</td>
</tr>
</tbody>
</table>
| 2. Defining goals & objectives                            | Developed session format:  
  1. Pre-session summary  
  2. Description of attendance  
  3. Activity  
  4. Plan  
  5. Observations  
  6. Reflections                                                                 |
| 3. Implementing method –recruitment, training, identifying themes for first photographic assignment | Ongoing, snowball, training  
Group developed photographic assignments/questions:  
  • What is mothering to you?  
  • Who/what are the important people, places or things in our life or community that help you as a mother?  
  • What things make it hard to be a teen mother?  
  • What do you want people to know about being a teen mother?  
  • The future…?                                                                 |
| 4. Participatory analysis                                 | Participant Narrative  
Multiple activities:  
  • SHOWED technique  
  • Concept mapping  
  • Personal collages                                                                 |
| 5. Researcher analysis of narrative transcripts, notes, photographs | Researcher Narrative  
Action ↔ Reflection cycle                                                                 |
| 6. Dissemination of findings via community and professional presentation | Public display at the public library                                                                 |
Summary

It is important to understand the mobile nature of the group and how that mobility contributed to my new understanding of the challenges and strengths of the girls who participated. It became apparent early on that including only those participants who “completed the study” from beginning to end would have limited the understanding developed as a result of the unique insight that those participants brought. Each of the participants brought something important and unique to the study. Each of the participants had a story they were ready to share. Each of their stories enriched, informed and added depth of understanding to the picture that emerged. The analogy of *Charlotte’s Web* continues to give a visual representation of the complexity with which young women and girls in this community attempt to build and rebuild a network that is both fragile and deceptively strong simultaneously.
Chapter 5

Presentation of the Data

The composition of the group varied from meeting to meeting as issues such as inclement weather, personal family issues, transportation, ill children, childbirth and more immediate concerns of the participants took precedence over the group meeting. While life events may have prevented uninterrupted participation for some, the changing circumstances of the participants seemed to reflect the reality of experiences and challenges this group of girls navigate daily. Communication with the participants varied greatly due to sporadic cell phone availability (the primary method of communication among the girls) and several of the girls moved multiple times during the course of the study. Contact information that was available often changed unexpectedly. Developing a relationship with the community as a whole and being viewed as accessible definitely helped with communication. Some of the girls would call from a friend’s phone to confirm meeting dates and times or to let me know they would be late or unable to attend.

In general, most attended at least two meeting sessions and some attended three sessions in addition to attending the final session which was used to prepare the project for public display. Several girls who accompanied friends who were participants attended only the information meeting. While the group on any given day may have consisted of a different combination of individual group members, the group did develop a working relationship and an identity referred to by the members as “the teen mom group”. Two participants were present throughout the entire study and provided a core
of stability to the group. The delicate threads connecting the group appeared to be continually woven and re-woven as necessary to accomplish the task at hand. Data collection occurred over the course of five months which was two months longer than anticipated.

Data Analysis

Data were analyzed using a number of processes that reflected the nature of the data and the purpose of the analysis (participant narrative/researcher narrative). It is the constant comparison of the etic and emic perspectives that provides for a multidimensional representation of the data that emerges. The iterative nature of the action-reflection cycle of participatory action research represents knowledge created via action (in this instance participation in the process) and subsequent reflection on that process and what was learned (Gaventa & Cornwall, 2008).

All data were analyzed consistent with inductive qualitative analysis through coding, sorting and organizing into broad conceptual categories. For the participant (emic) perspective the three stage process specific to Photovoice known as participatory analysis developed by Wang and Burris (1997) was used in to develop the participant narrative. Participatory analysis is a three stage process that includes: (1) selecting, (2) contextualizing, and (3) codifying (Wang & Burris, 1997).
Participant Narrative

**Stage one – selecting.**

Stage one – selecting consists of the participants choosing which photographs to discuss. Photographs are developed and participants choose from their own photographs several they would like to discuss or that have special meaning to them. The process of selecting photographs for discussion took place as part of the activity portion of each participant meeting. The unopened and sealed developed film envelops were distributed to the individual participants. They were then asked to start by picking five photographs that they felt strongly about and addressed the photograph assignment for the week.

**Stage two – storytelling and contextualizing.**

Stage two consists of storytelling or contextualizing the photographs. It is during this stage that the participant narrative is generated. The technique described above as SHOWED is used with the group to guide discussion with the group (Wang, 1997, 1999). Individual meanings, perspectives and significance are explored and expressed in this stage. Multiple meanings surrounding singular images may emerge. The meanings, perspective and significance are then captured in the narrative through transcription of the taped discussion as well as the researcher narrative generated by observation and interaction with the group during this stage.

For this study the participants were asked to number their photographs 1, 2, 3, etc. on the back. They were then asked to write their thoughts, feelings, why the photograph was significant, what it depicted for them and why they chose to take that
particular photograph for each of the corresponding numbered pictures. Each participant would then discuss and share the story surrounding the photographs using what she had written about each photograph as a prompt. Some of the participants chose to share portions of their journals to add to the discussion and provide additional context for their photographs.

The acronym SHOWED was then written on large tear-off whiteboard pages with each page displaying a separate letter and corresponding question to be answered. The pages were then taped to the walls around the room. Each participant was given a colored marker to identify their own contributions to the discussion. Each participant would then choose one or two of the photographs she had written about for further group discussion. The group would then proceed with the SHOWED process: What do we SEE here? What is HAPPENING here? How does it relate to OUR lives? WHY does this problem, concern or strength exist? How can we become EMPOWERED by our new social understanding? What can we DO to address these issues? (Wang, 1997, 1999) As the group moved through the process a list was generated under each letter that represented individual meanings and perspectives by color.

Additional activities used to develop the participant narrative included distributing different colored post-it notes to individual participants. They were then asked to write a word or phrase on a separate post-it note answering the following questions that were generated as a result of group discussion of photographic assignments:

1. What is mothering to you?
2. Who/what are the important people, places or things in your life or community that help you as a mother?

3. What things make it hard to be a teen mother?

4. What do you want people to know about being a teen mother?

5. What is the future…?

Under each question participants would post their responses. Once all of the responses were posted the group then began to look for patterns and themes in their responses and grouped them accordingly. The result was a visual explosion of colored paper that began to cluster around themes of “building a network”, “sharing responsibilities”, and “seeing the future”.

The group also worked on personal collages from their own collection of photographs that also addressed the above questions. The participants were given poster board, colored markers, tape and other office supplies with the goal of constructing their collages for the public display of their work. As the project progressed the collages took on very personal expressions of each participant’s experience as a teen mother. One participant created “The Many Faces of …”. Her collage featured multiple pictures of her daughter’s face – happy, sad, silly, tired, wearing a hat etc. Another collage depicted a variety of places that were personally important to her, her pregnancy and her learning to be a mother – grandma’s house, the justice center, the clinic, the pharmacy, and the metro bus station. Another collage depicted strong family ties and working together – siblings, friends, “dressing up”, doing each other’s hair, children playing together, a family at the kitchen table laughing, as well as pictures of tired mothers and their children. A particularly telling collage contained the “things”
necessary to take care of her children – a stack of diapers in the corner, clothes neatly folded on a chair, a bag of groceries on the kitchen counter. One of the most moving collages from my perspective spoke to the isolation experienced as well as the support she felt she had as a teen mother– a picture of an empty corner of a room, her sister, a group of friends, and her school.

It was through the work on the personal collages that the participants decided they wanted to keep their own work but would like a combined collage created that merged their perspectives together. Staying true to the ethics of participatory research that maintains ownership of the data created lies with the participants, it seemed appropriate to work with the group on how they would like to present their data to the public. I routinely brought a laptop computer to the meetings and shared some of the ways we could approach building the collage. The electronic versions of the photos on the disk provided with the developed photographs were used to create the merged collage used for the presentation at the local library. The final product was presented to the group for their final approval prior to the public display. The result was a ten slide enlarged and mounted slide presentation that was displayed on six foot tall display boards provided by the library (Appendix D). The participants maintained ownership of their own hard copy photographs, journals and personal collages.

**Stage three – codifying.**

In the third stage of analysis Wang (1997, 1999) identifies three types of dimensions that may arise from the dialogue/codifying process: (1) issues, (2) themes, or (3) theories. Issues may relate to pragmatic situations that exist and are tangible
such as availability of transportation or safe areas to play. Themes may include broader areas of concern such as community safety or education in schools. Examples of theories may include thoughts and explanations about how or why certain conditions exist. All analysis was generated through the group process discussion.

During group analysis issues of absent fathers, limited financial resources, and public perception of teen mothers were identified as having a strong influence on the experiences of being a teen mother. Constant comparison of the participant narrative generated during group analysis with the researcher narrative, resulted in the emergence of the broad themes: (1) “building a network”, (2) “sharing responsibilities”, and (3) “seeing the future”. The intra-generational transfer of cultural mothering practices began to take shape as a mechanism used by the group to fill in the gaps, share their experiences, and learn from one another what they considered important to insure their children survive and thrive. Each of these themes will be discussed in detail later.

Researcher Narrative

For the researcher (etic) perspective, Srivastava and Hopwood (2009) have described a framework for analysis that is comprised of three iterative questions that help to guide the researcher towards progressive understanding of the data. The framework questions are: 1) What are the data telling me? 2) What is it I want to know? 3) What is the dialectical relationship between what the data are telling me and what I want to know? It is this process that assists the researcher in refining the focus and linking back to the research questions (Srivastava & Hopwood, 2009).
The researcher narrative was developed simultaneously with the participant narrative. After each group session I would document my observations of the events and interactions that had taken place and reflect on my own reactions, thoughts and responses to the experience. I often returned to my notes and reviewed work generated by the group during the discussion session multiple times over the course of several days as a range of thoughts feelings, and emotions began to surface for me personally. As each session produced some type of visual product that varied in size, shape and composition, I found that by laying each session’s work out on tables, my desk and the floor of my office, it provided me with an immersion experience that I would not have been able to produce through field notes alone. As the eclectic collection of work grew, an image began to emerge of a complex, interwoven network constantly being built and rebuilt. Analysis of narrative text from SHOWED activities, photographs, and personal collages was accomplished by developing individual codes that were then grouped into broader conceptual groups. Themes were then inductively arrived at by discerning links among the conceptual groups.

**Reflection and Transformation.**

I also experienced a personal transformation in how I viewed the girls in the group. I began the project feeling “in control”, the disperser of information – a familiar and comfortable position for me. The power imbalance/relationship quickly became apparent. It was the very issue of how the intersection of race, class and gender affects the experiences and meanings of mothering that provided the theoretical framework for this study. The intended purpose of the study was to give voice to a group of people for whom I believed had no voice – a vulnerable, disadvantaged group of Black, young,
unemployed mothers. There seemed to be some great irony in assuming that I held the power to give a voice to anyone simply because I possessed a privileged position as a White, middle-aged, college educated health professional. My entire career as a midwife has been about "helping" and "empowering" women. I had a personal revelation that while my intentions may have been good, my position of power as a "keeper" and "deliverer" of information was not empowering at all. These young women had incredible strength and power that only needed to be given an opportunity to be seen and acknowledged. They only needed a safe platform on which to stand. Maybe that is my real role here - provide a safe platform on which to stand.

It is difficult to hear another’s voice if your own is speaking at a particularly high volume. My situated and privileged position provided me with a high volume voice. My first challenge was to turn down the volume and listen. The voices were there – quiet and tentative at first, but there. As my volume decreased, theirs increased. I was no longer the disperser of information. The relationship became a shared conversation. I heard much. I learned much.

I felt as if I were being given a unique opportunity to see beyond the surface of a group of adolescent girls who represented a socially defined “problem”. In my professional experience as a midwife, my entire career had been devoted to addressing the “problem” of adolescent pregnancy and their apparent inability to mother properly or effectively. What became clear was that the problem was not a deficit on their part or their addition to an already overburdened system. The problem appeared to be a tenuous social network and a fragmented system of health care facilities, publicly and privately funded programs and task forces that were directing limited resources towards
a larger public health issue of maternal-child health without considering the strengths and assets that already existed in the community. The revelation was that the professional and expert volume was so loud no one had even thought to listen to what might be playing in the background.

The resourcefulness of the girls in the group was apparent. Some in the group could readily identify community resources that were available and that they used for support. Others seemed at a loss for what might be available to them. Still, others seemed capable of reaching out and creating their own system of support. The difference seemed to be those girls who either were utilizing existing resources or creating their own had some type of family or social network in place. Those who were struggling were struggling on many fronts and seemed to be struggling alone.

During the study I met regularly with my dissertation chair and expert in qualitative research to discuss process, progress and emerging themes. This process was critical to insuring the rigor of the study was being maintained and issues of trustworthiness and authenticity were being addressed. These regular meetings also provided me with an opportunity to explore my own feelings about the project and process the events as they unfolded. The guidance provided to me by committee members was invaluable and reassuring as I travelled a sometimes uncertain path. I was continually reminded to “trust the process”.

92
Emergent Themes

Building a Network.

The theme of building a network emerged early in the analysis. For some, the network was already in place when they became mothers. For others there was little or no identifiable support network. Carrie and her sister Grace share an apartment. Carrie and Grace each have one child and co-parent their children. Carrie and Grace spoke often about the importance of the love and support from their family.

“Looking at the picture of my family I can feel how much they love us and supported us” - Grace, age 18

“If I didn’t have my family support I don’t know how my life would be” – Carrie, age 20

In contrast, the photograph below represents feeling alone and having few options.
These two disparate examples reflect the wide range of experiences for adolescent mothers. The interesting thing about the photograph of the corner in the room is the presence of the shaded window. The window may represent a potential way out. The person who took the photo of the corner also took the photograph below representing her “wall of motivation”…her way out.

“My wall of motivation…they motivate me to stay on track. My friends are important to me because I can always talk to them and they always have my back” – Delilah, age 17
The participants were never asked directly to identify their support system or even if they had one. The status of each girl’s support network was implied by the reflections, journal writing and free writing surrounding photographs. Below is a sample:

“My sister helps a lot when I need to study or just need some time alone”

“My sister never fails to let me know what a good mother I am”

“My mother helps me as a mother learn the things that I need to know about being a mother”

“My husband helps a lot with everything…I love him and really care for him. We are our only happy family.”

The network was under constant strain as families would move, relationships would end and resources became scarce. One particularly poignant illustration of the fragility of the network was the case of Jamie who frequently was homeless or bounced among staying with “friends” or distant relatives. Jamie was fifteen years old and expecting her first child during the study. She appeared resistant to participating in the group at first and threw her photographs into the trash can. Jamie went into labor shortly after attending her first group discussion session. Jamie experienced an emotionally traumatic birth and ultimately left the hospital without custody of her infant daughter who had been placed in respite foster care upon discharge. Several girls in the group knew Jamie and attempted to reach out to her during the study. She refused their offers of support and help. One of the girls stated, “She has no one to show her what to do. How is she supposed to know what to do?” During my interactions with Jamie I could almost feel the desperation in her as she would move between wanting to
be physically close, almost sharing the same space, to physically turning her back and making no eye contact at all. Her demeanor was physically defiant at times.

For those who had little in place and even those who had a solid network in place the importance of the very existence of the network, however it was constructed, was critical to their view of their own ability to mother their children. The girls who appeared to have a strong network in place seemed more confident in their interaction with their own children and the children of others. The same girls also appeared to be more willing to share their experiences with each other. The network provided physical and emotional support as well as opportunity to learn from one another the “how to” of caring for their children. They were stronger together than they were individually and they appeared to know it.

**Sharing Responsibilities.**

Sharing responsibilities may seem like an obvious theme in the development of the network. But it was “how” the sharing of responsibilities occurred that made this a stand-alone theme. Seeking help, collaborative caring for children, a sense of family connectedness and history emerged as ways in which mothering responsibilities were identified and shared. Much culturally relevant information was transferred among the girls during the sharing of responsibilities. Responsibilities included caring for one’s self in preparation for becoming a mother, having responsibility for caring for siblings or other children, and providing physical care or emotional comfort to each other or their children. In some cases sharing took place with anticipating the responsibilities of
becoming a mother and seeking guidance from those who were respected as “good mothers”.

Mothering implies caring and nurturing with the intended purpose of thriving (Dole, unpublished paper). Ruddick (1980) identifies preservation, growth and acceptability as three primary interests that need to be met in order for children to thrive. It is the attention to preservation (protection and preservation of life) and growth (fostering physical, emotional and intellectual growth) that the theme of sharing responsibilities speaks to. Historically, the care of children by bloodmothers, othermothers and other extended kin (including non-blood related “fictive kin”) was practiced in African American communities to ensure that collectively children were being cared for and nurtured collectively (Collins, 2000). This multiple mothering acknowledged that individual survival depended on group survival (Collins, 2000). Survival in the context of this study may be viewed as not purely physical survival but in terms of the emotional, social and cultural survival of these young mothers and their children.

The sharing of responsibilities begins with the recognition of what those responsibilities may be. The following is an excerpt from a journal entry:

“Looking at the picture of Grace kissing her baby speaks volumes to me. Before Grace got pregnant she always said that she never wanted children. While she was pregnant she did not know how she was going to feel. When I look back and watch her and her daughter, all I see is love. She takes really good care of her although she always said she never wanted children. Grace is a very good mother.” – Carrie, age 20
“When I look at this picture, it makes me think of how much I’ve changed in the reaction toward my pregnancy.” – Grace, age 18

“Looking at my baby brushing her teeth I realized how fast she is growing and she is starting to realize responsibilities.”

One participant referred to her mother as the person from whom she was learning the skills necessary to be a mother as she was expecting her first child at age 17. The same participant also talked about her grandmother’s house as a place of safety and where she learned about her family history. She looked to her grandmother as a source of grounding and as an example of the kind of mother she wanted to be.
There were multiple examples of the extended family, friends and extended relatives who participated in some way in the care of each of the children. One example mentioned a person identified as a “cousin” and not blood related to the family who cared for the children in the family as if they were her own. This care included physical care, discipline, and emotional care that was doled out with no partiality demonstrated. Another example of multiple mothering was directly observed as participants who happened to be sisters, interacted with each other’s children during a discussion session in such a way that to the outside observer one could not tell whose child belonged to whom.

Another telling entry describing a photograph of a mother and her two young children followed by a photograph of a premature baby in the intensive care unit connected to a multitude of wires and tubes was as follows:

“I see a happy family and a mom who is trying to do by herself and take care of her kids.” – Rachel, age 18

Evidence of children caring for one another also appeared frequently as depicted by several photographs showing young children holding each other’s hand, hugging, holding a bottle for a baby, and a school-aged child lying on the floor playing with a baby just beginning to crawl.

Each of these examples seemed to represent a reliance on one another that was being developed and nurtured beginning with very young children. The absence of fathers was evident as several of the participants mentioned the importance of having the child’s father around and involved. One photograph actually showed a father of one
of the younger children walking out of the door with the caption “Even though her father isn't there like he should be, I will always be there to guide her.” While the absence of fathers may illustrate a break in the fragile network and a shifting of additional responsibility for the care and nurturing of the children onto the mothers, the space appeared to be filled by the sharing of those responsibilities with other family members and supportive friends.

**Seeing the Future.**

It is the theme of seeing the future that provides the most positive of perspectives and fits nicely through the lens of appreciative inquiry (Ludema, Cooperrider, Barrett, 2008; Reed, 2007). In spite of what could sometimes be described as extremely challenging situations and limited availability of resources, the ability to look forward and envision a future for themselves and their children that included education, happiness and security that was self determined and within reach was evident. The ability to see past current circumstances and envision the future appeared strongly related to motivation, personal strength, faith, education and life control. The statement “When you lose motivation…you lose”, was made early in the discussion. Motivation was represented in ways that included an understanding that education was directly linked to the ability to improve their current circumstances. Education meant access to more resources (job, money, better place to live) which in turn meant more life control and opportunity.
Life control appeared to have great meaning. Control of where you live, what you need to change your circumstances, and how to deal with the situation at hand are represented by the quotes below:

“You have the power to change your life!”

“Choose to be a mother.”

“In the future I hope to go to college, get my own place and raise a family.”

“It’s not the end of your life. You can change your life.”

“I want to go to college and get out of my neighborhood.”

The photograph above left represents the road out of a difficult situation – out of the neighborhood. The photograph on the right showing a break in the clouds and blue sky above the crowded buildings of the city also represents the desire to "get out".

Seeing the future was also represented by recalling the past:

“This is my son and my nieces playing. I was thinking that was me when I was young…it keeps me motivated to just see them grow up, learn new things and one day grow up to be little men and young ladies.”

“In the future I don’t plan on making the same mistakes but making a better situation for me and my child by furthering my education”

“In the future I plan on making smarter choices and not only thinking of myself but for my daughter too.”
Another example of this future vision is a photograph of an infant being bathed in the bathroom sink, the mother’s hands gently cradling the baby, baby soaps and lotions visible on the counter with the caption, “I love this picture because it reminds me of how blessed I am. I can’t wait to see her grow”.

The girls in the group possessed an ability to see the future as a positive place for their children that was full of possibility:

“She makes me eager to see how she will grow and how much she will change.”

“My beautiful daughter…I live to see her happy and growing strong.”

“She is my life. She motivates me to become a great mother and stay in school so she can have a better life than I.”

Seeing the future was also represented by faith:

“Church motivates me as a teen mom to keep trying for my goals and do what I believe in.”

“Faith in God gives me strength to do what I need to do”
Summary

Themes of building a network, sharing responsibilities, and seeing the future emerged through the constant comparison of the participant and researcher narratives. The nonlinear way in which the themes emerged closely resembles the delicate web that is constructed and reconstructed in the analogy to Charlotte’s Web. The lives of the young mothers who participated and shared their experiences and perspectives are complex and multilayered. The ways in which mothering practices are transferred appear to also be complex and multilayered. What does seem clear is a distinct intra-generational transfer of mothering practices is occurring. While inter-generational (between successive generations) or even trans-generational (across multiple generations) transfer would be expected, the transfer within a generation was unexpected but undeniable. The intra-generational transfer of mothering practices in this group of mothers appeared to be built on their own life experiences and self-identified strengths. It seems this is an opportunity to take a cue from the practical experts (the mothers themselves) and begin to “see the future”.
Chapter 6

Discussion

The social construction of mothering in adolescent African American girls is not only framed by the experiences of daily life but the cultural influences of a complex network that is under constant construction. Exploring meaning in relation to cultural mothering practices from the inside out requires an approach that is sensitive to issues of gender, race and class that are also socially constructed. Mothering as viewed contextually through gender, race and class is also interpreted externally by those observing and internally by those living the experience. This chapter will discuss the themes that emerged as co-created knowledge. The themes will be discussed in relation to the interpretative and culturally relevant theories that provided the framework for this study. Additionally, implications for nursing practice/theory, health policy, study limitations, and directions for future research will be discussed.

Findings/Emergent Themes.

The contextual nature and social construction of knowledge have been framed for this study by the use of critical race theory, critical social theory and critical feminism. It is the intersection of race, class and gender that provides some basis of understanding for the external observer (health care workers, practitioners, policy makers, educators) as to what the experience of African American adolescent mothers might be. It is critical to not only understand what the experience is but how that experience is shaped by being female, young, African American, unemployed or under employed, and by the ability to identify, access or utilize available resources. How meaning is ascribed to mothering practices that are culturally defined and socially
constructed is of importance to those who are charged with developing and allocating resources that ideally reflect the needs of the community being served.

The identified themes fit with an appreciative inquiry (AI) approach that identifies and acknowledges strengths and assets. The themes of building a network, sharing responsibilities and seeing the future, take on deeper meaning when viewed and interpreted through the theoretical perspective of Black feminism, Womanism and Africana Womanism (Collins, 2001, 2000; Banks-Wallace, 2000; Hudson-Weems, 2001, 1993). Shambley-Ebron and Boyle (2004) speak to the importance and value of using culturally relevant theory when conducting research with African American populations. Each of these perspectives share a common thread of acknowledging that knowledge is contextual and situated. Each of these perspectives maintain that knowledge generated from a situated position is valid and can be used to address power imbalances, expose hidden sources of oppression and is emancipatory in its own right.

The ability to build a network that offers emotional, physical and social support was identified as a particular strength in this group of mothers. It was the persistent building and rebuilding of the sometimes fragile connections that revealed an unexpected level of strength and resourcefulness. Shambley-Ebron and Boyle (2006) explored the tradition of inner strength in African American women and their associated perceptions of the cultural strength identified as “strong mothering” among women whose lives were complicated by HIV/AIDS. It is the recognition of this cultural strength that can provide communities with a place to start building and strengthening support networks rather than continuing to stress an already frayed and fragile network.
Sharing responsibilities emerged as a result of young, inexperienced mothers identifying the “work” of mothering and collectively figuring out a way to nurture not only their own children but the children of others. There appeared to be a vested interest in ensuring children not only survive but thrive. It is in the context of shared responsibility that even very young children are being taught to care for one another. It is apparent that strong cultural values and practices are being transferred within a generation and not just across generations. The shared interest of protecting and nurturing children even in the inexperienced can also be seen as a strength that can be built upon.

Seeing the future may have been the most surprising theme to emerge. There is a distinct “future orientation” to how the mothers who participated in this study mother their children. It is not just a matter of having hopes and dreams for the future but the concrete ways in which they move toward the future. The desire to make a better future for their children is dependent upon mothers making a better future for themselves. Their vision of the future is also tied to education. Children are being educated through practical everyday experiences by their mothers and an extended network of family and friends. An understanding also exists of the importance of obtaining a formal education as necessary to secure a better job that can in turn sustain their families. Education is also perceived as an informal way to gain access to more resources. The ability to “see the future” is identified as a key strength that can also be built upon to support mothers in realizing such a vision for themselves and their children.
**Implications for Nursing.**

What does this all mean for nursing? Nursing has long abided by its social contract with society that assumes and values the human experience as contextually and culturally defined (ANA, 2006). Included in the American Nurses Association (ANA) definition of nursing is the “attention to the full range of human experiences and responses to health and illness without restriction to a problem-focused orientation”.

Closing the gap on health disparities is of concern to all nurses. To date the gap has not been closed by pursuing a problem-focused agenda.

My hope is that information gleaned from this study can be used to inform nursing practice by bringing to light the existing strengths of a much maligned and misrepresented group of mothers. In general, nursing can strengthen its relationships with communities by beginning to incorporate principles of community-based participatory research into nursing inquiry that will ultimately lead to the development of programs that reflect the community’s needs and build on strengths. More specifically, the goal is reduction in the unacceptable disparity in infant mortality among African American infants by providing the culturally relevant support young mothers need to continue the work they have already started. Understanding how cultural mothering practices are interpreted and transferred can be invaluable to nursing as we seek to support young mothers and their children.

**Practice.**

It is critical for nurses who care for mothers and their children in all areas of practice to improve and enhance their own interactions by recognizing issues of power,
enhancing community involvement and working to identify strengths versus focusing on deficits. Acknowledging the power imbalance that exists by virtue of race, class or gender in addition to the almost insurmountable imbalance that occurs at the intersection of the three is critical to a nurse’s ability to communicate effectively. Consider the image of a White, college educated, and female nurse interacting at a health clinic with a sixteen year-old African American girl expecting her first child stepping on the scale at her prenatal appointment. Everything from the uniform/white coat the nurse is wearing to the environment of the clinic sends the message “I am in charge and I know what is best for you”.

Fast forward to a community center room filled with eight to ten girls expecting a child, a community facilitator, a nurse, and other community leaders/workers all dressed in regular clothes and sitting in a circle with no table between them. The topic being discussed is nutrition during pregnancy. A discussion ensues about what are some of the things you like to eat? Everything from the setting of the room, the way individuals are addressed and the discussion itself acknowledges a major shift in approach.

The previous example illustrates the difference nursing can make in how the care of individuals and communities can be experienced when power issues are recognized and addressed, relationships built and resources are developed based on identified community strengths. Empowerment is not bestowed on another as if it were a precious gift. Setting the stage for empowerment to occur from within individuals should be the work of nursing as we engage in communities and assist in discovery of the power that already exists within them.
Theory.

The theoretical basis of practice continues to evolve. Nursing can have a greater impact on the health of individuals and communities by incorporating multiple theoretical perspectives into their research. Participatory forms of research are ideally suited for nursing by fundamentally changing the researcher/participant dynamics. Theory produced through participatory research is grounded in “practical knowing”. Knowledge grounded in individual practical experiences must be acknowledged as valid and useful in order for meaningful change to occur. Theoretical support for the importance of understanding cultural sensitivity, diversity, and community strengths is not unique to nursing and should be embraced.

Nursing should be challenged to return to its roots of community engagement. While knowledge generated by nurses for the purpose of supporting and understanding nursing practice is indeed important it may be time for nursing to shift the focus from looking inward to looking out. In order to truly make a difference in the health of individuals and communities – whether it is adolescent mothers, infants or adults, we must begin to see ourselves as facilitators of what is working and seek to make it better.

Health Policy.

The knowledge generated from this study can be used to guide nurses, community leaders, policy makers and other health care workers to work in collaboration with communities in the development of programs and resources for young mothers and their children that reflect and support the cultural strengths that exist and build on them. Specifically, in the Hamilton County, Ohio region the findings from
this study can be used to illustrate how adolescent African American mothers are currently working and reworking the threads of a network they created for themselves. The official task force created to address the staggering infant mortality in our city could benefit from hearing from this group of mothers. Possibly then some of the financial resources being allocated to large organizations and institutions could be redirected to neighborhoods and communities to support them in developing their own programs. Programs that reflect the needs of the actual community and are built on what already exists could benefit young mothers and their children for generations to come.

If the goal of research is to build knowledge and understanding, there must be an acknowledgment that such knowledge is situated and contextual. We must assist communities in identifying ways to strengthen the network and in turn share responsibilities of child rearing, always remembering it does in fact take a village.

**Limitations of the Study.**

Limitations of the study, like the study itself, may be attributed to perspective. The process of participatory research is indeed messy and unpredictable. The fluid nature of the lives of the participants in this study made for challenging communication between the participants and me. It also provided some explanation of the intermittent participation by some. Ironically, it was the ever changing circumstances of the participants that also provided valuable insight for me into some of the daily challenges young mothers navigate in our community.
Acknowledging that this study does not fit a pure definition of participatory action research should be made clear. Reason and Bradbury (2008) define action research as:

“a participatory process concerned with developing practical knowing in the pursuit of worthwhile human purposes. It seeks to bring together action and reflection, theory and practice, in participation with other, in the pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and their communities.” (pg. 4)

Brydon-Miller, Greenwood, and Maguire (2003) stated that, “Action research rejects the notion of an objective, value-free approach to knowledge generation in favor of an explicitly political, socially engaged and democratic practice.” (pg. 13)

The action component of this study may be seen as limited in that the “action” resulting from this study while culminating in a public presentation of the participants’ work, did not actually result in a change in public policy or direct, observable social change. Arguably the development of practical knowing with the intent of developing practical solutions that result in the flourishing of individuals and communities was pursued and on a smaller scale, accomplished. The beginnings of a foundation for action have been laid.

Retrospectively, anticipating the invaluable contributions of extended family, friends and others for whom adolescent mothering directly affects their lives would have strengthened the study from the onset. Unnecessarily narrowing the eligibility criteria to only include adolescent mothers eliminated perspectives and contributions that are
critical to developing a thorough understanding of the experience of mothering and how those practices are interpreted and transferred culturally. The participants in this study reflected on their own realities and experiences. These realities and experiences may not reflect the broader experiences of African American adolescent mothers in other geographical areas or even within the boundaries of Hamilton County, Ohio. Conversely, the findings reliably represent the concerns and perspective of the participants. Understanding the unique needs, concerns, strengths of a particular group allows for solutions to be developed that directly reflect those needs, concerns and strengths.

**Directions for Future Research.**

Participatory methodologies offer nursing an opportunity to move beyond the boundaries of traditional cause and effect research. Beyond the search for the magic intervention that will somehow “fix” the problem, change behavior, or alter the course of scientific history is a place where those who ask the questions are asking the questions that matter to those who are affected by the answers. Photovoice is but one method among many participatory approaches. The combination of photography, group discussion and journaling provided an opportunity for the mothers in this study to tell their story in their own words. The questions and the answers belong to them. The key for the researcher is to be positioned to listen. The process itself was an intervention in that it provided an opportunity to identify and share strengths among a group who had common interests.
The process as an intervention is consistent with an appreciative inquiry approach. An opportunity is created for a conversation to begin that is based on strengths and not deficits by asking the positive question. Asking participants to identify their own strengths shifts the power from an external force to be pushed against to an internal force that can move individuals and communities forward.

Future research can build upon the identified themes of building a network, sharing responsibilities, and seeing the future and expand further into the community. By including a broader range of community members who have a vested interest in the future of children living in their communities in identifying existing community strengths, the foundation for meaningful change can be laid. When the children of a community thrive, the health of an entire community can be improved.

Conclusion

The challenge for nursing is to acknowledge that however well intentioned we may be in our efforts to “empower” and impart information, we may be inadvertently perpetuating a power imbalance that actually is preventing the voices of those we are supposedly serving to be heard. It is about volume control.
References


*Ambulatory Pediatrics*, 3(5), 240-245.
Appendix A. IRB Approval

July 31, 2000
Debora M Dole, MSN, RN
CON Advanced Practice Team
0038
1225 Carolina Trace Rd.
West Harrison, IN 47060

RE: IRB #: 08-02-19-09-E Cultural Meanings of Mothering Practices in African American Adolescent Mothers Through Their Own Eyes

Dear Debora Dole,

The University of Cincinnati Institutional Review Board - Social and Behavioral Sciences (IRB-S) has reviewed and approved your new research project.

Approval is effective 7/31/2008 and expires 7/31/2009.

If your research requires signed consent, the approved consent version (with the IRB approval date and expiration date in the footer) is attached to this approval. This is the version that MUST be used with your participants.

The research MUST be conducted EXACTLY as approved. ANY modifications to the approved project must be reviewed and approved by the IRB-S BEFORE being implemented.

To continue your research beyond the expiration date shown above, you MUST submit a Progress Report to the IRB-S at least one month before the expiration date shown above. At the completion of your research, you MUST submit a final Progress Report to the IRB-S marked "completed."

Also attached to this approval are Investigator Responsibilities, which are expected of all human subjects researchers at the University of Cincinnati.

Sincerely,

Julie W. Gerlach, B.S.N., M.P.H., C.I.P.
Chair, UC IRB-S

JWG:cn
Cc: Donna Shambley-Ebron, PhD, RN (ML 0038)
Appendix B. Recruitment Flyer

### Teenage moms—How do you see it?

Would you like to share your experiences as a mother?

<table>
<thead>
<tr>
<th><strong>Who?</strong></th>
<th>African American girls between 14 and 19 years old who are pregnant or parenting a child.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is it?</strong></td>
<td>A research study about mothering</td>
</tr>
<tr>
<td><strong>What do I have to do?</strong></td>
<td>You get to take pictures and meet with other mothers 3 times to talk about the pictures</td>
</tr>
<tr>
<td><strong>Will I get paid?</strong></td>
<td>yes</td>
</tr>
</tbody>
</table>

For more information please call:
Appendix C. Study Informational Sheet

Teenage Mothering—How DO YOU see it!

Study Name: Cultural Meanings of Mothering Practices in African American Adolescent Mothers: Through Their Own Eyes

What is it? This is a research study about what it is like to be a teenage mother

Who? 10-12 African American girls between the ages of 14 and 19 who are parenting a child or who are pregnant

How does it work? Girls who want to be in the research study and their parents/guardians will come to an information meeting about the study. If the girls want to be in the study and have permission from their parents the girls will be given disposable cameras and training about how to take pictures. The group and the researcher will decide together a picture assignment for the week. The girls will also be asked to keep a journal of their thoughts and feelings during the study. The girls will send their cameras back to the researcher in a pre-stamped and addressed mailer to have the pictures developed. The group will meet and talk about the pictures. There will be three picture taking assignments followed by three discussion sessions. Participants can withdraw from the study at any time for any reason without any questions asked. At the end of the research study the group will choose several of their pictures to be used in a public display at a place they choose.

How long will it take? The group will meet three times for about 1 ½ hours to discuss the pictures taken and decide the next picture assignment.

Payment? The girls will get a $25 grocery gift card at the end of each of the first and final picture discussion sessions for a total of $50 for completing the study.

Who do I contact? If you have questions you can contact: Debra Dole @ 513-558-5290
Appendix D. Public Photo Display

Teenage Mothering: How WE see it!

A presentation of photographs taken by teen mothers in our community

The Teen Mothering Group
Facilitated by Dcbror M. Dolc. CNM, MSN
Assistant Professor of Clinical Nursing
College of Nursing

The project...

A group of teen mothers in our community were given cameras and asked to answer the following questions through

Photography...
Journaling...
Group discussion...
The questions...?

What is mothering to you?

What do you want people to know about being a teen mother?

The future....

The answers...
Discussion...

tell me about it...

You are never alone
"Talk to someone"

Never give up!

"It is hard out here when you are a single parent"

in the future I plan on making smarter choices and not only thinking for myself but for my daughter too.

What makes it hard?
Being young
Being alone
Not having a job
How people treat you
Being single

"absent fathers..."

"when you don't believe you can do something and just give up...that makes it hard"

"In the future I hope to go to college, get my own place and raise a family"

"It's hard but it gets better...you can still pursue your dreams"

i want people to know it's hard to be a teen mom but you can do it with family and friends help but you have to be willing to help yourself...stay in school...do what you need to do, take care of yourself, take care of your child"

...it's all about perspective...

What do you see?
How do you see it?
How does it relate to your life?

"My grandmother's house is my place to go when I get out of school and see my grandma. It is my family history"

Motivates me...because it helps me get places that I need to go.

This is where I go to get my blood drawn to see if the baby is healthy.

To get out...

The pharmacy helps me get my medicines and medicine

The police cars and ambulance influence me because the police help control the crime level in our city and the ambulance helps me get to the hospital when I have no other way.
If my mind can conceive it and I can believe it, I can achieve it!

Journaling...

thoughts...
feelings...
insights...
reflections...

"Watching my son and my nieces playing I think of me when I was young."

"Just seeing them grow up and learn new things and one day grow up to be little men and young ladies motivates me."

"My sister helps me a lot when I need to study or just need some time alone."

"My mother helps me as a mother learn the things that I need to know about parenting."

"If I didn't have family support I don't know how my life would be."

"I was just thinking about how cute she was... she is so happy when she just wakes up and that makes me happy."

"My friends are important to me because I can always talk to them and they always have my back."

"My sister never fails to let me know what a good mother I am."

"Looking at the picture of Gabriel makes her smile come release to me... before she got pregnant she was always just that she never wanted children while she was pregnant. She did not know how she was going to do it, when I told her and asked her she her daughter. "I want a son."

She takes good care of him. She is a very good mother and she really loves her... an inspiration by Gabriel."

"My beautiful daughter likes to see me happy and spending time together.

"Happy families!"
Appreciative Inquiry

The glass is half full
Identify strengths
Build on those strengths

Result:
Empowerment from the inside out

This project would not have been possible without the young women who participated, shared their experiences and co-created knowledge that can be used by our community to build on their incredible strength.

They are knowers!

Acknowledgements
This project was supported by funding from:

University Research Council Summer Fellowship Award, University of Cincinnati
College of Nursing Dean’s Research Award, University of Cincinnati