Building a “Better Life”: The Transformative Effects of Adolescent Pregnancy and Parenting

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Abstract
Adolescent pregnancy is often described as a major concern in public health and is associated with negative outcomes for educational and career attainment. Our objective was to compare the future aspirations of pregnant and parenting adolescents and identify social or structural barriers that they experience in their daily lives using journal entries from pregnant and parenting adolescents. The journals, which served as primary data sources, were completed by 52 multi-ethnic pregnant and parenting adolescents aged 15 to 19 in Indiana. Both pregnant and parenting adolescents aspired to provide a “better life” for their children that included finishing school and obtaining a career. An emergent theme is that the experience of pregnancy and parenting is transformative and may invoke a positive refocusing of life aspirations for educational and career attainment. However, social stigma and barriers exist that make achieving educational and employment opportunities difficult. The study findings indicate that pregnant and parenting adolescents need strong social support networks and practical tools to help harness their motivation and transcend social and material barriers to achieve their goals and aspirations.

Keywords
adolescent pregnancy, teen parenting, aspirations, educational attainment, transformation

Introduction
Although the rate of adolescent pregnancy has declined from 61.8 per 1,000 women in 1991 to 29.4 in 2012, the United States still has one of the highest rates of adolescent pregnancy of any high-income country (Hamilton, Martin, & Ventura, 2013). Despite the decline, adolescent pregnancy is a major concern in public health according to the Centers for Disease Control and Prevention (CDC; 2014). Adolescent pregnancy has been associated with a number of negative social, psychological, developmental, and health outcomes for both the mothers and their children (CDC, 2014). One of the negative outcomes for mothers is a reduced likelihood of completing a high school diploma or a university degree, which limits their future employment potential (Escamilla & Santhiveeran, 2005; Perper, Peterson, & Manlove, 2010). Attainment of a high school or college degree is important because of the correlation between educational attainment and earning potential through one’s lifetime. For example, adults with advanced degrees earn 4 times more than those with less than a high school diploma (“Educational Attainment in the United States,” 2012). Escamilla and Santhiveeran’s (2005) longitudinal study pointed to long-term disadvantages for women who gave birth before the age of 20, including lower levels of educational attainment and employment in addition to higher rates of poverty and use of public assistance. Furstenberg’s (2003) research asserted that young parenting affects work resulting in less time employed, lower paying positions, increased likelihood to be supported through public assistance, and difficulties with balancing parenting with work.

Researchers and policy makers alike have focused on the devastating effects of adolescent pregnancy and parenthood. Thus, we were interested in understanding the aspirations of pregnant and parenting adolescents and the structural and social barriers that they view as obstacles to achieving their aspirations.

Although much has been written regarding the long-term detrimental effects of adolescent pregnancy, some researchers have challenged the causal links between adolescent pregnancy and negative life outcomes (Barr & Simons, 2012;
Geronimus, 2003; Salusky, 2013; SmithBattle, 2007b). Studies have found that adolescent pregnancy is more likely a consequence rather than a cause of economic and social disadvantage (Barr & Simons, 2012; SmithBattle 2007b). In other words, pregnancy is not the impetus for the correlated negative “outcomes” of adolescent pregnancy, but rather, adolescent pregnancy is a reflection of the social context in which the pregnancy takes place (Barr & Simons, 2012; Geronimus, 2003; SmithBattle, 2007b).

Researchers have typically used quantitative or quasi-experimental research designs when comparing aspirations and educational attainment between adolescent and older mothers (Geronimus, 2003; Salusky, 2013). Quantitative research often overlooks the political, economic, and cultural contexts that may elucidate the structural challenges that erode aspirations. Researchers have called for more qualitative studies that focus on the voices of adolescent women from an emic perspective (Geronimus, 2003; Salusky, 2013; SmithBattle, 2007b) and that identify the structural barriers that may be the impetus for aspirational changes and lowering of expectations (Barr & Simons, 2012).

SmithBattle (2007b) and others (Geronimus, 2003; Salusky, 2013) have identified the disconnect between how health care professionals, scholars, and the general public see pregnancy influencing the lives of adolescents versus how adolescents see pregnancy affecting their own lives. SmithBattle (2007b) observed that the anticipation of motherhood led adolescents to reevaluate and refocus their priorities, often motivating them to want to complete school. In SmithBattle’s study, she found transformed life meaning and priorities and a greater importance placed on school and careers for pregnant and parenting mothers. In fact, regardless of the adolescents’ school status prior to their pregnancy, the anticipation of motherhood was an impetus for motivating them to remain in or return to school, improve grades, and gain a new interest in attending college (SmithBattle, 2007b).

Despite the newfound motivation that motherhood may impart, adolescent pregnant and parenting mothers face many structural barriers that limit school and college attainment as well as societal sanctions like stigma and social disgrace (Chumbler, Sanetmatsu, & Parrish-Sprowl, 2014). For instance, some adolescent mothers find themselves with little social support or preparation for new parenting. Furthermore, high schools and colleges often do not have affordable child care, which may further discourage attendance. Competing demands of a new mother post-birth often thwart aspirations and lead to more realistic or lowering of career and vocational related expectations (Hellenga, Aber, & Rhodes, 2002). However, not all adolescents exhibit lowered expectations. Hellenga et al. (2002) found that young mothers with greater access to economic and social resources post-birth did not have a lowering of aspirations and expectations after childbirth. Early interventions that provide social support and services such as counseling, child care, and support groups may prevent parenting adolescents from lowering their expectations for school and career.

The literature suggests conflicting findings regarding whether adolescent motherhood motivates young mothers to graduate high school or attend college or whether it lessens their educational aspirations (Barr and Simons, 2012). One way that researchers have evaluated the effect of adolescent pregnancy on the lives of young women is by comparing their educational and career attainment pre- and post-birth. These studies differentiate between educational and career aspirations and expectations. Aspirations are desired career goals given ideal conditions while expectations take into account factors that may hinder reaching one’s aspirations (Baly, 1989). Scholars have also referred to this pairing as “abstract” versus “concrete” attitudes toward education (Barr & Simons, 2012). For example, SmithBattle found mismatched aspirations and expectations in their study with adolescent mothers having both a newfound desire to attend college and conflicting structural factors regarding work or child care responsibilities that interfered with their ability to do so (SmithBattle 2007a). Barr and Simons (2013) found similar aspirations between pregnant and parenting adolescents, but lowered expectations for completing college for parenting adolescents. Clemmens (2003) referred to this lowering of expectations as “the reality of motherhood brings hardship.” Clemmens found that many mothers found motherhood more demanding than they had planned and that child care activities left little time for themselves. In Rosengard, Pollock, Weitzen, Meers, and Phipps’s (2006) study of pregnant adolescents, a prominent theme was that adolescents thought that pregnancy would require them to put their lives on hold and revise their life goals. This perception occurred 86% of the time with adolescents who had previous children compared with 74% who were pregnant without previous children.

The original purpose of the journaling program was part of a larger project in Lake County, Indiana, that was focused on communicating health information to pregnant and parenting adolescents while also providing participants with a means of self-expression (Bute et al., 2014). In Lake County, the teen birth rate per 1,000 population in women aged 15 to 19 is slightly higher than the national average (37.3 in Indiana, compared with 29.4 on average in the United States; Hamilton et al., 2013). Once the seat of a thriving steel industry, the region was devastated by deindustrialization during the 1970s and 1980s and over the past couple of decades has struggled with high rates of crime and unemployment. Studying adolescent pregnancy in this region of Indiana provides key insights into other low-income urban environments with similar sociodemographic composition and fertility patterns.

Two of the authors of this article were involved in the design and implementation of the journaling project from its beginning. Preliminary analysis of the data (see Bute et al., 2014) revealed that pregnant and parenting adolescents focused many of their journal entries on their motivations and aspirations for a “better life.” Their focus provided a unique opportunity to
explore aspirational differences, if any, between pregnant and parenting participants. Because the literature reports both negative and positive effects related to pregnancy and motherhood, and distinguishes between pre- and post-birth women, our objective was to contrast the aspirations of pregnant adolescents with those of parenting adolescents and to identify the structural and social barriers that both groups of young women view as obstacles to achieving their aspirations.

**Method and Analysis**

**Design**

This study used journal entries to solicit the voices of pregnant and parenting adolescents. Fifty-two multi-ethnic pregnant and parenting adolescents from Lake County, Indiana, participated in the journal project. To address adolescent pregnancy on a local level in the state of Indiana, the Maternal and Child Health (MCH) Division of the Indiana State Department of Health (ISDH) created the Pregnant and Parenting Adolescent Support Services (PPASS) program to promote the development of integrated systems of support services for pregnant and parenting adolescents and their families. The journals used in this analysis were part of a joint initiative between PPASS, Indiana University–Purdue University Indianapolis (IUPUI), and Empowering Teens As Parents (ETAP), an agency serving pregnant and parenting adolescents in Lake County, Indiana, who were a key community implementation partner and who assisted with recruiting pregnant and parenting adolescents (Bute et al., 2014).

In 2011, ISDH and IUPUI conducted research to evaluate various means of communicating health information to adolescents on pregnancy, prenatal care, and early parenting. Journals were identified as an effective communication tool and an outlet for stress. Journaling is also a valid methodological means of obtaining data on pregnant and parenting adolescents’ concerns regarding pregnancy and early parenting (Bute et al., 2014). Journals are an innovative research method because they allow for real-time reflection during pregnancy and parenting, which may elicit different responses than interviews conducted at a later date. There is also a certain level of anonymity involved with journal writing that does not occur during a one-on-one or group interview. Journaling is associated with a list of benefits, including greater self-awareness and confidence, reduced stress and anxiety, improved mood, improved physical health, a better understanding of major life events, and the development of a conduit for improving communication with a counselor (see Baikie & Wilhelm, 2005; Pennebaker & Seagal, 1999).

**Sampling and Recruitment**

The study sample was purposive and drawn from a list of clients at ETAP who were invited by ETAP staff to participate in the study. The participants were young women aged 15 to 19. Participation was solicited for both pregnant and parenting adolescents. Thirty-one participants were recruited in Week 1 and 21 participants in Week 2 for a total of 52 study participants. The recruitment procedure consisted of the reading of a script to potential participants that described the purpose of the study and what would be expected of study participants. Each potential participant who wished to continue provided her signature on an informed consent document. Those participants under age 18 signed an informed assent form and their parents submitted a signed waiver of parental consent. This procedure was approved by the Institutional Review Board (IRB). All participants received a US$25 gift card upon enrollment, and an additional US$25 gift card upon completion of the project.

**Demographics**

Demographic information was collected from all participants and is included in Table 1. The majority of participants were between the ages of 15 and 17. Hispanic individuals made up the largest portion of our enrolled participants. Sixty-one percent of the participants were already parents. The majority of the participants were enrolled as students. Only 25% of the participants were employed in either full- or part-time work. The primary source of income for 67% of the participants was their parents.

**Journal Composition**

The journal format was a portable paper binder divided into five sections that included quizzes, writing prompts, drawing exercises, guided journaling, and free journaling. The

| Table 1. Demographic Variables (N = 52). |
| --- | --- | --- |
| Frequency | % |
| **Age** | | |
| 15-17 | 29 | 56 |
| 18-19 | 23 | 44 |
| **Ethnicity** | | |
| Hispanic | 21 | 40 |
| Black | 18 | 33 |
| White | 13 | 25 |
| **Pregnancy status** | | |
| Pregnant | 21 | 39 |
| Parenting | 31 | 61 |
| **Student** | | |
| Yes | 35 | 67 |
| No | 17 | 33 |
| **Employment** | | |
| Yes | 13 | 25 |
| No | 39 | 75 |
| **Primary source of income** | | |
| Parents | 35 | 67 |
| Employment | 9 | 17 |
| Public assistance | 8 | 13 |

*Employment includes full- and part-time jobs.*
Once coding was completed in NVivo, one of the analysts generated “matrix queries” using NVivo to explore similarities and differences in school and career aspirations between pregnant and parenting adolescents. Query results were used by the analysts to identify relevant excerpts from participants’ written responses that represented prominent themes across the journals and that best illustrated similarities and differences between pregnant and parenting adolescents. The participant data were divided by the attribute “pregnant” or “parenting.” If a participant was both pregnant and parenting, she was included in the “parenting” group. Queries were written and run on codes of interest such as “better life” or “college future” to look for similarities and differences.

**Results**

**Aspirations and Positive Motivation Expressed by Pregnant and Parenting Adolescents**

We found pregnant and parenting adolescents had similar aspirations toward finishing school and establishing careers. Aspirations, which centered on providing a “better life” for the baby and long-term goals (initiated by the journal prompt “Five years from now right after I wake up/at noon/at 4:30 p.m./at 8:00 p.m. I will . . .”), involved finishing high school, attending college, starting a career, and establishing financial independence. Long-term goals were often vague and did not include explicit steps for achievement. Pregnant and parenting adolescents stressed several positive effects of their new maternal role that included positive self-image and confidence in their abilities. Both pregnant and parenting adolescents also voiced concern with stigma and competing demands that may ultimately hinder their goals. Results are reported according to theme and presented using the terms “pregnant participants” and “parenting participants” herein.

**“A Better Life for My Baby”**

Both pregnant and parenting adolescents aspire to provide a “better life” for their children and made similar statements about what this means to them. Activities and aspirations framed as contributing to a “better life” were described as spending time with their children, giving their children everything they want and need, and being a good role model.

One pregnant participant wrote, “My child will have everything I am able to give her.” In many cases, the “everything” referred to both social and monetary support. For example, one pregnant adolescent wrote, “I want to get a good job to make money for my baby.” A parenting participant wrote she wanted to be able to provide her child with “help, support, and money.”

Support sometimes referred to having both a mother and father present in the child’s life. One pregnant participant wrote, “My baby would have everything he ever needed. I also want him to have a mother and a father his whole life.”
For another parenting participant, the importance of having
the father in her baby’s life was stressed. She wrote,

I think that more people and programs need to educate and help
the fathers as well and it might make more men become bigger
role models in their child’s life and make them want to be around
more. I believe it might help stop kids from growing up without
their dads around and in their life.

Another parenting adolescent wrote,

I don’t feel like my son’s father cares for my son as much as he
should. He doesn’t call or text to ask about him. My son only
sees him five days out of the month if that.

Only about half of the pregnant and parenting adolescents
in the study wrote about having a supportive partner in their
lives and this reflects the 41% of children reportedly living in
single-parent households in Lake County (Robert Wood
Johnson Foundation [RWJF] and University of Wisconsin
Population Health Institute, 2013). Some women voiced
concern about the prospect of single parenthood. One parent-
ing adolescent stated, “How I’m going to raise him on my
own as a single mother? How will he have the best life pos-
sible?” One parenting adolescent said, “Things that would
make parenting easier: A better father in his life.” Being on
their own without the financial or social support of the baby’s
father or a partner was a prominent theme when the partici-
pants were discussing barriers to providing a “better life” for
their children.

Both pregnant and parenting adolescents made references
to making sure that their children “got the things that they
never got,” or never received or experienced while growing
up. One parenting participant wrote about her priority: “I like
that I can teach my son things I never learned.” Both preg-
nant and parenting adolescents expressed overwhelming
desire for their children to have opportunities and succeed in
life. One parenting participant wrote that her greatest desire
for herself was “being able to make sure I become something
in life.” School was often included in the participants’
descriptions of a “better life.” A parenting participant stated,
“If I could have anything in the world I would want to have
my diploma because I can’t make a better life for my child
without school.”

“You Have to Have Diplomas”

The acknowledgment of the importance of school for
obtaining a career and ultimately providing a better life for
their child was a prominent theme in the journals. Participants’ statements express that pregnancy and parent-
ing are indeed inspirations for some to reenroll in school or
complete school and to pursue a career despite adverse cir-
cumstances or difficulties that come with being a young
parent. One parenting participant wrote that her son “is a
huge inspiration in my life. He makes me want to exceed
the limits in life, with school and work. I’m very dedicated
to him and just for him.”

The anticipation of motherhood was motivational for
some of the participants, and educational attainment was
widely stated by pregnant and parenting participants as a
vital component of providing a better life for their child. A
parenting participant wrote, “This week I’m proud that I
scheduled my college classes and scheduled my orientation
so I will be ready in August.” Finishing high school and
attending college were particular priorities stated by both
groups. This is particularly important given the statistics in
Lake County, Indiana, where just over half of residents will
ever attend college (RWJF, 2013).

Another pregnant participant wrote, “I might just go
through the accelerated program at school and graduate early. I have more than enough credits, I could probably even
have my diploma before my due date!” Maternal success was
perceived as translating to the success of her children. For
example, a parenting participant wrote, “The important thing
is to go to school, get that education for you and your child. Go
to college and become somebody. Your child will follow
your footsteps!”

When answering the prompt “Five years from now . . . ,”
several of the pregnant participants described college and
careers as part of their long-term goals before having another
baby. One parenting participant wrote, “I plan to have another
career when I’m done with college and starting a good career.”
Another parenting participant wrote, “I plan to have another
career when my career is on track.” When responding to the
question “describe a day in your life” which prompted them
to speculate about what they would be doing in the future,
this parenting participant described her life as follows:
“Around noon I will be at the hospital helping a young teen
through labor like the nurses at the hospital helped me when
I was having my baby.”

Among both pregnant and parenting participants, profes-
sional aspirations overwhelmingly involved careers in medi-
cal professions. Obtaining a college degree or completing a
vocational–technical program will be necessary for many
participants, several of whom described plans to become a
nurse, doctor, or ultrasound technician because they want to
help people as they were helped during their pregnancy and/
or birth. A parenting participant wrote,

I can’t wait to be a RN in an ER . . . helping others as I’ve always
aspired. Someday my kids will be proud of me, thankful for me
and love me for all the hardships I go through for them.

Another parenting participant explained, “My dream job
is to be an RN of an ER room. So far the plan is in action. I’m
a CNA at a hospital already.” However, this type of short-
term action plan to accomplish her longer term goals was the
exception. Most of the participants who wrote about their
desire to finish school and attend college did not include an
action plan in their description.
“Being Strong” and Social Stigma

The majority of mothers responded “yes” when asked whether they “feel strong right now” in the journals. Several participants wrote explicitly about being strong in all areas of their life and having a positive self-image to achieve their goals. One parenting participant wrote that for her, strong means “Independent, getting things done. Not having to rely on people for everything. Never giving up on herself. Powerful.” One parenting participant described “strong” as “Taking care of two kids by yourself and finishing school early!” A pregnant participant stated, “I feel strong when I think of becoming a parent.” Another pregnant adolescent wrote, “Strong is not only how tough you are, or how much muscles you have it’s also about how you carry yourself, keep your head up, believe in yourself and always think positive.”

The pregnant and parenting adolescents voiced a need for “being strong” due to social stigma. Several of the pregnant and parenting participants voiced concerns over the negative stigma attached to adolescent pregnancy and parenthood. A pregnant participant wrote about what frustrates her most: “rude stares and judgmental comments.” Another pregnant participant wrote, “I really wanna drop my summer classes. I took them because this way I won’t have to take them during the school year. But everybody stares at my belly and I FEEL the negativity there.”

Post-birth, participants also experienced stigma as young mothers. One parenting participant wrote, “The hardest part of my life is struggling with the constant critique of being a teen mother.” Another wrote, “It’s hard, being a teen mother and taking so much criticism and being judged 24/7.”

Even though about half of the participants described not having a supportive partner, many still felt motivated to achieve their goals on their own. A pregnant participant wrote, “If your baby daddy is long gone . . . ‘So what?’ You can still achieve their goals on their own. A pregnant participant wrote, “The hardest part of my life is struggling with the constant critique of being a teen mother.” Another wrote, “It’s hard, being a teen mother and taking so much criticism and being judged 24/7.”

As far as accomplishing goals, one parenting participant wrote,

My advice to other young parents is never think just because you have a little one that your life is over. You can [have] all you want and more, it’ll just be harder to accomplish than if you didn’t have a child. Never give up your dreams to go to college or your dreams to make something of yourself. NEVER let anyone put you down or make you feel worthless.

The participants’ desire for “being strong” in the face of negative stigma is voiced throughout their journals, and this strength has resulted in a positively transformative experience for many.

Pregnancy and Parenting as Positively Transformative

Positive changes were apparent in the comments that several parenting participants made about what they like about being a parent. One parenting participant wrote, “I feel more mature.” Another parenting participant wrote, “I like the responsibility because it helps me grow.” Another parenting participant commented that one of the things that she liked most about being a parent was “Being respected a lot more by my family.”

One pregnant participant described a refocusing of her life:

In the beginning of my pregnancy I thought, “why even try, my life is over?” so I didn’t apply myself until the middle when I wrote my baby deserves a good life, and I went from a report card with Fs, Cs, and incompletes to As!

One parenting participant explained her new maternal role as important for caring for herself for the sake of her children. She wrote, “Take care of yourself! Don’t drink or smoke, your kids need you!” This theme of caring for more than just oneself spills over into daily accomplishments. A parenting participant wrote, “This week I’m proud that I: Have been working hard and knowing that I did my best for me, for my job, and for my baby.” Many of the parenting adolescents express a positive self-image that seems to increase for many as they are surprised by how much they have accomplished and how hard they work post-birth. This in turn helps them to cope with the stigma of young motherhood and the barriers that they face. Another parenting participant wrote,

I’ve been realizing that I really do love being a mother. My daughter has brought out so much in me. It’s very difficult being a teen mom. But with having motivation you can do anything STILL. I was having a hard time giving up so much. But it’s worth it.

Another wrote, “I never could picture my life this way by the age of 16 having 2 kids but I never let this slow me down from reaching my dreams/goals.”

Discussion

Similar to previous findings (Barr & Simons, 2012), we found little difference between the aspirations of pregnant adolescents and parenting adolescents. The aspiration for a “better life” was a prominent theme in both pregnant and parenting adolescent narratives. Wanting something better signifies realizing the negativity in their own lives and striving for something different. Mothers in Herman’s (2006) ethnographic study noted a positive change in responsible goal-seeking behaviors, optimism, responsibility, and independence with motherhood. SmithBattle (2007b) also found an emergence of new priorities and concerns about the future with the anticipation of motherhood.

In this sense, the aspiration for a “better life” also serves as a motivator for future goal-seeking behavior, especially regarding school and career goals. Several of the
participants described the path to a better life as involving school and career. This is particularly interesting in that it could signify that messages are being heard about staying in school (see Stevenson, Maton, & Teti, 1998). Herman (2006) found in her ethnographic study of 16 adolescent mothers that the women found parenting to have a positive impact on their aspirations, including an increased value put on achieving a diploma and goal orientation toward work and career. Surprisingly, even though women in Kendall et al.’s (2005) study acknowledged future obstacles of teen pregnancy, the women reported that their first pregnancy had little or no affect on their dreams or goals, and that in some cases, early pregnancy brought meaning into their lives and even made them more likely to achieve their goals. Framed in the objective of providing a better life for their children, school and careers take on a new meaning as these mothers strive to improve the life circumstances of their children and give them resources and opportunities that they themselves never had (Kendall et al., 2005; SmithBattle, 2007b).

In spite of the social and institutional barriers that pregnant and parenting adolescents face in trying to provide a better life for their children, the majority of participants wrote about feeling strong and reported an overall positive self-image. The positive emotions that emerge during motherhood could enhance the mother’s ability to cope with the negative effects of stigma and stress (Fredrickson, 2001). The result of positive psychology could improve self-esteem and motivation. For example, Hess, Papas, and Black (2002) found an enhanced self-worth and positive self-esteem among young mothers, which may have helped them cope with negative stigma and stress.

Clemmens (2003) acknowledged that a theme in qualitative research with pregnant and parenting adolescents is motherhood as “positively transforming.” Brubaker and Wright (2006) also found a stronger, more valued sense of self by teen mothers. SmithBattle (2007b) found that pregnancy and parenting served as an impetus for new concerns and priorities about the future. Lesser, Anderson, and Koniak-Griffin’s (1998) analysis of pregnant teens identified the theme of “reparation” as “the adolescents’ desire to repair and heal the wounds they had suffered, often at the hands of their own parents, when they were younger” (p. 12). Lesser discusses the notion of “reparation” in pregnancy as a positive turning point in the lives of young mothers and a desire to heal a dysfunctional past (Lesser et al., 1998). The women in Lesser and colleagues’ study wished to repair the wounds of their own childhoods by providing an ideal life for their own children. A psychology of positive human functioning or positive psychology movement has arisen that focuses on how, through life experiences, people may become happier and fulfilled (Seligman & Csikszentmihalyi, 2000). Applying this concept to pregnancy and parenting, it has been posited that motherhood could indeed give young women an added sense of self-image and pride (Hess et al., 2002).

There seems to be a disconnect between aspirations and motivations to complete school and pursue careers and the reality of doing so given the structural barriers and societal sanctions that adolescent mothers often face. Both pregnant and parenting participants discussed the hardships involved with the social stigma and accomplishing daily tasks. Prominent hardships voiced by the parenting adolescents involved difficulty in finding jobs and balancing school and raising a baby by themselves. SmithBattle (2007b) also found that adolescents’ renewed commitment to school was often hindered by competing work demands, family responsibilities, and misdirected school policies and practices. These competing demands cause stress for new mothers, especially when the mothers do not have a strong network of social and institutional support (SmithBattle, 2007b).

The findings of this study could be applied to adolescent pregnancy and parenting support initiatives that help to make their aspirations a reality. For example, because pregnancy and parenting may have a refocusing effect that prompts adolescents to adjust their priorities, it is important to harness the newfound motivations and to provide educational and career resources to them at this critical juncture. Institutional policy support for pregnant and parenting adolescents who wish to remain in or return to school is critical so that their newfound motivation is not undermined. Assistance with translating long-term goals into short-term achievable steps is also critical to the support of the aspirations. If this transformative juncture does indeed increase motivation and positive self-esteem, then this is an important time to intervene with support in translating aspirations into explicit goals and objectives.

One predominant theme involving career aspirations is an interest in work in the medical field. This interest seems to stem from positive personal impressions made by people in these roles during the course of pregnancy, birth, and early child rearing. This finding highlights the importance of vocational role models. Pregnant and parenting adolescents may aspire to jobs that they have had some experience with, in this case, through the experience of their pregnancy and birth. Medical jobs require significant education and training, whether in technical school, college, or medical school. Programs that focus on career support and counseling, internships in medical fields, and assistance with applications for medical training could be useful in this regard, especially in economically struggling communities like Lake County.

**Limitations**

This study included several limitations involving sampling, design, and journal content. We used a purposive sample of pregnant and parenting adolescents that is not representative of all pregnant and parenting adolescents in Lake County, Indiana. A purposive sample is typically used in hard to find populations with specific characteristics, in this case, pregnant and parenting adolescents (Bernard, 2002). Non-representative
convenience samples are also used in qualitative research where the goal is not to derive generalizable results outside of the study population. Second, our analysis did not operationalize the distinctions between aspirations and expectations because these distinctions were not specifically targeted in the journal questions and prompts. Rather, aspirations were implied by the general stated plans of the pregnant and parenting adolescents. Furthermore, because the study design was not longitudinal, we cannot say anything about how these specific participants had their aspirations change in the course of their transition from pregnancy to parenting.

Participants were also limited by the format and content of the journals. One of the goals of the PPASS project was to provide pregnant and parenting adolescents with a platform to voice their concerns and emotions. To encourage them to do this, the journal used specific questions and prompts to guide their writing. This could in some cases bias the types of journal entries that were written. However, when selecting the questions and prompts, care was given to include both positive prompts like “things I like about being a mother” and negative prompts like “things I hate.” Also, the participants may not have written about long-term goals if they had not been encouraged to write about them with the prompt “In five years…” However, it was necessary to include the prompts because the journals were not just used as a data collection tool but also as a platform for self-reflection and improvement. Finally, some participants may not have felt comfortable or had practiced expressing sensitive or painful feelings in writing. This concern was addressed through the inclusion of journal prompts that helped to facilitate the participants’ expressions of emotions and concerns.

Conclusion
This study contrasts the aspirations of pregnant and parenting adolescents in Lake County, Indiana, and examines their perceptions of social and structural challenges of women in an economically depressed urban area of Indiana. The aspiration of providing a “better life” for their children was similar between pregnant and parenting adolescents. Contrary to the predominantly negative effects of adolescent pregnancy most often reported in the literature, many of the pregnant and parenting adolescents reported increased motivations for school and career post-birth as well as other positive effects such as better self-esteem, being proud of their accomplishments, and earning more respect from family members. Still, stigma and barriers exist that make achieving future educational and employment opportunities difficult. Policies that promote supportive school settings, vocational training and placement, a positive sense of self, and strong social network may mitigate these barriers.

More in-depth ethnographic exploration is needed on the changing sociocultural contexts that take place as young women transition from pregnancy to parenting and how competing demands affect future educational and career aspirations. Longitudinal study designs would be most helpful in pinpointing triggers for changing aspirations and could inform the best timing for public health interventions to help prevent adolescent mothers’ aspirations from declining. Future focus should be on providing pregnant and parenting adolescents with the social support and the practical tools they need to harness their motivation, transcend social and material barriers to achieving goals and aspirations, and realize their desires to achieve a “better life” for themselves and their families.

Declaration of Conflicting Interests
The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding
This project was funded through a partnership with the Indiana State Department of Health’s Pregnancy Assistance Fund Program: Support for Pregnant and Parenting Teens and Women. This program is sponsored by the Department of Health and Human Services, Office of Adolescent Health.

References


Author Biographies

Colleen O’Brien Cherry is an assistant research scientist at the University of Georgia Center for Global Health. She received her PhD in anthropology from the University of Georgia in 2008. As a cultural–medical anthropologist, she uses ethnographic research methods to discern cultural perceptions affecting health. She is interested in applying anthropological research methods to translate health knowledge, beliefs, and social and cultural values into systems changes, policy, and effective action. She is particularly interested in working with underserved populations in domestic and international settings.

Neale Chumbler serves as the department head, graduate coordinator, and professor of health policy and management in the College of Public Health at the University of Georgia. In these positions, he leads a diverse and interdisciplinary department with 12 tenure track faculty and 9 associated faculty and coordinates and directs all aspects of the Health Policy and Management Concentration of the MPH program. He has had a long-standing interest and expertise in developing and evaluating complex health information technology interventions that deliver accessible care for functionally impaired and cognitively impaired older individuals that ultimately improve patient-centered outcomes.

Jennifer Bute is an assistant professor of communication studies. Her research centers on communicative issues related to reproductive health. She primarily studies communication about health in interpersonal relationships, such as how people manage private information about topics such as infertility and miscarriage, and also examines public discourses about reproductive and sexual health.

Amber Huff is a social anthropologist and political ecologist in the Institute of Development Studies in the UK. She received her PhD in anthropology from the University of Georgia in 2011, and has worked as a part-time assistant professor in the Department of Anthropology at the University of Georgia. As a cultural–medical anthropologist, her research approach integrates policy analysis, quantitative and qualitative methods, and social–epidemiological methods of data collection and analysis to understand variation in health, health disparities, and relationships among social and health policies, professional and clinical practice, and patient outcomes.