THE "GOOD" MOTHER: EXPERIENCES OF CANADIAN ADOLESCENT MOTHERS LIVING IN RURAL COMMUNITIES

by

Karen Campbell, RN

BScN, Ryerson University, 2000

A thesis

presented to Ryerson University

in partial fulfillment of the

requirements for the degree of

Master of Nursing

in the Program of

Nursing

Toronto, Ontario, Canada, 2015

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Master of Nursing, 2015
Karen Campbell
Daphne Cockwell School of Nursing
Ryerson University

ABSTRACT

Adolescent mothers and their children are at risk for suboptimal health outcomes making adolescent motherhood a public health concern. However, the experiences of rural-living adolescent mothers are not well understood. Using Lieblich, Tuval-Mahiach, and Zilber's (1998) narrative methodology approach, the experiential accounts of three rural-living adolescent mothers was explored. Reflecting Goffman's (1959) presentation of self, the findings of this study revealed how adolescent mothers attempted to construct and present their notion of being a good mother, while coping with complicating rural factors. The need to present as a good mother, the lack of anonymity associated with rural living, and geographical barriers had particular implications for the way in which adolescent mothers access and use professional and personal supports. Maintaining relationships with the infants' fathers, even when that relationship exhibited unhealthy characteristics, was important for study participants. Implications for practice, education, and recommendations for future research are discussed.

ACKNOWLEDGEMENT

This thesis would not have been possible without the support of many people. First, I am grateful for the guidance and support of my thesis committee. Dr. Jennifer Lapum, you introduced me to this research method and were so generous with your time and knowledge. Dr. Joyal Miranda, your kind, insightful, and thoughtful comments were always supportive and very much appreciated. To my supervisor, Dr. Corinne Hart, there are no words to express my gratitude for all that you have done throughout this academic journey. It was because of your tenacity, skill, and encouragement that I was able to achieve my goals and overcome many challenges. You invested your time and energy in me and that changed how I think and who I am as a scholar, a person, and a nurse. Thank you for making this such an enjoyable and meaningful experience.

Thank you to the many friends and family who offered help, encouragement, and love along the way. I am grateful to Hilde Zitzelsberger for enriching my experience and for sharing her wisdom and laughter. To all my grad school friends, especially Michelle Lynk, I was fortunate to have shared this adventure with you. I will be forever grateful to my first cheerleader and biggest supporter, my mom.

To my children, Tyler and Aislinn, thank you for your patience, love, and support through this process and for allowing me the honour of being your mother. Most of all to Travis, thank you for your unwavering love and support, for giving me space when I needed it, and always believing in me.

Finally, I am grateful to the study participants, who shared their experiences with me; their stories brought my research to life.

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CHAPTER ONE

PROLOGUE: MY STORY

"I was thinking about that overwhelming feeling of love and joy that came from looking into my newborn baby's eyes. It was all worth it, just to experience that."

(Pitman, 2010, p. 48)

My Story

Long before I ever had children, even before I was a nurse, I was fascinated with the concept of motherhood. To me, mothers represented everything positive about humanity; they embodied compassion and strength, innovation and intelligence, sympathy and loyalty. Some thrive in the role, while others struggle to find their footing, but all women's lives are changed by motherhood. Through my work as a nurse, I have supported mothers from different socio-economic backgrounds, from different cultures and communities, and of different ages. Teenaged mothers may have influenced my career more than any other group. Perhaps I was driven to this cohort after I witnessed my friend become a teen mom, or by the young women who were my patients, or even the stigma I felt when I became a mother. Although I was not an adolescent mother, I felt judged when I told colleagues, friends, or family about my parenting style, including my choice of birth or plans for breastfeeding. It was because of these experiences, including a move to a small community, that I became interested in conducting a narrative study to explore rural adolescent mothers' experiences of being a new mother during the first year while living in a rural community. As the researcher, I am the instrument of narrative research in which I am the medium for exploring and interpreting; thus, it is vital that I reflexively engage in the project (Josselson, Lieblich, & McAdams, 2003; Lapum, 2008). As such, I begin by sharing reflections on my own story.

The Birth of a Nurse

I'm not sure when my desire to be a maternal-child nurse started, but I do remember at 10 years old telling my aunt that when I grew up I was going to help women deliver babies. By the time I was in nursing school, I was convinced that maternity was not going to be my direction. I was captivated by mental health nursing and its complexities, which interested me so much more

than the biomedical approach to health care that was the norm in my experiences. However, I had a unique assignment during the maternity rotation in my nursing diploma program to follow an expectant mother through her pregnancy, to prenatal appointments and, if possible, to the birth. Although I would not know it at the time, it was this experience that drew me back to my childhood desire of helping women during childbirth. The mother I followed was a good friend of mine. At 21 years old, Claire's[1] obstetrical history included: an abortion at 17, her daughter at age 18, and this pregnancy, which I would follow and write about for my nursing assignment. Although Claire was still in a relationship with her daughter's father, she was ultimately acting as a single mother to her daughter and struggling. When she heard she was pregnant again, Claire decided to place this baby for adoption. My nursing assignment required that I follow Claire and write an assignment about my experience and to reflect on all of Claire's experiences as a young mother.

Claire's Story

I began by remembering before Claire's daughter was born, when I first suspected her pregnancy but she denied it despite her growing belly. We all asked her, but she refused to admit to being pregnant until late in the seventh month. I never knew why she hid it for so long, but perhaps the abortion she had the previous year still haunted her. It had been a planned, but very traumatic second trimester abortion. But now at 18 years old, Claire was certain that she wanted to have and raise this baby. She was scheduled for induction on a cool, fall day. We were all so excited until the contractions started and her pain became very real. The nurse asked Claire's mother if she wanted to "wait a little longer for the epidural so that she could feel and remember the pain." At the time, I wondered how a nurse could be so mean. I was scared for my friend and

[1] Claire, like all personal names used in this thesis, is a pseudonym.

her pain was increasingly becoming intense. Years later, I witnessed many births at that same hospital, conversely the pressure put on mothers to have an epidural, but never have seen such disrespect for a birthing mother in pain.

The arrival of Claire's baby was just as miraculous as every other birth I subsequently attended. We were all immediately in awe of this little girl who had just arrived into the world. For a brief moment, Claire's age was insignificant; she was a mother like every other mother in the world falling deeply in love with her newborn baby. Her eyes locked on this baby and it seemed like time stood still. I was amazed by this tiny, beautiful baby and awed that my friend had made her.

The romance of the birth quickly came to a halt and the reality of Claire's situation set in. The birthing room looked like a murder scene. There was blood all over the room: on the walls, the floor, and on the bed. The nurse came into the room and abruptly interrupted family visits to ask Claire if she would be breastfeeding the baby because it was "now or never". I remember Claire's eyes scanning the room full of family and friends. She hesitated to answer and the nurse used that opportunity to make the decision for her, "If you aren't breastfeeding, I need to take the baby and feed it now." Off she went with the baby and along with Claire's plans to breastfeed. I felt like this was so unfair. I wanted to stop the nurse and feed the baby myself but I did nothing. It was clear that this nurse was in charge and we were at her mercy.

As I set off with Claire two years later to fulfill the requirements of my student assignment, we left her daughter, now an adorable toddler, at home and headed to her obstetrician appointment. Claire told me she was afraid of the doctor and when he entered the room I was too. This doctor was crass and rude; I always wondered if it was because she was young or if it was because she was placing this baby for adoption. Years later I would hear from

many mothers who were treated the same by this physician and for some reason it comforted me to know that his insensitivity was more of a personality trait and maybe not in judgment of my young friend. “You still giving this baby up?” he asked her. Claire nodded silently. There was no further conversation. The birth of this beautiful baby was very different than the birth I had witnessed years earlier when Claire, at 18 years old, delivered her daughter.

With this birth, the nurses all peered in, each one trying to convince Claire to hold her baby before she made up her mind about not keeping him. However, she was adamant that she did not want to touch the baby. She had carefully picked out a couple who she thought would be the perfect parents for her son and did not want to change her mind. He was born after a short labour into a quiet and peaceful room. Claire’s mother and I stood by her side as the nurses continued to try and persuade her. The baby’s father, not wanting to put the baby up for adoption, held the baby in the corner of the room, wept and then left. We cleaned Claire up and took her home shortly after the birth. The juxtaposition of Claire’s two births played in my mind that night.

Years later, I was a young nurse working in the same labour and delivery unit where Claire had given birth to her first child. Her story came rushing back to me. I had become accustomed to the assembly line-like process of the birthing unit. Pregnant women, primarily middle-class and married, would appear for scheduled inductions, receive an epidural, contractions were medically managed, and births were instrumentally-assisted. In stark contrast, a 16 year old mother arrived actively labouring. Her passage into motherhood came so quickly and easily, with her body accepting each contraction like an ocean wave washing over her body. Her breasts swelled with milk shortly after her baby was born like her body craved to nourish this baby. Suddenly I recognized the nurse I was working with was the same voice I had heard

years earlier at Claire's birth. She was now directing me to take the baby away from "the girl". Feeling defenseless myself as a new nurse, but trying to advocate for this young mother, at least to give her a chance and keep her baby with her, I calmly mentioned how quickly she had birthed the baby and how I noticed her abundance of milk. The nurse told me, "She smells like marijuana. It makes them labour quicker. They all do it." A phone call to Children's Aid Society followed. I never saw that mother again and forever wondered if I had a hand in undermining her mothering without ever giving her a chance. Once again, I felt like there was nothing I could do to help this mother. I ruminated about the situation, planning what I would do differently next time, wondering why there needs to be a next time.

The Birth of a Mother

I had just graduated from university and started my nursing career on a labour and delivery unit. My appearance was youthful and it paired poorly with my professional inexperience, making my patients often mistake me for a high school student. However, I was excited by everything that was happening around me and grasped every opportunity to learn. I wanted to understand the experiences of the patients, the best practices associated with birth, and to be amazed by every part of my new career. Each birth left a lasting impression on me. I felt the emotion of each new mother as she held her infant for the first time; to me it was a powerful combination of love, fear, excitement, and anxiety. My colleagues kept telling me that I would be pregnant soon and they were right. I had just gotten married at 23 years old and was excited to birth my own baby and become a mother.

I was afraid to tell anyone at work that I was pregnant. When it came time to decide on my health care provider, I knew what felt right to me and it was not the predominantly popular birthing convention that my labour and delivery colleagues would have chosen. Despite my best

efforts, the word got out that my care providers were midwives and rumours started about plans to birth at home. On a regular basis, the physicians and nurses all let me know about the dangers of a home birth. Although I was confident in my decisions, each snide comment made me question myself. One colleague even told me that I was going to kill my baby; thankfully, however, I did not. Despite all of my knowledge about best practices in childbirth and parenting, I still second guessed myself. I believe my colleagues were well-intentioned but their comments only resulted in me wondering about my ability to mother. Maybe my instincts were wrong, maybe I was not making the best decision for my baby. My fears grew throughout the pregnancy but were alleviated with the birth.

My baby was born so peacefully and quietly at home without any of the interventions that were so widespread in the hospital. The moment he was born, it was instantly just me and my baby in the room. He was all that mattered in my world. I was very proud of my body and its ability to create this being and deliver him safely to the world. I recalled with regret each time I had coerced a mother into an epidural, telling her that there would be "no badge of honor" at the end of a natural birth. This birth made me feel strong, powerful, and capable of mothering; it was the greatest badge I had ever received.

I remember the overwhelming sensations and emotions the first time he nursed. I regretted each time I had told a patient that it was normal to hurt in the beginning. Nursing was easy. It became an expression of love for the two of us, he needed only me and I only wanted him. My body, the same one that had nurtured this child for the past forty weeks, was now able to sustain his life. What I had witnessed as a nurse did not compare to the intensity of what I was experiencing as a mother. Mothering through breastfeeding was very natural to me. It helped me to meet his needs, to understand, and to connect with him. Breastfeeding also opened me to

another world, one that was much different than anything I had learned as a nurse. My birth and breastfeeding experiences taught me that my being was already equipped for motherhood and surrendering to my instincts, to the process, and to this baby was all I needed. Mothering was a powerful and empowering experience for me.

Moving into the Community

Shortly after returning from my maternity leave, I chose to work as a public health nurse in the community. Although I continued to support new mothers, the experience was much different. In the community, I had the opportunity as a nurse to build long-term relationships with mothers. As a public health nurse, I was able to learn about the fears and goals some mothers held during their pregnancies and listen to how they perceived their experiences in the hospital. The same mothers who were written off as "bad" mothers in the hospital, with calls to social workers and newborns apprehensions, were women with long, tragic stories who wanted nothing but to be a *good* mother. Each week for a full year, I spent a morning with young mothers who had histories of substance misuse and the afternoon with breastfeeding mothers who lived affluently. Some women struggled to find shelter or relapsed after learning that their custody hearing was delayed yet again; while other mothers resented nighttime feedings, working husbands, and the loss of their free time. It was a really challenging time in my nursing career. It was difficult to accept that each woman had a story and her trials were real. However, in my opinion the affluent mothers appeared to have greater resources and supports and it was difficult for me to muster sympathy when I perceived that other mothers had far more serious struggles.

As I became involved with young mothers in the prenatal and postnatal period, I learned of the deep desire many of them had to be a good mother. As a nurse and a mother, I was overwhelmed thinking about the demands of many of these young mother's lives: finishing high school, limited finances, expectations from friends, parents, and boyfriends, and a newborn. Many of these young mothers seemed to accept each challenge in their lives, from the sleepless nights to the drama of young love, as a natural part of their realities. I could see in these young mothers the accumulation of my teenage years, the drama of friendships and the intensity of young love, meshed with the experiences of motherhood, the intensity of love for this child and the exhaustion of the work involved. Each of these experiences was overwhelming for me. I began to wonder more about their lives and how they become such resilient mothers. I wondered how they manage the barriers in front of them and where they find their supports. The adolescent mothers I was working with amazed me and compelled me to learn more about each person.

Grace's Story

One morning, I met Grace and her boyfriend. She was standing outside of a support group I was facilitating with young mothers. She timidly approached me and how she could become involved with our program. Grace was a beautiful girl and her long, flowing, curly blonde hair and her very large belly were hard to miss, as was her shyness and lack of confidence. During my initial conversation with her I learned that she was 17-years-old. She lived with her boyfriend and his family, although she never felt welcomed there; it was a short-term arrangement with no other prospects. She had not finished school yet and her own parents were marginally involved in her life. She had come to our young mothers group because she was warned by friends that Child Services would be called when she delivered in the hospital and it would be to her benefit to show that she knew about community services. She was adamant that

she did not want any involvement with nurses, because ultimately, they were responsible for reporting to Children's Aid Services, which could result in apprehension of her baby.

Over the next few weeks Grace continued to attend our group. She was funny, smart, and really excited to be a mother. We held special classes for her and her boyfriend because they had no money to attend prenatal classes. Their commitment paid off and she came back to show us her little boy and how well he was breastfeeding. She was a very calm mother and became a support to every mother that would attend the group. Grace was wise in the advice and direction she would gently give to other mothers. Although she seemed to trust me, she still did not want to be involved with public health nurses, especially after her perception of the hospital nurses and their judgment of her young age.

As the months passed, Grace's son continued to thrive and breastfeeding not only helped to keep him healthy, but was also necessary as the young family had no income, precarious housing, and increasing relationship problems. Through it all, Grace remained focused and connected to her son. I knew her eligibility to attend our group, the only service she accessed, was ending and I worked hard to help her sign up for school, find housing, apply for income support, and plan her future. Through her time with us, Grace had grown into motherhood and become so confident in herself and her abilities. She proudly created a vision board and mapped out her direction in life, including a plan for children in four years. The following week, through choked back tears, Grace told me she was pregnant again. I cried that day, believing that her hopes and dreams were put on hold again. However for Grace, another pregnancy meant she was eligible to continue to access the services available at the group, one of the only positive supports in her life.

Moving into Rural Living

After moving my own family to a small, rural community, I began to wonder about the adolescent mothers living in this area. From what I could see rural resources for adolescent parents were less abundant, difficult to access, and inconsistent in their delivery as compared to urban centres. As a nurse, I was aware that these limited services often shut down completely in the summer months or when staff members were unavailable such as during maternity or sick absences. As a resident, I also observed that rural life is a completely different experience than living in a more populated community. The anonymity that I enjoyed in my urban days was short-lived and replaced by neighbours who knew about my job and my family before I even moved in. I imagined that young, adolescent mothers would also lack the experience of anonymity and that the rural community would be quickly aware of their situation.

One day my neighbour came over and asked me for some help. She had met a young woman who was just kicked out of her home at only 16-years-old. She was sleeping on the quiet streets of our town when my neighbour came upon her. She took the girl out for lunch and listened to the hardships of her young life. Knowing that I was a public health nurse, my neighbour came to me to find out about what services this young girl could access. My immediate response was “Is she pregnant?” because I knew that in the urban area where I was working she would be instantly supported with housing and some limited financial support. Then I wondered if any of that would be available for a young mother in our community. There are no shelters, and pregnant or not, this young girl may be on her own to figure out this problem. I became interested in knowing more about how young mothers manage in our community. In an urban centre would my neighbour have stopped and picked up a homeless teenager, bought her food, and provided help finding shelter? Would this young girl need to leave her friends, family,

and community to go find accessible and affordable housing and resources? These questions played on my mind as a nurse and I was eager to learn more about health and place for this population.

Conclusion

My experiences told in these stories became the impetus for my thesis research. In recalling these memories and writing my stories, I have shared why I am drawn to this vulnerable population and feel the need to shed more light on their stories. It has also assisted me to begin a reflexive engagement with my research, by explicating my positionality based on my own personal and professional life experiences. My focus was to learn more about adolescents' experiences during their first year as a new mother. In the next chapter, I provide background to the research problem through a synthesis and critique of the literature.

CHAPTER TWO

BACKGROUND & PROBLEM STATEMENT, SYNTHESIS OF THE LITERATURE

"The time will come when diligent research over long periods

will bring to light things which now lie hidden."

(Seneca, -4B.C.-65A.D./2010)

In this chapter, I present the literature that informed this research. The purpose of this review was for me to gain an understanding of the literature focusing on adolescent mothers in rural communities. While there is a robust body of literature related to adolescent pregnancy and parenting, there is little from a Canadian rural perspective. As I delved into the literature, the absence of empirical studies involving rural Canadian adolescent mothers caused me to widen my scope and include rural women's health more broadly, to gain an understanding of the distinct health concerns of rural adolescent mothers. Therefore, I begin by providing some background information about adolescent mothers and also about rural health, including a statement of the problem. Next, I review the literature related to adolescent mothers. As part of this, I identify the shortcomings of the existing literature in offering an understanding of the experiences of adolescent mothers who live in rural Canadian communities.

Background

Transitional Stages of Adolescent Mothers

Adolescent mothers are bridging two developmentally important stages in a woman's life**:** adolescence and motherhood. Adolescence is an important transitional stage between childhood and becoming an adult, with the developmental task of forming an identity (Fleming, 2004). Eric Erikson described the key psychosocial development tasks during adolescence as: 1) independence from parents; 2) economic independence, developing values and self-image; and, 3) building intimate relationships (as cited in Sadler, 2011). Adolescence can be a time of trials and conflicts, while navigating through a significant developmental stage (Sadler, 2011). This turbulent time may be aggravated by impaired problem-solving skills and limited abstract thinking abilities, which are both just beginning to develop (Curie et al., 2012). These skills may be inconsistently applied, leading to increased risk-taking behaviours, such as experimenting

with drugs or permissive sexual behaviours causing additional stress (Fleming, 2004; Sadler, 2011). The substantial task of developing self-identity may be more difficult when the transition to motherhood is simultaneously occurring with its own challenges.

Transitioning into being a mother, in the year after one's first birth has been shown to often be a challenging time (Brunton, Wiggins, & Oakley, 2011). One UK-based research synthesis reviewed 60 studies about the transition to motherhood for mothers of all ages (Brunton et al., 2011). The main findings of this review were that motherhood is physically, mentally, and emotionally overwhelming, and women often question their ability to be a good mother. The transition to motherhood has been found to have significant effects on relationships with peers and intimate partners, which are also known to be important developmental tasks of adolescence (Brunton et al., 2011; Sadler, 2011). As women transition, they develop friendships with other new mothers for support (Brunton et al., 2011). Although pregnancy has been shown to strengthen romantic relationships, parenting has been identified as a stressful and divisive time for both adolescent and adult women (Brunton et al., 2011; DeVito, 2010). The literature reviewed by Brunton et al. also suggests that navigating relationship changes and challenges may be particularly difficult for adolescents who are only beginning to develop their own peer groups and becoming romantically involved with a partner.

The bodily changes that women experience during the transition to motherhood may also compound the experience of being an adolescent dealing with self-image issues. While some women feel empowered by their post-partum bodies, many women struggle with body-image because of the physical changes experienced during pregnancy and afterwards (Brunton, Wiggins, & Oakley, 2011). The physical changes associated with puberty, such as broader hips and breast development, may intensify the body issues that some post-partum women develop.

In the literature, many adolescent mothers report being caught in between the two worlds of adolescence and motherhood (Clemmens, 2003; DeVito, 2010). Clemmens conducted a meta-synthesis of 18 qualitative studies focused on adolescent mothers and found the idea of "living in two different worlds" to be an overarching metaphor for an adolescent mother's life (p. 96). Yet while navigating these two worlds was found to be difficult and full of hardships, the literature indicates that it was also seen as a time for transforming oneself for the better because of the baby (Clemmens, 2003). Although Clemmens' meta-synthesis included studies primarily from the United States, it did not specifically account for the experiences of living in rural environments. Furthermore, there is a need for more recent research related to the experiences of adolescent mothers.

Rural Women's Health

While there is a dearth of information specifically focusing on rural adolescent motherhood in the first year postpartum, rural health research can provide some insight into the broader issues of rural living for women, especially related to maternal and child health. The literature indicates that rural living is associated with poorer health outcomes across all residents (Pong, DesMeules, & Legace, 2009). Indeed, rurality was identified by the Romanow Report (2002) as a key determinant of health. The Romanow Report, which examined the Canadian healthcare system, identified that as a population, rural residents had poorer health status, fewer available health resources, and greater difficulty accessing health services despite their significant need for primary health care. When compared to those living in urban centres, rural-dwellers have been shown to have less favourable nutrition habits, higher smoking rates, and are less physically active (DesMeules et al., 2006). Although the literature suggests that many residents feel safer in these smaller communities, Canadian statistics reveal that rural

communities have higher levels of injuries and death caused by homicides, road accidents, and farm injuries, all of which are significantly higher for children and youth when compared to those in non-rural areas (Best Start Resource Centre, 2010; Pong et al., 2009; Statistics Canada, 2007). This suggests that parents, particularly adolescent mothers, may require special consideration within the rural population, given the potential for negative long-term health consequences.

Others have also found that rural living has implications for pregnancy outcomes. For example, the Canadian Institute for Health Information (2009) reported poorer outcomes for pregnant women who live in rural areas and had concerns around the availability of health resources. In addition, a qualitative study in Southwestern Ontario examined rural women's health issues and identified specific determinants of health related to rurality (Leipert & George, 2008). When compared to urban-living women, rural living was also associated with disparities related to gender issues, poverty, and isolation (Leipert, 2005; Leipert & George, 2008). A literature review of rural Canadian women's health issues indicated a lack of research in this area, specifically related to young rural women's health and called for health promotion strategies specific to this population (Leipert, 2005). Therefore, it is timely to investigate the experiences of adolescent mothers in rural communities to better understand and provide some insight that can be used to address their specific health concerns.

The literature indicates that despite a lack of evidence-informed policy making, rural maternity services were reduced across Canada from 2000-2004 creating barriers to accessible maternal healthcare (Grzybowski, Kornelsen, & Cooper, 2007; Kornelsen & Grzybowski, 2006; Sutherns & Bourgeault, 2008). Grzybowski, et al. (2007) conducted a qualitative study with 30 doctors, nurses, and administrators in rural British Columbia, who had lost or were at risk of

losing maternity services, to understand the effect of this policy change in their community. They found a variety of negative outcomes including healthcare providers unable to remain current with their skills and abilities, along with parturient women arriving needing delivery care. The study also found that health professionals struggled with deciding if it was safer to deliver the baby or redirect the woman to another hospital. The health care providers in this study were further stressed by the need to balance maternal and child safety with the cultural desire for rural women to want to birth close to home. Grzybowski et al. believed that policies made without supporting evidence were detrimental to rural maternal health and may create challenges for rural health professionals and the families receiving their services. However, this study focused only on the perspectives of health care professionals and did not take into account the perspectives, experiences, and challenges of rural residents during this time.

Three studies examined mother's perceptions of access to maternity care in rural communities from a Canadian context (Kornelsen & Grzybowski, 2004, 2006; Sutherns & Bourgeault, 2008). In rural British Columbia, two studies provided insight into the experience of parturient women (Kornelsen & Grzybowski, 2004, 2006). The lack of available birthing centres in rural areas led to women leaving their own communities to deliver their infants, some leaving for the month beforehand and living in a hotel (Kornelsen & Grzybowski, 2006). Although some women reported being happy with the care they received, they acknowledged that the distance away from home and lack of social support caused unnecessary stress during this time (Kornelsen & Grzybowski, 2004, 2006). Kornelsen and Grzybowski (2006) also found that some women waited until it was too late to be transferred out of the community hospital or planned unassisted homebirths to avoid traveling far away from their homes. Other options to mitigate the stresses of living in the rural community were identified as timing the pregnancy or allowing

an elective induction (Kornelsen & Grzybowski, 2006). Kornelsen and Grzybowski (2004, 2006) did not focus specifically on adolescent mothers and it is unclear if any young mothers were included in the sample at all. However, these studies begin to provide some insight into the events that could potentially affect rural adolescents becoming mothers and may explain some of the stressors encountered in the first year of being a mother.

Another Canadian study also provided insight into rural mothers' experiences. Sutherns and Bourgeault (2008) compared rural maternity care in two Canadian provinces and also found access to services to be problematic. The qualitative study included interviews with 37 women in Ontario and 27 in Alberta. In these rural communities access and proximity to family physicians, midwives, or obstetricians was found to be an issue but the women also lacked additional maternal services, such as lactation consultants and prenatal classes (Sutherns & Bourgeault, 2008). Physical distance was also a barrier to accessing services for all mothers in rural communities (Sutherns & Bourgeault, 2008). Sutherns and Bourgeault suggested that women needed local care that was appropriate, continuous, and empowering and reflected the importance of rurality as a determinant of health. While the existing literature indicates that women in rural areas have diverse and unique social and health issues, Canadian studies have not exclusively focused on the experiences of young mothers living in rural communities.

Problem Statement

The problem that this study addresses is the limited understanding of the experiences of first-time adolescent mothers living in rural communities in Ontario, Canada. The literature revealed that adolescent mothers are at risk for poor health outcomes and face unique challenges. Rural health has also been associated with situations that may create barriers to good health. Compounding these issues, adolescent mothers are simultaneously bridging two transitional

stages: becoming a mother and moving from childhood into adulthood. Extrapolating, I anticipate that rural adolescent mothers may be a cohort exposed to a variety of unique situations that may influence the health of mothers and their babies; however, there is a lack of existing evidence to support this assertion. More information is required as a foundational step in ensuring that appropriate and accessible nursing care is meeting the needs of this population.

Synthesis of the Literature

Literature Search Strategy

To find relevant literature related to adolescent mothers living in rural communities, I searched the following online databases: CINHAL, Medline, Maternity and Infant Care, Social Service Abstracts, and Psychinfo. I limited the search to English language and peer-reviewed sources. The search terms that were used included: "adolescent mother", "teen* mother*", alone and in combination with "rural" and "rural health." I felt it was necessary to limit articles to those published over the last ten years because the cultural acceptance of adolescent pregnancy and parenting changes over time (McKay & Barrett, 2010; Santelli & Melnikas, 2010). Publications were determined to be relevant for inclusion if they: (a) focused on adolescent pregnancy or adolescent mothering, (b) explored rural women's health issues, or (c) included a combination of both adolescent motherhood and rurality. The reference lists of all relevant articles were scanned to identify any additional applicable literature.

Adolescent Motherhood

When I reviewed the literature on adolescent mothers, it was quite varied in its focus. The diversity of the research ranged from the health and well-being of adolescent mothers and their offspring to the social and moral problems of adolescent mothers and the prevention of

pregnancy. As such, I present the literature on adolescent motherhood using three themes: (1) the health risks; (2) the social problem; and (3) the rural experiences.

The health risks.

Approximately 30,000 Canadian adolescents between the ages of 15-19 become pregnant each year, resulting in 13,000 live births annually, from 2005-2011 (Statistics Canada, 2012). The literature reports that adolescent mothers and their offspring are at risk for a myriad of negative health outcomes (Al-Sahab, Heifetz, Tamim, Bohr, & Connolly, 2012; Letourneau, Stewart, & Barnfather, 2004; Public Health Agency of Canada [PHAC], 2009). When compared to adult-aged mothers, Canadian adolescent mothers are more likely to have lower socioeconomic status, lower education, and experience more stressful life events during pregnancy and early parenthood (Al-Sahab et al., 2012; PHAC, 2009). Infants born to adolescent mothers are also at an increased risk of prematurity, low birth weight, delayed development, and lower cognitive abilities (DeLany & Jones, 2009; Letourneau et al., 2004). Adolescent mothers and their infants have been found to be inherently at risk for suboptimal health outcomes making adolescent motherhood a public health concern, as the literature suggests negative life outcomes (Al-Sahab et al., 2012; PHAC, 2009).

The adverse effects of young maternal age may present complex parenting challenges. For example, adolescent mothers have been found to experience more emotional distress and poorer maternal adjustment than older mothers, putting their children at higher risk for neglect, behavioural issues, and low attachment (Dehlendorf, Marchi, Vittinghoff, Braveman, 2010; Flaherty & Sadler, 2011; PHAC, 2009; Riesch, Anderson, Pridham, Lutz, & Becker, 2010). The literature suggests that this cohort of mothers may also lack resources that can help them to understand the importance of favourable attachment and apply the tools required to initiate and

maintain such attachment (Flaherty & Sadler, 2011). Two reviews of adolescent parenting research revealed that adolescent mothers tend to have less positive interactions with their infants and hold unrealistic expectations of infants' developmental stage resulting in infants showing negative behaviours and communication problems (Beers & Hollo, 2009; Long, 2009).

The literature indicates that breastfeeding, one method of promoting attachment and health in infants, is not a common practice for adolescent mothers, with many mothers discontinuing breastfeeding within the first few weeks (Nesbitt et al., 2013). Nesbitt et al. conducted a qualitative study with 16 Canadian adolescent mothers and found that despite requiring professional help, many adolescent mothers turned to their own maternal figure when facing breastfeeding difficulties, which was either positive or negative depending on the experience and beliefs of the support person. This literature suggests that adolescent mothers may be most likely to accept easily accessible help such as that from social networks rather than professional services. Nesbitt et al. did not include rural adolescent mothers; this was a significant omission because, extrapolating from other literature, rural mothers may access resources differently and be more inclined to draw upon family supports.

Two literature reviews explored teenaged parenting and its effects on family relationships (Beers & Hollo, 2009; Riesch, Anderson, Pridham, Lutz, & Becker, 2010). The grandmothers of the infants were found to have a significant impact on adolescent mothers' decisions, as most often they resided together (Beers & Hollo, 2009). Another study suggested that adolescent mothers needed to be cared for and often allowed their own mothers to become the primary caregiver for the infant (DeVito, 2010). However, the literature also suggested that when grandmothers become overly involved in the care of the infant, it can have negative effects on both the adolescent and her mother (Beer & Hallo, 2009). In some studies, adolescent mothers

exhibited lower depression levels, but also had lower self-efficacy and confidence in parenting; grandmothers had increased stress, marital problems, and dissatisfaction in the mother-daughter relationship (Beers & Hollo, 2009). The literature also suggested that children tended to have lower attachment to their adolescent mothers, but higher attachment to their grandmothers in these situations (Riesch et al., 2010). Clemmens (2003) reported that even through times of conflict, grandmothers' involvement had a positive effect on adolescent mothers' development in school and as individuals. However, these studies did not focus specifically on rurality, which may have different effects on family interactions and in turn on the experiences of adolescent mothers living in rural communities.

The literature suggests that the entire family unit may be affected by an adolescent pregnancy. The younger sisters of adolescent mothers have been found to be at greater risk for early sexual activity, permissive sexual behaviours, and were more likely to become adolescent mothers than if their sisters had not become pregnant (Beers & Hollo, 2009). However, Beers and Hollo suggested that family dynamics and demographics, such as child-parent connectedness, permissive parental attitudes towards sex, and family disruption, as well as low parental education level and socioeconomic status, may be more predictive of pregnancy in adolescence and the ensuing parenting problems and health outcomes than maternal age alone. Another study associated familial factors, such as poverty, family patterns of early sexual activity, and substance abuse with adolescents becoming pregnant (DeLany & Jones, 2009). However, many of the studies reviewed by Beers and Hollo did not take these factors into consideration in control groups, which may have biased their results. The financial burden associated with parenting at a young age has also been found to put more stress on the family unit and increase the child's risk for physical abuse (Beers & Hollo, 2009). Rurality may further

burden families of adolescent mothers; however, these studies did not focus on rural living, which may offer unique burdens to adolescent mothers.

Intimate partner violence has been found to be a concern for women parenting during adolescence, with approximately one quarter of all adolescent mothers experiencing some type of violence (Al-Sahab, Heifetz, Tamin, Bohr, Connolly, 2011; Beers & Hollo, 2009; Clemmens, 2003). Although Beers and Hollo found few studies that explored the paternal perspective on adolescent parenting, many mothers in the reviewed studies reported that they received inadequate support from the infant's father. The few studies that are available have associated adolescent fathers with risky behaviours, such as gang membership, poor school achievement, drug use, and early sexual activity (Beers & Hollo, 2009). However, there is nothing known about the support that adolescent mothers living in rural communities receive from their infants' fathers and the influence of that on the experiences of rural adolescent mothers.

The influence of an infant's father on adolescent mothers has not been well researched. It may often be assumed that the fathers of children born to adolescent mothers are also teenagers but research suggests that this is not always the case. An American study examined the socioeconomic factors of urban and rural 14-16 year old mothers whose children were fathered by men 20 years or older (Castrucci, Clark, Lewis, Samsel, & Mirchandani, 2010). This study found that urban teens were more likely to partner with an older man compared to rural adolescent mothers; only a third of all rural teens had adult-aged partners. A Canadian study that examined the characteristics of adolescent mothers noted that teenage mothers were more likely than their adult counterparts to have no partner (Al-Sahab et al., 2011). Most adolescent couples do not live together after the birth of their infant; those who are romantically involved or marry after the infant's birth are unlikely to remain together past the age of 40 (Beers & Hollo, 2009).

Notwithstanding these studies, there is overall, a lack of available information on fathers of babies born to adolescent mothers and their effect on children's health and wellbeing as well as their influence on adolescent mothers (Barlow et al., 2012; Beers & Hollo, 2009).

Many studies reported on adolescent mothers' need for social support (Barlow et al., 2012; Beers & Hollo, 2009; Clemmens, 2003; Dykes, Moran, Burt, & Edwards, 2003; Gaff-Smith, 2004; Grassley, 2010; Letourneau, Stewart, & Barnfather, 2004; MacGregor & Hughes, 2010; Nelson & Sethi, 2005; Riesch, Anderson, Pridham, Lutz, & Becker, 2010; Roberts, Graham, & Barter-Gofrey, 2011). Studies suggested that prenatally, pregnant teenagers often over-estimated the amount of support they would receive from friends after the birth of their infant, resulting in postpartum feelings of isolation and alienation (Beers & Hollo, 2009; Clemmens, 2003; DeVito, 2010). A qualitative, secondary analysis of 126 adolescent mothers involved in a descriptive-correlational study found that these mothers felt alone and lacked common interests with their non-parenting peer groups (DeVito, 2010). A review focusing on the social support needs, resources, and interventions of adolescent mothers found no studies that looked at the naturally occurring support systems, primarily their friends and family, and recommended the development and evaluation of interventions focused on already existing social networks (Letourneau et al., 2004). Because of the strong need for adolescents to connect with their peers, many parenting interventions have focused on peer support programs (Grassley, 2010); however, one systematic review suggested that more high quality studies are needed before we can determine the effectiveness of these programs in promoting healthy outcomes for adolescents and their offspring (Barlow et al., 2012). Furthermore, the social support needs of adolescent mothers living in rural environments may be unique to that population and are also in need of further research to better understand the influence of social support on their experiences.

Even after controlling for socioeconomic factors, the literature indicates that the increased health risks of being born to a mother of young maternal age continue beyond infancy and into childhood, particularly if social and functional supports are not available to the family (Beers & Hollo, 2009; Jutte et al., 2010). However, other reviews suggested that studies of adolescent mothers have not included enough variance in socioeconomics to determine if life circumstances are more consequential than age, warranting further investigation (Barlow et al., 2012; Beers & Hollo, 2009). In addition, there is a lack of existing literature that provides insight into the experiences of rural young mothers to understand their distinctive experiences.

The social problem.

The social problems associated with teenaged mothers and their offspring have been well-established with empirical studies (Al-Sahab, Heifetz, Tamim, Bohr, & Connolly, 2012; Beers & Hollo, 2009; Letourneau, Stewart, & Barnfather, 2004; PHAC, 2009; Riesch, Anderson, Pridham, Lutz, & Becker, 2010). However, emerging literature suggests that the initial studies of adolescent parenting were flawed and presented a biased picture (Beers & Hollo, 2009; Duncan, 2007; Geronimus, 2004; SmithBattle, 2007; SmithBattle, 2009). SmithBattle (2009) suggested that early studies focused on adolescent mothering had a tendency to overlook other important factors related to the disadvantages of the teenaged mother. The seminal work of Geronimus, Korenman, and Hillemeier (1994) changed the face of teenaged parenting research by controlling for other socioeconomic variables, such as education level, financial, and social status. Also, this work was the first research to begin comparing sisters, cousins with mothers who were sisters, and adolescent girls who miscarried and otherwise would have gone on to become mothers. The negative health and social outcomes for teenaged mothers and their children were significantly reduced or eliminated when these newer studies that controlled for childhood disadvantages

emerged showing that not all teenagers had poor outcomes (SmithBattle, 2007). Duncan (2007) reviewed the evidence on policies that affect adolescent-aged parents and suggested that the problems associated with young motherhood may likely be caused by disadvantages that existed prior to pregnancy. This research began to reveal the consequences of life situations on health disparities for adolescent mothers and their infants. There may be additional factors that emerge from a rural perspective and affect the well-being of rural adolescent mothers.

Studies completed in the 1970s and 1980s highlighted the problems associated with teenaged parenting but were primarily based on groups of women that were already situated in disadvantage (Duncan, 2007; SmithBattle, 2007). One study by SmithBattle used a longitudinal design to follow adolescent mothers from different social and racial groups to draw attention to how life context shapes future prospects. Participants were initially recruited from high schools and programs tailored to young mothers and their parents were required to participate; the infants' fathers had the option of also being in the study. SmithBattle followed 16 of the original mothers, now aged in their thirties and their families, and found that all but one mother remained in the same social and economic rank. Mothers who had married were taking on traditional nuclear family roles and those who remained single were only able to focus on economic survival. The mothers who had originated from the middle income families had children who were academically sound and using contraception if sexually active. The mothers in the study who came from low socioeconomic backgrounds lived in districts with poorer schools and their children were either underachieving academically, failing, or had dropped out of school. Of the children born into disadvantage, all the daughters who were now in their teenaged years, had experienced at least one pregnancy that had ended in either miscarriage or abortion (SmithBattle, 2007).

The literature suggests that it was the flawed studies of the 1970-1980s that contributed to a societal shift in the attitudes towards young mothers, creating the first time in history where pregnancy in adolescence was seen as a detrimental life event (Geronimus, 2004). Many studies have described the societal stigma felt by young mothers (Fulford & Ford-Gilboe, 2004; Nesbitt et al., 2013; SmithBattle, 2007; Wiemann, Rickert, Berenson, & Volk, 2005). Duncan (2007) noted how popular culture embraced negative stereotypes of teen moms, highlighting them in tabloids, talk shows, and on television. The damaging effects resulting from the early studies on teenage parenting still exist in society today (Duncan, 2007). Existing constructs in society may lead to actual or perceived stigma and more information specifically examining the rural adolescent mothers' experiences is warranted.

Flawed studies, which initially cast a damaging light onto young mothers, were also used to develop government policy (Duncan, 2007). In a review of policy literature, Duncan found that policies directed at teenage parenting assumed young motherhood as a catastrophic event causing a cascade of negative life circumstances, such as low education and income. Although policies that reflect the updated body of evidence showing the strengths of adolescent mothers and the needs of those living in disadvantaged situations are required, policy change may be difficult because of the dominant view of society and policy makers (Duncan, 2007). Duncan further argued that young mothers require policies that will support leveling any disadvantage in socioeconomic situations, such as income support, daycare subsidy, and education programs.

A Canadian ethnographic study investigated how young mothers living in a rural community perceived the ways in which sociocultural conditions and policy structures affected their lives (Shoveller, Chabot, Johnson, & Prkachin, 2011). This study followed 25 mothers, aged 15-25 years, living in rural/remote British Columbia and 14 providers of services geared

towards young mothers. The findings of this study accentuated the idea that social inequities exacerbate negative health outcomes and that rural services are fragmented due to multiple policy agendas. The mothers in the study also referred to ageing out of available services, meaning that they no longer fit service criteria, most often as the mother reached 19 years of age or the infant's third birthday. When this happened, mothers in the study no longer had income support, were no longer eligible for alternative education programs, nor were able to receive childcare stipends, creating further hardships in their lives. The study findings suggested that funding issues were at the root of most problems, particularly related to education. Mothers and service providers were frustrated by the restrictions of the policies that determined mothers' eligibility for services, which interfered with mothers' successes (Shoveller et al., 2011). More studies are needed to understand the experiences of mothers affected by young parenthood to better inform policy making to support young mothers and level situations of socioeconomic disadvantage.

The rural experience.

There is a paucity of literature specifically related to the experiences of adolescent mothers from a rural Canadian context. One Canadian rural study included younger mothers in the sample and found that unlike the adult-aged mothers, adolescents living in rural areas were hesitant to access services because they feared that they may be seen by someone in the community (Sutherns & Bourgeault, 2008). Although this study indicated that rural adolescent mothers have issues related to accessing services, the study, like many rural maternal health studies, did not focus directly on adolescent mothers or their specific health concerns.

Many third world countries, such as Vietnam, Bangladesh, Kenya, and others, have produced research related to rural adolescent motherhood (Klingberg-Allvin, Binh, Johansson, &

Berggren, 2008; Rahman, Haque, Zahan, & Islam, 2011; Nzioka, 2004), but these countries rank much lower on the United Nation's Human Development Report (2013) and pregnancy in adolescence is more the norm in these countries than in Western culture (Beers & Hollo, 2003). The social and healthcare systems of these developing countries are not readily comparable to the Canadian experience. Thus, it is critical to explore adolescent mothers' experiences in rural areas of Canada.

Countries more comparable to Canada, specifically Australia and the United States, have produced some rural research that provides insight into the experiences of adolescent mothers. For example, one Australian phenomenological study focused on the experiences of rural adolescent mothers prior to their pregnancy (Roberts, Graham, & Barter-Godfrey, 2011). From their retrospective study, adolescent mothers indicated that prior to pregnancy, rural-living was isolating, they were in need of a change, and had adversities to overcome. Many of the mothers in this study indicated that the pregnancy was a turning point in their life where they could claim independence. Although this study provides some insight into rural adolescent mothers, it focused on pregnancy prevention by considering the situation prior to pregnancy and does not provide an understanding of the lived experience of rural adolescent mothers in the first year.

Two qualitative studies investigated the high rates of teenage pregnancy in rural American communities using high school students as informants (Carter & Spear, 2002; Weiss, 2012). Carter and Spear surveyed 14-year-old male and female students but had a poor response rate due to low parental consent. This study found that the sexual behaviours of rural teenagers were greatly influenced by their peers and most students knew a friend who was a parent. Weiss used the reflections of non-parenting, rural-living, male and female high school students written for a class assignment. From the perspective of these rural teenagers, there was a normalcy

associated with teenaged parenting in rural communities and the lack of available activities was thought to cause boredom, which led to sexual behaviours (Weiss, 2012). The results of these studies may provide some insight into non-parenting, rural teenagers' perspectives on adolescent parenting; however, they garner information that is more useful to pregnancy prevention strategies. Furthermore, these studies used classroom assignments to collect responses that may not have provided reliable responses because students were receiving partial credit for this assignment and may have wanted to please their teachers and the researchers. Research focused on the first year of rural adolescent mothers from their own perspectives may provide a more accurate representation of their issues and concerns.

Another American study using a mixed methods approach investigated the daily activities of nine rural adolescent mothers with children under the age of three (DeLany & Jones, 2006). This study similarly found that teenaged parents had limited leisure activities in their rural community. Mothers in this study reported changes in their relationships with non-parenting peers and some feared abuse from their infants' fathers. While the mothers sought out parenting programs and financial support, they relied heavily on their own parents for help with child care, transportation, and food (DeLany & Jones, 2006). This study provided some useful insights into rural teenaged parents' lives but had some methodological flaws, including an inadequate sample size for the method used, poor follow up causing inconsistent data collection, and a wide range of infant ages spanning the newborn to preschool age groups. Thus, it may be useful to further explore these concerns with rural adolescent mothers in the first year.

Some rural research has focused on pregnant and parenting adolescent mothers from a quantitative perspective. Gaff-Smith (2005) investigated the pregnancy and birth outcomes of rural adolescent mothers compared to other non-rural women birthing at a hospital in Australia.

The findings suggested that rural adolescent women are at risk for poorer birth outcomes when compared to adolescent mothers living in non-rural locations. A study in rural Texas also examined pregnancy outcomes comparing adult and adolescent mothers of similar economic backgrounds, from urban and rural contexts (Galvez-Myles & Myles, 2005). It found that adolescent mothers had greater weight gain in pregnancy and were more likely to have preeclampsia and sexually transmitted infections than their adult counterparts. Drug use among pregnant adolescents was found to be higher in urban areas but the study was limited by its low sample size. These studies begin to reveal the problems associated with rural adolescent mothers during pregnancy and birth and provide some insight into their experiences prior to becoming mothers. However, they do not provide any data on the post-birth experience of adolescent mothers living in rural areas.

One quantitative study examined the mental health of rural adolescent mothers in the postnatal period (Eshbaugh, Lempers & Luze, 2006). Eshbaugh, Lempers, and Luze compared American urban and rural teenaged mothers' resources in an attempt to predict depression at one year postpartum. Although they found no differences between depression levels based on geography, they did find that education level was negatively associated with depression. Also, there was a positive correlation with educated mothers perceiving their resources as more adequate. Interestingly, rural mothers, despite their tendency to have lower education, were found to be the most likely to perceive their resources as adequate. The authors did not explore the reasons why this perception was held by the rural residents and qualitative studies may provide a better understanding of this experience, particularly from the perspectives of rural adolescent mothers.

Another quantitative study by Gaff-Smith (2004) investigated the association between social support, self-esteem, and attachment in rural Australia with 113 adolescent mothers who were interviewed during pregnancy and then again between 24-52 weeks postpartum. This study found that adolescents with higher self-esteem had more positive maternal-infant interactions. Contrary to other literature, social support was not found to be indicative of positive maternal-infant attachment. However, there are some limitations with the data and thus the accuracy of the findings because the time of the second interview was inconsistent and potentially skewed the results. Furthermore, the study was quantitative in nature and did not provide a clear understanding of the experiences leading to positive or negative maternal-infant attachment, which may provide a greater understanding of this phenomenon.

In their review of mothering literature, Brunton, Wiggins, and Oakley (2011) found that teenage parenting was a topic researched heavily in the 1990s and there are a limited number of subsequent studies updating this body of knowledge. From a rural perspective, there is a lack of research on the experiences of adolescent mothers in Canada. Many of the existing studies are not from a Canadian perspective and generalizing rural data from other regions may not be suitable because of different policy, health care, and social systems. Despite a comprehensive search, no Canadian studies were found that examined the experiences of new adolescent mothers, within the first year, living in a rural environment to provide insight to this phenomenon.

Conclusion

In this chapter, I described my literature search and presented what is currently known about adolescent mothers and rural women's health. These first two chapters identified rural adolescent mothering as a health issue of interest to nursing. Both the literature review and my

own stories informed the research questions and my methodological choices. In the next chapter I outline the research question and study purpose, as well as the overarching narrative methodology used to frame the study. I also describe how this methodology guided my participant choices, data collection strategies, and analytical lens.

CHAPTER THREE

STUDY PURPOSE & RESEARCH QUESTION, THEORETICAL LENS, METHODOLOGY, STUDY METHODS, & RELEVANCE TO NURSING

"Maybe stories are just data with a soul."

Brown, 2010

In this chapter, I outline the methodological approach used to conduct my research exploring the lived experiences of first-time adolescent mothers living in rural communities. The previous chapter highlighted the limited literature that exists to explain the accounts of young mothers from a Canadian perspective; for this reason, a qualitative approach was taken. Because I sought to uncover the stories that tell participants' experiences, narrative inquiry was the chosen methodology, underpinned by the narrative methodological framework of Lieblich, Tuval-Mashiach, and Zilber (1998). I begin this chapter by presenting the study purpose and research question. I then describe my own theoretical lens and how it has informed my study. Finally, I outline the plan of inquiry using a narrative inquiry approach, describe the methods used for this study, and provide the relevance to nursing.

Study Purpose and Research Question

The purpose of this narrative study was to contribute to filling a gap in the literature by exploring the experiential accounts of adolescent mothers who are parenting infants under a year of age and are living in a rural community. The research question of this study was:

> What are the experiences of first-time adolescent mothers living in a rural community, with an infant under one year?

Theoretical Lens

Society holds many assumptions concerning adolescent mothers including the common view that their pregnancies are an unintended mistake and result in negative outcomes for both mother and child (SmithBattle, 2005). In chapter one, I shared my story of being trained in the hospital by senior nursing staff to assume that adolescent mothers would ultimately fail at parenting. My professional training occurred years after watching my own friend experience the same judgmental and paternalistic treatment when she became a teenaged mother. However, I

know that these assumptions are often based on what is seen on the surface. My stories of working with adolescent mothers in the community highlighted how many young mothers have complex and difficult life circumstances that would make parenting a challenge for any woman regardless of her age. As a public health nurse, I was able to develop long-term, therapeutic relationships with many adolescent mothers and in turn learn more about their life circumstances. It was during this period in my career that I began to question the social realities and assumptions that contributed to the existing inequalities for these young mothers, as this type of questioning is central to public health nursing practice (Reutter & Kushner, 2010). In developing and implementing my study, I was guided by my understanding that there is often more to the story than what appears; social, economic, and other factors shape the experiences of adolescent mothers and how they tell their story. As I use a critical lens within my own nursing practice, I have also used it in this study because it helps to reach a more profound realm of understanding the lives and stories of adolescent mothers.

A critical lens draws its assumptions from critical theory. Critical theories are oriented in the construction and organization of power in society and can be used as a lens or perspective to examine the factors that affect experiences at the individual, community, and societal level (Reeves, Albert, Kuper, & Hodges, 2008). This type of theoretical perspective, developed from the philosophy of Karl Marx and the Frankfurt School, suggests that multiple forms of oppression exist in society (Freeman & Vasconcelos, 2010). Critical theorists seek to understand people's realities from a place that is free, undistorted, and unconstrained (Streubert & Carpenter, 2013). Central to this perspective is the assumption that there are dominant groups in society who hold power and influence and as such, critical theorists are concerned for the oppressed and seek equity and social justice (Dickenson, 1999; Mooney & Nolan, 2006; Reeves

et al., 2008). In addition, there is an emancipatory component to critical theories whereby the oppressive relationships are exposed and the oppressed are enlightened (Streubert & Carpenter, 2013).

Critical theories are used to question, critique, and often change society's status quo (Reeves, Albert, Kuper, & Hodges, 2008). An examination of a societal issue from a critical perspective includes asking questions about the history of the situation, how it developed, who is affected and how different voices are heard or silenced. Because adolescent mothers are a group with little power and because I wanted to understand how their stories are influenced by the historical, social, and environmental context in which they live, I pulled from these aspects of critical theories to allow me to question the realities and meaning of their lives. Although I was not seeking to address the oppression that may exist for this group, a critical lens guided me to ask questions that went beyond a simple description. My critical lens reminded me to listen to their narrated stories in a way that allowed me to consider the underlying factors that shape the experiences of rural adolescent mothers.

Not only did a critical lens help me to listen to the adolescent mothers, but it also encouraged me to be reflexive throughout the research process. This critical lens helped me to question myself, how I posed questions and probes to participants, how I heard their stories, and how I interpreted what I heard. It also helped me to continuously check my own biases, assumptions and expectations, as well as consider how my own story informed my relationships with adolescent mothers. To support me in the process of being reflexive and to help me understand the individual experience in the context of society, I found Pamphilon's (1999) metaphor of a zoom lens helpful. This metaphor likens my view to that of a photography lens, which allows me to zoom in on a single leaf or zoom out to see the whole forest. Using a macro

zoom, I considered how social and historical factors have played a part in each mother's experience (Pamphilon, 1999). From a meso level, I considered the personal values of each participant as she shared them, while thinking about words, expressions, and emotions shared in the narrative at the micro level (Pamphilon, 1999). This model was particularly helpful during the analysis stage because it guided me to hold each of these perspectives in mind as I listened and interpreted the narratives using my critical lens to zoom in and out and gain a broader picture of adolescent mothers' experiences from a micro, meso, and macro level.

Research Methodology

While the assumptions of critical theory were used as an overarching theoretical lens to guide the research, I used narrative inquiry as the research methodology. Narrative inquiry is defined as a study that elicits and analyzes the narratives of individuals (Lieblich, Tuval-Mashiach, & Zilber, 1998) Through a narrative approach, researchers interpret stories to make sense of how individuals experience an event or action, convey their tacit knowledge, and create their identity (Mitchell & Egudo, 2003). I chose a qualitative, narrative methodology (Lieblich, et al., 1998) because there is a lack of research into the experience of being a first-time, adolescent mother living in a Canadian rural community. A narrative approach helped me to understand and bring insight into the subjective experiences of the participants. I retell the stories that highlight the experiences of adolescent mothers living in rural communities. I chose this particular style of narrative research because it has frequently been critically applied to tell women's stories (Josselson & Lieblich 2003; Lieblich et al., 1998). As such, I found that this narrative methodology that looks beyond the story and allows me to look into what the mothers say and how they say it, really spoke to my critical philosophical stance. For example, Ochberg (2003) reminds researchers using this methodological approach to listen beyond the stories and

to pay attention to how critical participants can be of themselves. Researchers need to listen for the participants' whole position and pay attention to all aspects of the story and the conditions surrounding the story (Ochberg, 2003).

I followed the narrative methodological framework of Lieblich, Tuval-Mashiach, and Zilber (1998) who are guided by the notion that people are inherently storytellers and stories are a useful way of holistically explaining an experience. Collectively, an experience shared by many individuals has a core of common traits, processes, or facts that exist to bring understanding which can be conveyed through narratives (Lieblich, Tuval-Mashiach, & Zilber, 1998). Narrative inquiry was well suited for my research as I elicit the subjective accounts of first-time, adolescent mothers in rural communities. There is a scarcity of existing literature and this study allowed me to explore the stories of these adolescent mothers and provide some insight into their experiences.

Study Methods

In this section, I identify the study methods including participant sample, data collection, data analysis, reflexivity, and ethical considerations.

Participant Sample

In this research, the study population was adolescent mothers. Interested participants were eligible for the study if they met the following inclusion criteria:

1) currently a first time mother with an infant under the age of 12 months;

2) between 15-19 years at the time of delivery. This definition is consistent with maternal, age-specific data collection practices of Statistics Canada (2014);

3) currently living in a rural community in Ontario and have been a resident of a rural community for a minimum of six months. For the purposes of this study, I used the

Statistics Canada (2011) definition of a rural area, which includes any area with a population density of less than 400 people per square kilometre. Although other classifications for rurality are available, Statistics Canada promotes this definition to improve the sharing of rural data. As such I decided to use this commonly accepted definition as it could potentially help increase the relevance of my findings to other rural communities and it was feasible for this study. In the context of this study, I included rural municipalities located in one particular region of Southern Ontario located outside of the Greater Toronto Area.

4) English-speaking. This criterion was included for feasibility purposes.

Participants were recruited using two sampling strategies: purposeful sampling and snowball sampling (Creswell, 2013). Purposeful sampling deliberately sought adolescent mothers who live in the rural communities within the study boundaries and meet all inclusion criteria. Recruitment posters (see Appendix A) containing contact information and a description of the research were given to three community agencies serving young mothers in rural communities within the study boundaries. In addition to the recruitment poster, a recruitment letter was provided to interested agencies (see Appendix B). The literature indicates that connectedness is important when working with small communities and that it is advantageous to be familiar with the community members (Best Start Resource Centre, 2010; Leipert, 2005). As such, I chose three specific agencies because I had already developed a collegial relationship with many of these professionals; however, I have never directly worked for any of these agencies. In order to help develop rapport and credibility, I initially planned to provide a five minute presentation at one community agency that offers young mother support sessions. This was the only agency that holds information and group sessions, which allowed me this

opportunity. The agency's program director approved a presentation where I planned to share details about the study, answer questions, and provide interested mothers with a consent form (see Appendix C) and a journal. The original intent was to present to the young mothers during the group session. However, this presentation was only given to service professionals because only one mother was eligible for the study. I spoke to her individually and she agreed to participate in the study. Service providers agreed to share recruitment posters and information about the study to other potential participants. A second date was planned for a time when more mothers were expected. Before the second recruitment presentation happened, I was contacted via email by other mothers interested and eligible for the study and so the presentation was deemed unnecessary. To protect privacy, participants were not asked who had referred them to the study.

In using narrative as a mode of inquiry, deep, intensive interviews yield more sufficient data than many, short, superficial interviews (Josselson & Lieblich, 2003). I expected that hearing the experiential accounts of participants would garner a large amount of data (Lieblich, Tuval-Mashiach, & Zilber, 1998); therefore, in consultation with my thesis supervisor and committee, I decided to limit the sample size. As such, I aimed for a small sample consistent with narrative methodology (Creswell, 2013; Josselson & Lieblich, 2003) including three participants and one interview with each participant as my strategy for gathering sufficient data for this particular research approach. During the recruitment period, a fourth participant was enlisted and permission to increase the sample size was obtained from Ryerson University Research Ethics Board. However, after repeated attempts to meet with the participant failed, I reviewed the data obtained from the three interviews and, in consultation with my thesis supervisor, deemed that data was sufficient without the fourth interview.

To acquire an adequate number of participants, snowball sampling, a form of purposeful sampling where participants are able to recommend other individuals to the study was initiated after the study commenced (Creswell, 2013). Each participant was asked if she knew of another potential participant with whom she could share my contact information through a participant recruitment letter (see Appendix D). I used this strategy because small communities are often more interconnected when compared to urban centres and young people may have an awareness of potential participants and a greater ability to reach them successfully (Liepert, 2005). I anticipated that my credibility with the age group would be important because some mothers may have already experienced stigma from other adults and healthcare workers and be hesitant to trust me. I also thought that some young mothers may have been more inclined to participate if referred by a friend who had a positive experience. As indicated above, a total of four participants were recruited; one from a community agency and three others were referred to the study from undisclosed sources. One participant was lost prior to the interview process for undetermined reasons.

Data Collection

For this study, I conducted one semi-structured, individual, in-depth narrative interview with each participant. Additionally, I planned to collect journal entries to elicit their personal experiences. Interviews were based on a semi-structured guide (see Appendix E), which is used in narrative research as more of a listening tool for the researcher rather than a guide for the interview (Josselson & Lieblich, 2003). As a narrative researcher I wanted to elicit the stories of the participants; therefore, it was important for me, the researcher, to listen for the story rather than lead the interview. Consequently, many of the actual questions emerged based on the responses of each participant. I developed an initial set of questions that were designed to

address my research question and elicit their stories. I also developed probing questions to help draw out specific elements of the story such as the plot, setting, and characters. This was important because in narrative research, the story becomes the focus of the study and helps the researcher to understand the events and actions that shape the participants' experience (Michell & Egudo, 2003).

Narrative inquiry often also seeks to share participants' stories through artistic or personal expression (Lieblich, Tuval-Mashiach, & Zilber, 1998). As such I integrated an additional opportunity for participants to share their stories through the use of journals. The interview allowed the participant to tell the story she wanted to share related to her experience in the first year as an adolescent mother. Journals are often used in narrative research (Creswell, 2013) because they may help participants convey their experience in a different or expressive way to reinforce important events, emotions, or attitudes and provide clarity for the researcher (Jacelon & Imperio, 2005). As such, each participant was invited to journal her thoughts, feelings, or experiences about her life as a young mother in a rural community in any way that felt comfortable to her. When I initially made contact with interested participants, I told them about the journal and arranged a time for the interview. For undeclared reasons, two mothers declined to participate in the journal activity at this stage. During the interview, the journal was offered again with the intention of the participant being called in two weeks to allow time to reflect on her experiences. However, only one mother was interested in the journaling activity. Each mother was given a journal to keep, even if she did not want to share it with me. Each journal included the following instructions:

> This art journal is for you to share your thoughts, feelings, and reflections about your experiences as a mother. Write anything you like in your journal;

> your daily thoughts, a favourite quote, a picture, your goals and dreams, or even a single word that sums up how you're feeling. You can keep anything you like in this notebook. You can create poems, draw pictures, or simply add your artistic flair by decorating the pages. I can arrange to return your art journal if you would like it back after the interview.

Journals were intended to be collected in person so that participants could share what their entries meant to them with me. Participants were encouraged to include any personal expression in their journal including art, poetry, photographs, or other artifacts. As some participants may have wanted to have these contents returned, I offered to copy the journal for myself and arrange for return of the original to participants. I assured each participant that all journal entry data would be kept confidential as indicated in the consent form and any identifying information anonymized. Although all participants received the journal, none of them participated in this method of data collection. One mother initially showed interest in the journaling but did not follow through with the activity despite a second scheduled interview and email reminders.

Interviews were conducted in a comfortable, quiet, private space chosen by the participant and lasted 45-60 minutes. For participants who wanted to meet outside of their home, I was prepared to arrange for a private space at a community site, such as a room in a library or at a community agency. In my experience, adolescent mothers often fear that nurses will report them to Children's Aid Society based on their living conditions. Also, they may live with family or friends and not feel comfortable being interviewed at home. Thus, I anticipated that participants would choose a location outside of their home. Ultimately, all of the interviews took place in a private room at the location where young mother programs are held.

The interviews were double-digitally recorded and I transcribed them verbatim. Using two recorders served as a safeguard in case there were any technical errors such as running out of batteries or data space. At the conclusion of each interview, I generated a field log, which included my immediate reflections, questions, thoughts, or concerns that arose during the interview. In addition, I included detailed and descriptive factual data that related to the research questions, such as the setting, time and date, and any non-verbal behaviours or actions that I observed (Emerson, Fretz, & Shaw, 2011). I offered to contact each participant after the interview to arrange for the return of her journal, if desired, and offer an opportunity to add anything to her story. Because two of the mothers declined the journaling activity, follow up contact was not made with either of these participants after the conclusion of their interviews. Participant three had a personal interruption during her first interview and was unable to complete the questions but accepted the journal. At that time, she was reminded that she could withdraw from the study but she agreed to a follow up meeting, which was held to complete the interview. By her second interview, she had not started the journal activity and did not respond to a follow up contact call.

Data Analysis

My approach to data analysis followed the methodological model for narrative analysis outlined by Lieblich, Tuval-Mashiach, and Zilber (1998). From this model, Lieblich et al. developed two perspectives for reading, interpreting, and analyzing narratives: 1) holistic versus categorical; and 2) content versus form. In the first instance, the *holistic* approach takes into perspective the entire life story of the individual; whereas, the *categorical* approach would use portions of narratives, such as words or phrases, dissect the story, and put the story back together with commonalities from all the narrators (Lieblich, Tuval-Mashiach, & Zilber, 1998). In the

second aspect, *content versus form*, content refers to the researcher concentrating on the accounts of the narrators of the what, who, where, and why of the story; whereas form directs the researcher to focus on the structure, sequencing, metaphors, and feelings evoked by the narrator (Lieblich et al. 1998).

In this study, I used the categorical approach, which Lieblich, Tuval-Mashiach, and Zilber (1998) recommend when the researcher is "interested in a problem or phenomenon shared by a group of people" (p. 12). From the categorical-content perspective, I reviewed the transcripts looking for common sentences, phrases, or utterances when organizing the results. The following cycle was used to analyze the data: 1) select relevant text from the interviews; 2) develop meaningful categories; 3) sort the material into categories; and 4) draw conclusions from the results (Lieblich et al, 1998). Narrative analysis of the data required multiple readings of the transcripts.

I also incorporated the categorical-form approach in my data analysis. This perspective is closely linked to categorical-content and allowed for deeper analysis of the participants' narratives (Lieblich, Tuval-Mashiach, & Zilber, 1998). Unlike the content approach, using the form approach allowed me to focus not only on the text but also the linguistics of how the participants present the narratives (Lieblich et al., 1998). For example, I considered the tone of voice, considered any metaphors used, and observed the repetition of specific words used by participants sharing their stories when I analyzed the data (Lieblich et al., 1998). The synthesis of both categorical-content and categorical-form in data analysis allowed for depth and breadth by focusing not only on the content but also examining the emotion and linguistic features of the narratives (Lieblich et al., 1998).

Reflexivity

As a narrative researcher, I located my assumptions of motherhood and rural-living directly into the research, while attempting to construct knowledge from the narratives in a way that was true to the participants and meaningful to scholars (Josselson & Lieblich, 2003). I continuously considered my own values, beliefs, and assumptions and how they influenced how I asked questions, heard the data, and interpreted the results. To embed self-reflection into the research process from the very beginning, I started journaling my stories about adolescent motherhood as I began to develop this study. Some of this journaling is evident in chapter one, where I reflected on my experiences as a friend, a mother, and a nurse. This journaling allowed me to be mindful of my own thoughts and feelings, including my own experiences as a nurse working with young mothers throughout my career. In chapter one I mentioned my tendency to be sympathetic and empathetic to adolescent mothers and their predisposition to being stigmatized and judged in society; it was important for me to be aware of this propensity in order to ensure that what I was hearing was the experience of the participant and not a reflection of my past. As my study advanced, I continued to journal my stories and consider how the participants' narratives compared and contrasted with my assumptions. My assumptions and thoughts changed as each interview occurred and throughout this process I re-examined my position and values. This self-awareness helped me to construct a systematic review of my own personal and professional experiences with adolescent mothers (McVicker Clinchy, 2003). I recognized that the researcher's position is never fixed so I continuously self-reflected. I was critical of my own philosophical, personal, and professional assumptions, which helped me to listen to the participants and find similarities and differences in how their narratives were shared and stories were formed. My own experience as a public health nurse working with adolescent mothers in this community has provided me with the skills to develop rapport and conduct effective

interviews with this cohort and understand the resources and experiences unique to this geographical area. Throughout the analysis, I found myself noticing mothering behaviours that were similar or dissimilar to my own choices. During this time, I would reflect on my own parenting philosophy and how the participant's stories aligned with my philosophies. I reflected on how this affected how I heard their stories or favoured their choices over mainstream parenting approaches. Continual reflexivity was important to enhance the credibility of this qualitative research and allowed me, at each stage of the research, to consider how my own interests and views are situated within the research (Streubert & Carpenter, 2013).

Ethical Considerations

Ethical considerations for this study were guided by the Tri-council policy statement (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2014) and approval was obtained from the Ryerson University Research Ethics Board. Although adolescents are considered to be capable of independent consent related to low risk health-related research (Santelli et al., 2003), I encouraged the one participant under 18 years old to talk to a parent, guardian, or another trusted adult about the research. Participants were able to contact me through my confidential Ryerson University email or a Ryerson University temporary phone extension, which was active during the study and only accessible to me. I ensured informed consent by discussing, in-person, the study purpose, study expectations, implications of the study, and confidentiality issues with potential participants before they agreed to sign the consent form. Reading the consent form aloud helped to mitigate the low literacy levels that were encountered. I assured all participants that they could end the interview or withdraw from the study at any time without any personal consequence or penalty. For one participant, this was

revisited when a stressful event occurred during her interview and she ended the interview. I invited each participant to choose a pseudonym but they all preferred to have one assigned by me. This pseudonym was intended to keep anonymity in dissemination of the results. Because it was a small study, I anonymized all defining data gleaned from the narratives, such as organizations, names, and locations. The exact geographical location of study will not be disclosed in any publication of this study. Transcripts were stored on an encrypted flash drive with all digital recordings. Written field logs and journal entries remain in a locked box in my home office and will be destroyed six months after the thesis defense.

I clearly informed each participant, both before agreeing to be part of the study and at the beginning of the interview, of the Child and Family Services Act (2006). This law requires that I report any suspicion of child abuse or neglect. Additionally, if I were to have suspected that the participant was likely to inflict severe self-harm, such as in postpartum depression or psychosis, I would have immediately sought appropriate assistance. Other than these contingencies, participants were ensured that all information would remain confidential.

None of the participants were known to me as clients and I introduced myself as a nurse researcher to all participants. As a public health nurse who lives and works in this community, I was familiar with community agencies and services that could have been of assistance in specific situations. I had prepared packages with pamphlets of free, accessible, community agencies that offer services to young mothers, including local new mother support groups, food banks, and public health nursing services but none of the mothers accepted a package. I was prepared to provide information about community resources to link participants to the appropriate health services if specific health-related questions were to arise during the interview.

At the end of the interview, each participant received cash compensation in the amount of ten dollars. This amount seemed to be fair compensation for the mother's time during the interview, but not enough to influence her decision to participate in the study. The participant who ended the interview prematurely still received the compensation amount.

Relevance for Nursing

This study contributes to the body of health research exploring adolescent motherhood by examining the lived experience of adolescent mothers living in rural communities. Given the limited Canadian research in the area of women's health, this study is important for providing insight into the unique experiences and challenges of rural-living adolescent mothers. The knowledge generated from this study contributes to nurses' understanding of young rural mothers. Indeed, this study may help support nurses in practice to consider their interactions with young mothers and encourage their own reflexive practices. This study may inform strategies and nursing interventions used with rural, adolescent mothers.

Conclusion

In this chapter, I outlined the theoretical lens and methodology used to guide this study and presented the research question. I established the plan of inquiry and explained how narrative methodology was used to guide the research process. In addition to the discussion of the ethical considerations, I also illustrated my continual efforts to remain reflexive and establish rigour throughout the research process. I described the strategies used to recruit participants, explained the method used to analyze my findings, and the relevance to nursing. By sharing their stories, participants have broadened what is currently known about adolescent mothers living in rural communities and the research findings are presented in the next chapter.

CHAPTER FOUR

RESULTS: THE STORIES OF THREE RURAL ADOLESCENT MOTHERS

"My story isn't pleasant, it's not sweet and harmonious like the invented stories;

it tastes of folly and bewilderment, of madness and dream,

like the life of all people who no longer want to lie to themselves."

(Hesse, 1919/2013**)**

In this chapter, I present my analysis of the data that answers the research question: What are the experiences of first-time adolescent mothers living in a rural community, with an infant under one year? The analysis was guided by the narrative methodology outlined in chapter three. The findings are based on conclusions I have drawn from my analysis of the content and form of each interview. I begin this chapter by sharing a character sketch that I composed of each participant. All participant names are pseudonyms. I then describe the overarching narrative idea that emerged from the collective transcripts. Finally, the research findings from the study are organized into key narrative ideas. I discuss each and present supporting data and exemplars to describe the experiences of three adolescent, first-time mothers living in rural communities.

The Stories of Rural Adolescent Mothers

The three participants in this study had life circumstances that were unique and distinctive from each other despite all being rural adolescent mothers for the first time. Regardless of her current situation, each participant presented with very different experiences prior to becoming an adolescent mother. It appeared that the mothers in this study wanted to be seen not only as a "teen mom", but to also be known as a capable individual with a history that brought each young girl to her present place in life. The sentiment of being able to be known as a good mother, even though it was different than the typical mother in their communities, was shared by all of the participants. Through the act of telling her story, each participant attempted to present herself as a good mother and articulate the circumstances of her life: past, present, and future.

Caitlin's Story: "Everyone has a Story"

Caitlin's main narrative idea is that "everyone has a story" that moulds who they will become. Caitlin wants her story to represent the idea that every mother has past life experiences, which guided her to become who she is now. As Caitlin indicates, she is more than a "teen mom." She is a mother with experiences that shaped her, true for every mother at any age.

During her interview, Caitlin describes being very connected to her community and has a long family history associated with this town. She is 17 years old and gave birth to her daughter three months ago. Caitlin reports enjoying the connection that she has to her community; everyone knows her and she knows everyone in town. Along with her daughter, Caitlin lives with her ailing father and she hopes to inherit his house. She already has visions of her daughter's childhood in this house, imagining her playing with friends in the backyard. Her mother lives nearby and Caitlin regularly walks over for lunch. Caitlin indicates that she is very close with her mother. She acknowledges that her peers talk about leaving town but she knows that they will likely always live here. At any rate, she has no plans to leave the community.

Caitlin discloses that early in her teenaged life, she was using drugs and alcohol. She found herself partying with men, 30 years her senior, who readily supported her vices. During this time she met her current boyfriend. At 14 she became pregnant for the first time and had an abortion, which was difficult for her. Caitlin explains that she never fully recovered emotionally from the experience of being pregnant at 14 or from having an abortion but is comforted that the same man fathered her second pregnancy. After the abortion, Caitlin and her boyfriend dated intermittently for the next few years, sometimes experiencing a year without being together. During that time, Caitlin describes herself as "living like a hippie" and smoking marijuana. At that time she figured that because she was not sexually active, she did not need to be taking pills and stopped her birth control; it was at that point that she became pregnant again. Caitlin is very

open about her stories and many people in her town know about her history. Considering that these past life events are well known to everyone in the town, she describes having difficulty now presenting herself in a new light.

Caitlin acknowledges that the baby's paternal grandmother causes a lot of unwanted drama in her life. Caitlin and her boyfriend are estranged from his family but maintaining distance from his sister and mother is difficult in a small town. Facebook offered a forum for his family members to access insight into their life so Caitlin made a conscientious decision to keep images of her daughter private so they could not be seen or shared by others. The mounting tension with his family causes frustration and undue stress for Caitlin. She tries to be sympathetic to his mother and sister; after all, they are related to her daughter and, like Caitlin, both of these women also had their children during their teenage years. She knows their struggles influence the type of people they are now and this appeals to her empathetic nature.

Anna's Story: "Don't Judge Me, I'm a Good Mom"

The main narrative idea resonating from Anna's story is one of judgment and stigma. Throughout her story, she states: "don't judge me, I'm a good mom". It is important to Anna that she is seen as a good mother and not judged by her age or her position in life.

Anna reports living in the same small community since she was a child and currently resides with her mother and brother. She has a close connection with her older sister who lives nearby with her own two small children. At 18 years old, this is Anna's first child but she had three prior pregnancies that all ended in miscarriage. The baby is two months old at the time of the interview.

Along with her sister, Anna attends an alternative education program in town offered at the same location as the local young mother parenting program. She describes having a poor school record in the past and experiencing problems with her teachers and her classmates. After rumours spread quickly around town of Anna and her relationship with some older men, Anna's teachers contacted Children's Aid Society (CAS), a government agency tasked with ensuring the protection and well-being of children. Anna believed this to be an unwarranted call, which she says caused the end of her relationship with the traditional school system. She was unable to cope with the reputation that she had developed at school and was frustrated that her teachers were getting involved in what she perceived as a negative support. Anna's last full completed year of school was grade eight. Despite these past problems with the education system, Anna describes obtaining her high school diploma as very important to her.

Anna describes the relationship with her baby's father as complicated but she is working on improving it. Family is important to Anna and she would like her son to have a bond with his father. However, her primary concern is a solid connection and attachment between herself and the baby. Being a good mom and having other people acknowledge her ability as a mother is important to Anna. She feels well-known in the town for being a young mother and indicates that in her small town being a young mother is synonymous with being a bad mother.

Bella's Story: "I am Alone"

Bella's main narrative idea is "I am alone". Although she is surrounded by a supportive family, she describes feeling alone with her baby, both physically because of her rurality and emotionally. The ideas of loneliness and isolation are strongly associated with her life as an adolescent mother in the rural context.

Bella describes herself as a social person, especially prior to her pregnancy. She likes being surrounded by her family and enjoys time together with her girlfriends. She lives with her parents, approximately ten kilometres from the largest town in the area, which makes it difficult to see her friends. Although she has access to her own car, she does not work and cannot afford the gas needed to travel freely. Of all of the participants, Bella lives in the most isolated community. There are few houses, no retail stores, parks, or sidewalks in the rural neighbourhood where Bella resides.

Bella gave birth to her now ten month old infant, with her mom, her sister, and the baby's father by her side; she was 18 years old at the time. Her parents made room for her boyfriend to move in after the birth of the baby. This arrangement was short-lived because of his quick temper, which was stressful on their relationship. After an argument with her parents, he began to avoid her house altogether, leaving Bella and her son alone at her parent's house. Bella describes this as very stressful because she gets caught between a family who supports her and a boyfriend she wants to be with; neither of whom get along with one another. Bella is further stressed by her boyfriend's family dynamics and the relationship she has with his mother. Even though he is not helpful with the baby, Bella describes feeling happy that her boyfriend is very protective of her and he becomes angry when other people upset her. Her boyfriend lives in the main town and goes out with his friends often, leaving Bella alone with the baby. Despite their difficulties, she reveals that staying with her boyfriend is very important to her.

After the baby was born, Bella describes experiencing some symptoms of postpartum depression. She believes that the combination of problems with her boyfriend and dealing with the demands of the baby by herself caused the sadness she felt after the birth of her baby. However, Bella's biggest struggle is the isolation of being at home with her son and not being

around anyone else. She deals with her depressive symptoms by keeping herself busy, trying to maintain a positive attitude, and through the support of her family. However, she is generally alone in her rural home, not attending school or seeing her friends.

Bella relies heavily on the support provided from her family. Her older sister was also a teenaged mother to children who are now teenagers themselves. With the help of her parents and the support of her sister, Bella is certain that she can be a good mother to her baby. However, Bella is less definitive about her future with her boyfriend, but eager to make it work with him and create the happy family that she wants for her son.

Overarching Narrative Idea: Presenting Self as a Good Mother

The idea of presentation of self was apparent and reflected in the narratives of the three study participants. As a result, the data directed me into the literature about presentation of self, and specifically to the seminal sociology work of Goffman (1959), who offers a theatrical metaphor for the way in which people carefully craft and manage how they represent themselves to others based upon their ideas, values, and beliefs. I therefore drew on Goffman's work to conceptualize the overarching theme of "the good mother" that emerged through my analysis of the data. As will be shown, elements of Goffman's work were clearly evident in the way in which the rural adolescent mothers in my study constructed and then worked to maintain their presentation of themselves as good mothers.

In this study, the overarching narrative idea of presenting self as a "good" mother was the common experience for first-time, adolescent mothers living in a rural community. All participants attempted to construct and present their idea of being a good mother, while living in a rural community and coping with the complicating geographical factors. Presenting as a good

mother was the primary ambition for all mothers in the study and was noted across all transcripts and predominant across every evolving narrative idea. Within this, it was also evident that rural living affected, in different ways, the good mother narrative by creating challenges and presenting opportunities for adolescent mothers. A sense of rural culture both guided and interfered with what was expected of a good mother and was noted in the narratives of all participants. Despite their individual stories, varied histories, and different personalities, the overarching narrative idea of "presenting self as a good mother" connected these three stories.

The constructs of the "good" mother were similar for each study participant. Reflected in participants' narratives, the key characteristics of the good mother included: meeting the infant's needs, being actively engaged with the infant, and enjoying motherhood. Each participant attempted to portray these attributes as she told the story of her experience of being an adolescent mother in a rural community. Anna explained how she is a good mother in providing for her baby's needs:

> I'm a good mom. I know I'm a good mom. My doctor even says I'm a good mom so that's okay. I'm not doing anything wrong. I am doing everything right. Well, what I think is right. Everything that he needs, he needs. He needs food, shelter, changed, cared for. I do everything right.

There is a repetitive element in Anna's excerpt where she emphasized the "good" mother plot line. However, there is also some uncertainty noted in her self-declaration of being a good mother when she stated, "well what I think is right". This may suggest that she questions herself as a good mother but wants to construct her presentation of self as such. In noting that her doctor also supports her good mother narrative, Anna called upon authority to verify herself as a good

mother. Caitlin also used the authority of the hospital social worker for verification of the good mother, when she said, “And she was like, ‘Tell them that you talked to me and that you met with me and you’re good’.” Caitlin’s intention was to mitigate any potential questioning of her good mother presentation by presenting the authority of a social worker to indicate that she was a good mother. The data suggest that the use of authority figures was perceived as a strategy that could assist the adolescent mother in this study in their presentation of self as a good mother.

In the narratives, the participants recognized the possible negative impact of their young maternal age and reframed it to be an advantageous element in presenting as a good mother. They noted that their age aided in the good mother plot by recognising how their youthfulness will allow them to engage with their infants. Caitlin’s comments are an exemplar of this notion:

> Like, I have longer to love her. You know what I mean. Like, I love her. So I just, I feel like, I’m also, more like, I can keep up with her. Like, she is a good baby in general, but, I’m younger so I can keep up.

Each of the mothers extended their own thoughts on motherhood by making comments such as, “I love it” (Caitlin), “I love spending time with him” (Bella), and “I don’t regret my son. I love being a mom” (Anna). For the adolescent mothers in this study, presenting oneself as a good mother was important to their experience and using these statements disassociated them from the predominantly negative social construction of the teenaged mother narrative.

The “bad” mother narrative was also deeply ingrained, and all adolescent mothers in this study were aware of and used that image as a measure of their own achievement in presenting as a good mother. Each participant described her own reflections on teenaged mothers and the social images that are prevalent and inherently accepted. Anna discussed being able to engage

with the baby in parenting activities, contrasting her behaviours with the bad mother narrative when she commented:

> I don't want to just be one of those lazy moms who just like kinda lay around and let your child play in the play pen, the crib, the exerciser. You know not actually having this contact with him. Like, I want to be able to just like take him out with me and go do mom and tot swimming and you know these mom and tot programs that they have. Like, those kinda of things.

In this depiction, Anna described the lazy mother versus the good mother and suggested that she wanted to be the latter, despite not actually being able to access these types of activities in her rural community. She also described the problem that she noticed with younger mothers, "A lot of younger moms, they kind of disregard their children [pause] and you know do the wrong thing." Caitlin also commented on the "bad" mother narrative in relation to teenagers and said, "Like some teenagers just pawn their kids off on their parents 'cause [their parents] enable them to, but I wouldn't want to do that." Bella also had a similar notion associated with teenaged parents when she shared the following comment, "I don't just dump him on my parents or anything." The negative image of adolescent mothers as "bad mothers" may be so socially embedded into society that even the adolescent mothers in this study held these assumptions of teenage mothers. Caitlin's comment, "I wouldn't *want* to do that", may suggest that she does understand the need for parents to have respite but she does not *want* to rely on other people because this would interfere with her construction of a good mother who is independent and autonomous.

Key Narrative Ideas Supporting the Good Mother Presentation

For the adolescent mothers, presenting self as a good mother was difficult in the rural context. The data reflect that there are unique constraints that challenge the good mother narrative. The stories of the adolescent mothers in this study lay the foundation for the key narrative ideas that emerged from the texts as complicating rural factors: (a) Judgment and Stigma, (b) Everyone Knows You and Your Business, (c) Social and Physical Isolation, (d) Being an Autonomous Mother, (e) Presenting the Good Father, and (f) Rural Adolescent Mothers' Supports.

Judgment and Stigma

Presenting as a good mother required that the adolescent mothers in my study separate themselves from existing stereotypical presentations of teen moms. However, as reflected in the study findings, judgment and stigma complicated their ability to present as a good mother in a number of ways. Data suggest that the characterization of a "teen mom" as someone who does not have adequate ability to parent her child necessitated each participant to construct and present a narrative that disproved the prominent stereotype of the adolescent mother. The participants described negative perceptions from others because of their young age. For example, Anna commented, "Like if you are in town ... a lot of people stereotype you and basically say you are a bad mother because you are a young mother and that you shouldn't have kids." She further described frequently feeling judged by others in town:

> I'm not kidding someone said, "Oh, you are too young to have a kid – Oh, you can't take care of it" and I was just, like, "you are nuts" but I said it in not so nice words. So, yeah, there's stereotypes and it's not right that people say

> just ‘cause you are a young mother means you are a bad mother. I know people who are older and are bad parents and it has nothing to do with age.

This comment describes Anna’s experience of feeling stigmatized by strangers in the town who had made judgments about her as a young mother. There was a clear emotional charge noted in the interview as Anna spoke about the judgment she perceived. When she said, “I just don’t think it’s fair that I get … labelled as a bad mother for being a young mother. I’m a good mom. I know I’m a good mom”, she was explaining her experience of perceived stigma and judgment. This excerpt from Anna’s interview focuses on her determination to be seen as a good mother despite her age and despite perceived stigma. There was repetition of this notion found throughout her interview highlighting the judgment and stigma she encountered and resisted in her presentation of the good mother.

Judgment and stigma were also reflected in the way that the participants were restricted in their social activities and rurality created an environment whereby the negative perceptions of an adolescent mother could be delivered at a distressingly swift pace. For example, Bella shared a story of judgment and stigma when she explained going out with friends and unfairly being labeled as a “party mom”:

> I went out. It was my first time out since I had him in 10 months. Just with the girls, we went to the bar. And I was the designated driver so of course I wasn’t drinking. Then all of a sudden I heard that it was going around that I was a party animal, which I found pretty funny since it was my first time out and everyone knows that I’m not the type to go out.

The progression from being known as a person not involved in a partying lifestyle to suddenly becoming a "party animal" was frustrating for Bella. Indeed, there was irony noted in the use of the word "funny" because Bella's frustration with the stigma she perceived around young motherhood in her rural community was clearly aggravating and noted throughout her interview. During the interview she explained how quickly this judgment spread throughout the town, primarily by word of mouth. Bella described how rumours spread throughout town when she said, "It's a small town. Everyone knows everyone. It just gets around pretty quick ... Mostly through people talking." This suggests that, for the adolescent mothers in this study, the stigma existing in rural communities seems to be exacerbated by the speed at which rumours can be spread throughout the small town.

As reflected in participants' narratives, the most offensive judgments experienced by adolescent mothers came from reporting the adolescent mother to Children's Aid Society (CAS). The participants in the study found this was particularly worrisome because they were all aware of child apprehension as the most significant consequence. All of the participants had some level of interaction with CAS either through their own experience as a child, as a mother, and/or through their boyfriends' families. The idea that CAS could be contacted specifically because of their age frustrated participants. For Caitlin, this notion of being stigmatized for being a young mother began immediately after the birth. While Caitlin was still in the hospital she was visited by a social worker and noted that it was entirely because of her young maternal age. Caitlin shared her experience when she commented, "I talked to a social worker too in the hospital because of my age." Caitlin birthed in a larger hospital and although the intent of the social work visit may have been of a supportive nature, Caitlin did not perceive it as such. She felt as though the nurses had reported her to the social worker based solely on her age and feared that this

judgment may result in an unwarranted report to CAS, questioning her ability to be a good mother. Indeed, this was evidenced in Caitlin's subsequent comments when she said, "The social worker said, 'Ya, I don't even know why [I was called] – if anyone even tries anything [to call CAS], tell them that you talked to me and that you met with me'. But it still bugged me." This comment suggests that even though the social worker was indifferent and could potentially support her good mother narrative, the perceived threat that it could have ended in a CAS report outweighed any benefit and bothered the adolescent mother.

Authority figures, such as CAS, could be perceived as supportive or detrimental to the good mother presentation by outwardly confirming that a mother was good if she could remain with her child, or that she was a bad mother if the child was apprehended. Being involved with CAS appeared to be distressful for all of the mothers in the study because it had the potential to disrupt their presentation of self. Although all adolescent mothers in the study indicated some prior family involvement with CAS, Caitlin was the only one to disclose that she had been investigated by CAS since the birth of her baby. After a conflict with her baby's paternal grandmother, she learned of allegations made to CAS questioning her mothering abilities. Ultimately the investigation was closed without apprehension but Caitlin noted that "it's a spite call … it wasn't deserved." Bella knew of another young mother whose children were apprehended and she said, "Like, she wasn't the best mom… [she] got [her children] taken away by [CAS]." The strongest connection and reaction to CAS was from Anna whose family had been investigated by them numerous times as a minor. She also noted the power that CAS held over families:

> This CAS worker would not give up trying to find something wrong with the household. And then finally my mom just went and lost it on them and told

> him, like, “You need to leave my family alone. There’s nothing wrong. There are kids out there that need your help and you’re just picking a bone where there is none.” So, yeah. That’s why I try to do everything in my power to keep my son safe. Plus I wouldn’t want to put him in that situation because I know how it feels.

For Anna, her exposure to CAS as a child and observing the stress that it placed on her mother were sufficient reasons to remove all opportunities for involvement with CAS. She also noted that she is going “to do everything in [her] power to keep [her] son safe.” This suggests that for Anna, CAS signified danger rather than the protection that it is expected to provide to children. The authority that CAS held in determining if someone was a good enough mother to maintain custody of her child and the ability of anyone able to make an allegation against an adolescent mother created stress and unease for all of the mothers in the study. The study findings suggest that reports to CAS were one way that the adolescent mothers felt stigmatized and judged in their rural communities and obliged mothers to ensure that their good mother narrative was properly perceived by others.

Everyone Knows You and Your Business

For these adolescent mothers, being known by everyone in their rural community was cast in both a positive and negative light and reflected in two ways: “everyone knows you”, and “everyone knows your business”. This lack of anonymity was noted across all of the narratives in the study. There was an overwhelming sense that the closeness and isolation of the rural environment meant that everyone knew of the participants and their backgrounds. Some aspects

of rural living and the connectivity of the community created support for parenting, but other times the lack of privacy created challenges for these adolescent mothers.

As reflected in the participants' narratives, a lack of anonymity was problematic because it inhibited the adolescents' ability to move beyond their previous image in the community and construct themselves as a "good" mother. All three participants acknowledged that this made their status as young mothers more challenging. There was an overwhelming sense that everyone knew of the participants and their backgrounds; that people in the town, both acquaintances and strangers, knew about current and past experiences of the participants. Caitlin expressed this succinctly when she remarked, "*Everyone* knows your business." Moreover, during Caitlin's first interview, I better understood this idea of everyone being aware of her business; this was my journal entry written after her first interview:

> Caitlin had told me that her baby had gone with a friend of hers to the story-time group. Caitlin began her interview by explaining to me the lack of anonymity in rural life when suddenly, less than five minutes into the interview, the door swung open with a fury and crashed against the wall startling me. A woman stormed into the room, in the most dramatic fashion, and was holding Caitlin's baby demanding to know what shampoo she used. I was shocked and confused but when I looked at Caitlin she appeared nervous and frightened. She exchanged a few words with the woman and reached eagerly for her baby.

The woman, clearly an unwanted acquaintance of Caitlin's, was the paternal aunt of the baby and the exchange between them was unpleasant. It was also a concrete example of the lack of privacy that existed for Caitlin, who was unable to complete a private interview in a secluded location.

Findings show that rurality negatively influenced the experiences of all of the adolescent mothers in some way. Although Caitlin also mentioned the familiarity of the town residents as a positive aspect of being an adolescent mother in a small town, she also found it to be the most challenging issue. She stated:

> 'Cause it's not like a start like a fresh start where you can start your family because everyone already knows you. Everyone already knew you were pregnant and everyone already assumes what's happening in your life [pause]. So, there is no privacy.

The linguistics of Caitlin's comments, specifically the idea of an opportunity for a "fresh start", reflect the difficulty in repairing one's identity in a rural community. Bella similarly acknowledged the impact of rurality when she said, "It's a small town. Everyone knows everyone. It just gets around pretty quick." She further described how "everyone knows everyone" encourages and facilitates the spreading of rumors, stigma, and judgment, factors that ultimately affected her presentation of self as a good mother.

Both Anna and Caitlin had histories that they were eager to move past as they attempted to present as good mothers. Caitlin explained how she had turned her life in a new direction during pregnancy:

> Like I wasn't *bad* before I had [my baby] but like I said I smoked weed, I did drugs, I drank, I partied, I skipped class. I would never want [my baby] to do that but as soon as I got pregnant I stopped everything.

Caitlin's emphasis on the word "bad" reflected her desire to minimize her past behaviours and accentuate her good mother narrative by indicating that she would not want her infant to participate in those same activities. Anna also shared past behaviours that were known to the community, "I was a smoker and I drank even though I was underage drinking. It doesn't matter I still did those things and then as soon as I found out I was pregnant I stopped everything." For both Anna and Caitlin, these previously well-established behaviours created difficulty in reclaiming their identity in hopes of creating a new one. In particular, the ability to reinvent oneself in the town and be known as a good mother was hindered by the lack of anonymity associated with rural communities.

The lack of anonymity experienced by all the young mothers in the study caused unique concerns for each. As previously described, Caitlin had an ongoing conflict with her boyfriend's sister and she avoided the only young mother support group in town because she worried about the presence of this person. Avoidance of the support group inherently decreased the opportunities available to Caitlin to socialize and interact with other young mothers, further socially isolating her from potential peers in similar life situations.

While there were negative impacts of the lack of anonymity inherent in a rural environment, the narratives suggest that there is some duality within this concept, which was also a comforting element to living in a rural town where "everyone knows you". Caitlin described the benefits of a small rural community when she shared her hopes for her daughter's childhood:

> I grew up in a really tight neighbourhood. Like, I loved my block. Like, I want that for [my daughter]. Like, you could go into someone else's backyard and jump on their trampoline without asking and no one would care ... I would rather live where I am now rather than Toronto or even [another city] but I do like how it's small [here]. Like, everyone is like, "I hate [this town]! I can't wait to get out!" But they stay [here] forever. It's, like, a nice town but it's small. So when you grow up and stay in it everyone knows you or knows who you are or some kind of history about you.

This narrative excerpt reflects Caitlin's comfort with small community living and with the connectedness of rurality. When she comments "no one would care" it suggests that she may be seeking a less complicated time in her life when there was less stigma and judgment and reminiscent of a time when her own image was unspoiled.

Social and Physical Isolation

Findings indicate that isolation affected the good mother narrative by interfering with the rural adolescent mother's ability to present a content disposition as a new mother. There were multiple factors that led to the feelings isolation, including a lack of social time with non-parenting peers and the inability to acquire new mother acquaintances for the participants in this study. Bella described the lack of relationship she had with her friends who were not parents and the difficulty in finding the time to socialize with them, "Like I said the only time I get to see my friends is when I have [the baby]." Being the sole caregiver inhibited the time that she could spend with friends and participate in conventional teenage activities. Because the mothers' interests now include parenting, they may be quite different than those of their non-parenting

friends. Caitlin said the following about her social group, "I haven't lost any friends but I haven't gained any friends." This suggests that Caitlin has been unable to develop a new mother social network. Beyond feelings of isolation related to the inability to create new social networks with parenting peers, the mothers experienced feelings of being tied down to the child. For example, Bella expressed the problem when she stated, "the only time I get to see my friends is when I have [the baby] … I lack babysitting to see friends … it's hard." The study participants indicated that their rural life created obstacles in creating friendships with new mothers and in accessing their non-parenting peer groups. In addition to having few opportunities to connect with old friends, Anna also found that a rural context made her reluctant to engage with new mothers. Specifically, she explained how the lack of anonymity of rural life contributed to her hesitancy in sharing her experiences in a group-based new mother support group when she said, "Someone takes [what you say] the wrong way and says it to someone else and then it gets all around." Rurality shaped Anna's narrative by restricting the resources that she was able to access.

Geographical distance also served as a barrier to the participants being able to socialize and make connections with parenting or non-parenting peers. This was a particular problem for Bella. In the area where Bella lives there are no sidewalks and only one small park; to meet other new mothers she would need to drive a distance and she commented on not being able to afford transportation:

> Of course, I wouldn't change a thing, but, I don't know, you just feel alone. Most days you are just talking to a baby all day and I live like 15 minutes out [of town] and like I said I don't have the gas to just drive into [town].

Although Bella refers to a sense of isolation in this narrative excerpt, she attempts to maintain her presentation of the good mother by introducing her thought with "of course, I wouldn't change a thing." Anna also commented on the ability to be supported by friends after the birth of her baby saying, "No one came. I was too far away." Geographical barriers, primarily distance, lead to physical isolation for these mothers.

Other barriers causing a sense of isolation included being the primary caregiver for the infant. Bella found it difficult to visit with her peers and made this comment about her boyfriend's inability to share in caring for the baby, "My boyfriend also lacks on helping out with the babysitting while I get to see friends, so, umm, it's, it's just not fair because he can see his friends and I don't get to." The gendered act of being a parent and the responsibilities associated with the mother are particularly clear in Bella's narrative as she compared herself to the infant's father. His inability to participate in normal infant care activities inhibited her ability to socialize with her teenaged friends like she did prior to pregnancy. This left Bella alone with her baby and isolated in the rural landscape. In different ways, the obstacles associated with rural living and being an adolescent mother led to isolation, and the associated feelings of loneliness, for the mothers in this study.

Being an Autonomous Mother

As the findings reflect, the principle of autonomy was important to the good mother narrative for each of the participants. In particular, being an autonomous mother seems to have been a strategy used by participants to authenticate the good mother presentation and thus reflect the legitimacy of her narrative. Anna shared her ability to be able to care for her son on her own, "No one really helps me. I do it all on my own." There was a sense of pride and accomplishment

in her voice when she talked about being able to present as the sole caregiver for her child. The data also reflect that the adolescent mothers were persevering towards their goals. Caitlin said, "It might sound selfish but other than myself and [my baby] that's all I care about ... No one else matters anymore, I'm just going to make sure that we have what we need." Caitlin's shift in her narrative, from the singular use of the pronoun "I" to the plural of "we", emphasizes the responsibility that she feels towards her child. The mothers in the study were determined to do this alone. Bella made the comment, "Help is nice but I don't expect people to help." Interestingly, Bella received the most financial and emotional support from her family of the three participants and it may be that *expecting* help may not align with the good mother narrative.

Findings suggest that each adolescent mother in the study was determined to persevere towards her goal of independently becoming her version of the good mother despite any presenting obstacles. This was especially apparent in discussions around the importance of education as a way of both gaining financial independence and bettering themselves for the benefit of their child. None of the participants had completed secondary school but furthering their education was a future goal for all these mothers and a means by which they could imagine themselves as autonomous. Anna, who had the youngest baby, showed the most determination in completing her education. Unlike the other two mothers, Anna had actively enrolled in a young mother education program at the time of the interview. She states:

> I'm determined to get this credit because school ends in June and I'm determined to get this one credit because I know I can do it and a child. He's not going to stop me he's just going to encourage me more because I'm going to think "ok well it's in my best interest to get a career..colle... *(sighs)* high

school diploma" so that I can get a career and then show him the good examples.

Beyond being motivated by her son, she was resolute and unwavering during her interview as she discussed her commitment to education, using the word "determined" repetitively in the excerpt above. Her use of the word "determined" suggests that she perceived others may have doubted her ability to complete school especially after the birth of her baby. In addition, having a child allowed Anna to enroll in an education program designed specifically for new mothers and provided her with an alternative to the traditional education system where she was previously unsuccessful.

Before her pregnancy, Anna was attending the only high school in town. She withdrew from school without many course credits after learning that her peers were responsible for informing teachers that she was sexually active with older men and the CAS investigation that followed. In speaking to Anna about her grade level, she appeared embarrassed and hesitant in disclosing that grade eight was her last completed grade of school. The conversation follows:

KC: What was your last completed grade of school?

Anna: I technically I didn't complete any of them because I didn't get… my full credit.

Anna described in detail the events that prohibited her from being successful in her past attempts at schooling in terms of the persisting rumours in her small community. Anna said the following about her traditional high school setting:

Anna: I had a bad school record. I didn't show up very often. Uh-uh actually no I did. I showed up to one class a lot and I got like 99[%] and then I just decided not to go because of all the BS drama

KC: Is that before you were pregnant?

Anna: Ya. I had, I had fucking people that were annoying. People called me names and everything and started stuff and when I was in grade 9 CAS was called on me. So, I was like, not happening. Not going to school no more. Oh yeah my school life sucked. So now I come [to a young mothers' education program].

The detail that Anna provided to explain this situation suggests that she was uncomfortable and reluctant to describe the past emotions inhibiting her success in education. This was a striking difference to her readiness and determination to move on to the future. Anna described feeling confident about completing school at the young mother's program and she said she was becoming a "good role model" for her son.

Caitlin was also not on the graduation trajectory prior to her pregnancy. She had frequent delinquencies and truancies at school as she explained, "But I was always on and off with school. Like, I was a skipper. Like I would go for two months and then skip a month. I was really on and off." Even though her future goals included graduating, Caitlin had not yet begun her young mother's education program; however, she was enrolled. Caitlin indicated her interest in education and was motivated by the immediate financial incentive of graduating high school. Caitlin said, "It's a nice thing. They give you $500 when you graduate to put towards her school or mine. I would probably put it towards [baby's education]." Caitlin's future aspirations included completing school so that she could independently be a financial support to herself and her baby and enhance her image as a good mother by providing educational funds to her daughter.

For one participant, autonomy assumed a different meaning. Bella was not focused on education as her main priority but was focused on her future with her baby's father and creating a stable family for her son. This was surprising because Bella was the most articulate participant and appeared to come from the household with the highest socioeconomic status when compared to the other mothers in the study. Indeed, Bella had completed more schooling than either of the other girls prior to becoming pregnant; however, she was the only participant not currently enrolled in a high school program. For Bella, her current goals seemed to be situated around the desires of her baby's father. Bella appeared introspective and quietly made the following remarks when asked about her future:

> KC: Where do you see yourself in 2 years from now?
> Bella: Uh. Hopefully I will have my own place. I hope so. I think so because it's something that my boyfriend really wants.

Bella's independence and autonomy was focused on remaining in a relationship with her son's father and showcasing her ability to create a traditional nuclear family. For Bella, her life goals were based more on her relationship with family than educationally focused. Notwithstanding these differences, being autonomous was important to all participants and was seen as a crucial step towards presenting as a good mother.

Presenting the "Good" Father

It appeared that constructing the image of a "good" father was part of being a "good" mother for the participants in this study. Indeed, the desire for the father to be considered as a good father was present in all of the narratives and seemed to override the adolescent mothers' needs for a respectful and supportive relationship for themselves. All study participants were still

romantically involved, to some degree, with their infants' fathers who appeared as a significant character in their stories. However, any mention of their intimate relationship was entirely absent across all transcripts. Many of the participants' comments were directed towards the relationship that they desired between the infant and father. For example, Anna detailed her relationship with the infant's father, describing his child support payments and his interest in actively engaging with the baby, saying, "At least he pays" and "He interacts a bit better than what he did before". When specifically asked about their romantic relationship after describing the father's involvement with the infant, Anna did not seem to differentiate between her relationship with the infant's father and the one between father and son. She stated:

> KC: You are talking a lot about him in relation to the baby and being a father.
>
> Is there a relationship between the two of you right now?
>
> Anna: Did you not hear? We are working on that. It's all part of it.

Interestingly, Anna never mentioned the father of her baby until asked about his presence in their lives and was reluctant to discuss her relationship with him:

> KC: You didn't mention your baby's father at all.
>
> Anna: Do I have to?

Anna then commented on the relationship between the infant and his father: "He makes an effort. At least he pays for his child and sorta sees him. Like…. he tries to see him." In this quote, there is some apprehension noted in how Anna presents her son's father. It appears as though she wants to commend her son's father for the effort he puts forth but realizes that beyond providing monetary support, his efforts do not translate into successes. The participants described their connection through the infants' relationship with their fathers. Both Caitlin and Bella spoke about the bond between their infant and boyfriend, saying "He's a great father" (Bella) and "[the

baby] loves him a lot" (Caitlin). The relationship between the infant and his or her father was important to all the mothers in the study, placing this relationship ahead of their own need for an intimate relationship with the father.

In Anna's endeavour to present her baby's father as "good", she seemed to simultaneously overlook the undesirable behaviours of her boyfriend, despite acknowledging them, stating "I want him to be an *active* father." Her story surrounding the birth of her son explained the treatment she received from the infant's father. Anna delivered her baby at a hospital located about 30 kilometers outside of the town where she was living. She was emotional while she recalled the physical and mental trauma of her recent delivery. In the hours following, her son was transferred to a higher level hospital where he received specialized treatment, further isolating Anna. She had limited visitors because of the distance from her rural home. Her son's father visited:

> He just basically said my son looks nothing like him and you don't say that to someone who just had a traumatic birth. And then the worst part is that he brought his ex-[girlfriend] in to come see my son. But it all works out because his ex is his baby mama. He's got other kids. And he brought his kid in to see mine. And, and, and, she was there. So she asked to go in and he brought her in and I was in there sitting and I didn't know about this, so yeah. He did a lot of things that you don't do to somebody who just had a baby.

Despite arriving at the hospital with another woman, questioning the paternity of the child, and his limited attempts to be in their life, Anna still wanted his involvement. However, when she spoke about her son's father, Anna never excused his behaviour or suggested that he was a good father or partner, even saying, "He's a typical asshole of a guy". This suggests some awareness

that the relationship was not ideal but, similarly to the other participants, it was important to Anna to maintain the relationship and ensure that her son's father was in their life. A successful relationship between the infants' mother and father appeared to be written into the good mother narrative for the adolescent mothers in this study to the extent that they were willing to omit their own needs to ensure that the babies' fathers were involved.

Bella had the most complex relationship of all of the participants but was the most committed to continuing the relationship and ensuring that the baby had a traditional nuclear family. Her boyfriend was in his mid-twenties and precariously housed when she became pregnant shortly after they began dating. When the baby was born, he moved in with Bella and her family. Bella explained why this arrangement was short-lived:

> He was living with us but I found that, well, I guess, it's kinda common for men to get the bit of the blues too. So I found we both came to a point where we both had it and we were just at each other. Like constantly and it wasn't healthy for [the baby] and it wasn't fair for my parents to hear us all the time. So he moved back with his grandmother a few months ago and we are still together. But we just find it, just, so that we could like calm down…

As reflected in this excerpt, there is an appearance of Bella reconstructing how not living together supported her good mother presentation. Bella continued to share details of her relationship with her boyfriend and their need for separation, excusing his behaviour: "he was stressed out about money" or "he can get frustrated … he doesn't come from the best family." She described his family as "cold-hearted" and "hot-tempered" and although she does not get

along well with his mother, Bella still regularly visits with his family. In contrast, Bella's boyfriend had an argument with her parents, and despite the emotional and financial support that her parents provide to her, he will no longer go to her house as evidenced in this excerpt, "They got into an argument and he won't go there, hasn't for months" (Bella). The burden of maintaining family relationships was exclusively Bella's responsibility as she continued to justify the actions of her boyfriend, even when they did not serve Bella's best interests.

When Bella described suffering from symptoms of post-partum depression after the birth of the baby, she thought perhaps her boyfriend and their stresses had contributed to her feelings of sadness. She stated:

> Just, like, you know, he's a hot-head. So that also brought me down too I guess with my blues [laughs nervously] like he's the kind of person who can't stand crying so I felt like I was [pause] I am just like pretty much the only one. [pause] Like, he does do stuff with [the baby]. He's a great father. Like, but when it comes to crying or changing a diaper or anything, like, I dunno. He just kinda, lacks on that.

The contradictory nature of Bella's comments about her son's father is apparent in this exemplar. Although she says that he is a "great father" she was unable to provide any evidence of him as a co-partner in parenting this child. Bella clearly had a desire to remain in this relationship, motivated by her desire to provide her son with a good father despite his lack of support for her. The other participants also described how their baby's fathers were not helpful in infant care activities. For example, Anna said, "He just kinda like every time [the baby] cried he would just pass him to me and I'd be like 'Really?' You know, just 'cause I'm breastfeeding does not mean

every time he cries he's hungry." Caitlin only referred to the financial support that her baby's father provided saying, "He works like 6 days a week too so he's like financially supports us too". The participants of the study constructed the good father narrative around the activities of their boyfriends.

Similar to Anna, Bella never discussed her romantic relationship as a couple. Bella was more fixated on her boyfriend as a "great father" without any description or stories to demonstrate him as such. Although the other adolescent mothers did not mention leaving their infants alone with their fathers, Bella was the only mother to indicate that she was afraid to do so. She stated, "I even get a little nervous when he's with his father (nervous laugh)" and "Like I said even with his dad … he's great with him but he can get frustrated. Not that he would ever hurt him or anything. But you know when he gets frustrated, the baby gets frustrated." The nature of Bella's conversation suggested that she had some concern over his ability to parent the child and yet she did not want to interfere in his ability to be a father. She repeatedly dismissed fears of her boyfriend becoming physically abusive with her or the baby: "He'll lose it with me. Not physically at all. Never." Bella was conflicted between her desire to protect the baby from his father and to provide the baby with a father. However, she was determined to continue to try to make the relationship work and provide her son with a good family, maintaining her presentation of self as a good mother. This suggests that the need for a "good" father for the infant superseded the mothers' need for a positive relationship because it fit the mould of a good mother.

Rural Adolescent Mothers' Supports

The importance of support systems was evident across all narratives. Support systems were integral to the construction and presentation of the "good" mother. The following are discussed below: 1) Family support; and, 2) Professional support in the rural community.

Family support.

Family was the main source for financial resources and maternal family interactions were noted as positive for all young mothers. Indeed, findings indicate that this support was useful in enabling the adolescent mother to present as a good mother. For example, Bella commented on how the support, both financial and emotional, that she received from her parents helped her to cope with the realities of being a new mother, stating, "They've helped me out so much. Really, I wouldn't have been able to do this without them." Being able to provide their infants with a comfortable living space was important to all the mothers in the study and they relied heavily upon their parents to be able to meet this expectation. All of the adolescent mothers indicated that they chose to live with their own parents to be able to achieve the basics needed to be a "good" mom. They also all remarked that living with their parents was necessary in rural communities because affordable housing was not safe or readily available. For example, the following comments reflect the notion of unaffordable housing, "They're expensive for what they are … They are disgusting and there are a lot of druggies who live in them" (Caitlin) and "We want our own place but money is an issue, it's expensive" (Bella). Both Anna and Caitlin had acquaintances that were unable to afford necessities for their children. A safe and attractive living environment was also a source of pride for participants, as evidenced by Caitlin's description of her daughter's bedroom and comment that some other mothers are not able to provide adequate space for their infants:

> Like, [the baby] has a beautiful room, even. I wish I had my phone so I could show you. It's all, like, her furniture is from Europe ... Her room is nicer than mine. I'm lucky in that sense because I know that other girls whose kids don't even have a room – they have a little bassinet in their [mother's] room.

By comparing her infant's bedroom to that of others who have less, Caitlin emphasises her ability to provide for her infant. She further attempts to reinforce the good mother narrative by providing pictures as confirmation that she is able to provide for the infant unlike some other mothers she knows. Findings suggest that providing emotional and financial support had a significant and positive effect on the experiences of the rural adolescent mothers in this study as it enhanced their ability to provide for their infants and promote their good mother presentation.

In contrast to the positive support from the maternal family, the infant's paternal family had a negative influence on the experiences of adolescent mothers in this study and interfered with their ability to present themselves as a good mother. Both Caitlin and Bella described poor interactions with the infant's paternal grandmother. The paternal families had prior child apprehensions with CAS and both Caitlin and Bella feared the power that the grandmother had in being able to place a report to CAS and question their abilities as a good mother. Bella explained her experience with rumours started by the paternal grandmother of her son:

> I had heard that she was saying stuff about me to my friends. So I told her I was like, "I don't appreciate you talking about me behind my back to my friends." And she told me, she said, "Get your ass over here and we'll get that cleared up real quick" or something like that. I was like "Excuse me! That's not how moms act. Can you be a little more mature? Like, how old are you?"

Bella's description of this experience highlights the destructive behaviour of her son's paternal grandmother, who Bella believed was instigating rumours in town that did not support her desired presentation of self. Interestingly, Bella associates appropriate behaviours with age and suggests that the paternal grandmother of child was acting more like a young mother might be expected to respond. The negative effect of the paternal grandmother on her good mother narrative needed to be neutralized. Bella used this opportunity to identify that she was the mature mother despite her age. Caitlin encountered similar problems with her infant's paternal grandmother and said, "You're not going to be involved? Then I don't want you to be involved." Distancing themselves from the infant's paternal family was one means of coping with this negative support system and could be seen as a strategy for mitigating the damaging effect on their good mother narrative.

Professional support in the rural community.

Study findings suggest that despite the potential that professionals could have on building the capacity of mothers, the participants were hesitant to draw upon these resources because of the impact that doing so could have on their presentation of a good mother. Participants' narratives indicate that despite being aware of nursing services that could support their transition to motherhood, they seemed to perceive that accessing these services could be construed as weakness or an inability to cope with the baby or life as a new mother. To illustrate, Caitlin stated that she was aware of the services offered from public health nurses to new mothers but that she was not in need of them because she had a "good baby" and the services were intended for someone else who needed them. Similarly, even though Bella was struggling with symptoms of postpartum depression, she also hesitated to access services of health professionals. When speaking about her depressive symptoms, Bella said, "My mom told me to go see the doctor

about it but ... I believe that you just need to keep yourself occupied." In this narrative excerpt, Bella switched the use of pronouns to "you", potentially reflecting the perception that a good mother should not rely on others and removing herself from any need for professional help.

Participants' narratives also reflected a perception that rural professional services were not confidential and thus, acted as another barrier to accessing supports for the adolescent mothers in this study. Anna chose not to use the nursing services offered at a new young mother support program because of the nature of the support being offered in a group session. She said, "Because I'm too afraid to speak out and say like I have a question or something that is concerning or any little thing." This quote indicates Anna's fear of disclosing personal information during group sessions. When asked what Anna would like to see in a nursing program designed to support young mothers, she stated, "So, like, maybe, a little bit of one on one time with the moms." Findings suggest that Anna's recommendation for more individualized nursing care for adolescent mothers may have been due to her discomfort with revealing too much of herself in group situations and not being able to control how others interpret her information. She required more connection with the nurse in order to facilitate a trusting relationship and be able to share her full story. Anna remarked on the fear of sharing personal information in a group setting indicating, "… because it might be something that someone takes the wrong way and says to someone else and then it gets all around." This quote reflects Anna's perceptions of rural support groups, specifically that they were not anonymous and any information shared was at risk of being misinterpreted. However, as previously indicated, she stated that it would be beneficial for young mothers with private questions to be able to share their concerns and receive support from a nurse on an individual level.

Even when the participants wanted to use services, rurality complicated their ability to

access and use health services with geographical distance as a barrier. For example, Bella had difficulty accessing the only young mother support group because of its distance from her house and no available or affordable transit service in her area: "Transportation is an issue. Money for gas would help." Caitlin also noted that she was unable to access birth control and needed to travel 50 kilometers to the nearest clinic: "I had to go all the way out to [the city] and I had to have a friend drive me because I'm afraid of driving. It would be much easier if I could have just gotten [an IUD] in town." Based on the study findings, the remoteness of rural living created barriers in accessing nursing care. The distance between available services made it difficult for the young mothers in the study to be able to access the support of nursing services.

Conclusion

In rural communities, presenting self as a "good" mother was important for the experiences of the adolescent mothers in this study. Being a good mother affected each part of their stories and was found across every emerging narrative idea. These main narrative ideas included: 1) Judgment and Stigma; 2) Everyone Knows You and Your Business; 3) Social and Physical Isolation; 4) Being an Autonomous Mother; 5) Presenting the Good Father; and 6) Rural Adolescent Mothers' Supports, and reflected the complexities of the experiences of adolescent mothers who are living in rural communities. Each idea demonstrates their experiences while simultaneously presenting their desires to be known in their small communities as good mothers.

In the next chapter, I extrapolate on the study results presented here. I discuss the experiences of adolescent mothers and the complicating factors associated with living in a rural Canadian community in the context of the literature. I discuss the personal, social, and

systematic factors that affect their experiences. Finally, I offer implications for practice, education, and policy, as well as recommendations for future research.

CHAPTER FIVE

DISCUSSION, STUDY STRENGTHS & POTENTIAL LIMITATIONS, IMPLICATIONS, RECOMMENDATIONS, & EPILOGUE

"All the world's a stage,

and all the men and women merely players:

They have their exits and their entrances;

And one man in his time plays many parts."

(Shakespeare, trans., 2004, 2.7.142-145)

In this chapter, I extrapolate on my findings as they relate to the experience of being a first-time, rural-living adolescent mother in Canada. I begin by presenting a summary of the study findings from chapter four. Drawing upon Goffman's (1959) seminal work on the presentation of self, I discuss how these results support existing literature and present new knowledge, specifically about the experiences of rural adolescent mothers. I then discuss the implications of these findings for nursing and recommendations for research. I end this chapter with an epilogue that links back to chapter one.

Summary of Findings

The purpose of this narrative study was to contribute to filling a gap in the literature by exploring the experiential accounts of adolescent mothers who were parenting infants under one year of age and were living in a rural community. There is a significant lack of Canadian research in this area and this study provided an opportunity to gain new insight into the experiences of rural adolescent mothers. An overarching theme of presenting oneself as a "good" mother emerged from the stories of three adolescent mothers. From this, six main narrative ideas developed and were the focus of the results in chapter four; 1) Judgment and Stigma; 2) Everyone Knows You and Your Business; 3) Social and Physical Isolation; 4) Being an Autonomous Mother; 5) Presenting the Good Father; and 6) Rural Adolescent Mothers' Supports.

The findings of this study indicate that the participants' efforts to portray the image of a "good" mother were influenced by a number of factors related to their rural location, and that these factors both complicated and supported their ability to maintain this narrative. Specifically, the narratives reflected that rural living involved small communities in which there was a lack of

anonymity. This component of rural living acted as both a positive and comforting factor when mothers felt connected to their communities but also as a negative force when the rurality was synonymous with a lack of privacy.

Findings of this study indicate that living in a rural community seemed to increase perceptions of being judged, with the resultant stigma of being a young mother in a community where "everyone knows you" and "everyone knows your business". The young mothers also described feelings of isolation that they related to the physical challenges in accessing young mothers' groups and services, as well as by their fear of being exposed as a "bad" mother if they acknowledged needing support. At the same time, findings also revealed the importance of family support as it was families who provided access to necessities such as financial support and housing, which were vital to achieving and maintaining their good mother narrative.

The Presentation of Self as a "Good" Mother

The notion of presentation of self (in this case as the good mother), has its roots in the work of Goffman (1959) who described how individuals create, maintain, and present their identity in a way that is both meaningful and beneficial to self. In his seminal work, *The Presentation of Self in Everyday Life*, Goffman used the metaphor of a theatrical production to explain the face-to-face interactions of people in social life. From this perspective, individuals make a choice of their performance, their props, and the reactions that they try to elicit from their audience; but backstage, individuals are able to be their authentic self instead of the identity they play for society (Goffman, 1959). Central to this theory, actors need to have an agreed-upon definition of what constitutes morally acceptable behaviours as a way to ensure acceptance as a member of a certain social group (Goffman, 1959; May, 2008). Most often social norms are

created by individuals' peer groups based on common attributes, such as race, ethnicity, or class, and lead to the creation of an actor's identities; if an identity is tarnished by acting outside of these social norms, there is an opportunity to reclaim and repair the spoiled identity (Goffman, 1963; May, 2008). Presenting self in a manner consistent with social norms is desirable to most individuals because it decreases the likelihood that one will suffer from perceived or real stigma and social exclusion (Goffman, 1963).

The value of Goffman's (1959) work is significant for this study, as it provides a lens through which to better understand the participants' narratives. It also aligned well with the critical lens used to guide my research study. Indeed, critical theorists seek to understand people's realities from a place that is free, undistorted, and unconstrained (Streubert & Carpenter, 2013), much like the approach of Goffman. It may also be that Goffman's theory provides rationale for study participants' reluctance to engage in journaling activities. Although none of the participants disclosed their reasons for declining, it may be that participants feared the intimacy of journaling and its potential to expose their backstage self. In addition, unlike the face-to-face interview, participants would not necessarily have been able to gauge the response to their journal entries.

As described in chapter four, the overarching theme connecting the three narratives was the presentation of self as a good mother. Certainly, a careful reading of the interviews showed that the participants actively constructed their narratives as they interacted with the researcher, by their choice of the stories that they told and form that they used to frame those stories. In doing so, while the stories and experiences were their own, they co-created the telling of those experiences in a way that supported their desire to present as a good mother. Thus, this discourse shaped the narratives that the participants in this study shared.

It is relevant to note that the desire to present as a good mother is not unique to adolescent mothers. A dominant discourse known as "the ideology of intensive mothering", has underpinned the prevailing ideology around motherhood over the last few decades (Bell, 2004, p.48). This ideology, promotes mothers as primarily responsible for the nurturing and development of the child (Bell, 2004). Within this, a good mother is expected to be "child-centered, expert-guided, and emotionally absorbed, with the child's needs taking precedence over the individual needs of their mothers" (Hays, 1996, p. 46). This ideology is further reinforced and confused by popular media, which includes the most dichotomous array of mothering advice books ranging from intensive mothering to encouraging the infant's independence. In addition to print, and perhaps more influential for adolescent mothers, is a juxtaposition of mother images on television shows, where middle-class, suburban mothers meet the needs of their infants while low-income, single, teen mothers are often stereotyped as immoral mothers. Popular culture embraces and highlights the negative attributes of teenaged mothers (Duncan, 2007). MTV's *Teen Mom* series is one example of how the media has emphasized the most extreme and negative life consequences for adolescent mothers, such as incarceration, child apprehension, drug addiction, and promiscuity. These popular cultural images may contribute to the messages that adolescent mothers hear and experience about what it means to be a good mother in society, including the notion that being a teen mom is incompatible with being a good mother.

While dominant mothering ideologies affect all women, they have particular implications for young mothers. Johnston & Swanson (2006) found that adult-aged mothers constructed their own good mother ideology from their work status, either full-time, part-time, or stay-at-home, and determined that they made choices about their employment specifically to benefit their

children. Yet constructing a good mother narrative based on employment is not always an option readily available to young mothers, who generally have limited employment or employment potential. Indeed, as discussed in chapter two, adolescent mothers are still in the process of developing their own identity, completing their secondary school education, and transitioning into adulthood. As such, adolescent mothers may be more apt to build their own narratives based on popular culture, dominant discourses, and their own limited life experiences. At the same time, the good mother narrative is important to them as my study and other studies (Connolly, Heifetz, & Bohr, 2012; Romagnoli & Wall, 2012) suggest that adolescent mothers may seek acceptance by attempting to depict their good mother stories. In particular, women who mother outside of conventionally-accepted values and morals, such as single mothers or gang-members, have been found to recreate how their identity is viewed and to represent themselves to society in a manner that creates a positive image (May, 2008; Moloney, Hunt, Joe-Laidler, & MacKenzie, 2011).

The finding of presentation of self as a good mother is important because it highlights the tension between the presentation of self, and the realities of the young mothers' lives and how they are perceived in society. In particular, findings from my study suggest that the need to be seen as a good mother may influence decisions that young mothers make about their lives, especially if there is a potential that their decisions will cast them in (what they consider) a negative light. This can then create difficulties for adolescent mothers, who not only need to do what they believe is best for their infants, but also what they perceive other individuals want them to do in order to not be stigmatized.

The need to present as a good mother has particular implications for the way in which adolescent mothers access and use professional and personal supports. Findings of my study are

congruent with other literature (Boath, Henshaw, & Bradley, 2013; Nesbitt et al., 2013), which indicates that adolescent mothers may not actively seek out professional services, such as those of nurses, when they have health-related concerns. The findings of my study suggest that instead of being indifferent to using health resources, it may be a fear that they will be seen as unable to cope with motherhood that prevents a rural adolescent mother from seeking professional support. Indeed, Bella believed that she needed to deal with the symptoms of postpartum depression on her own rather than by visiting her health care provider to be diagnosed and treated. This belief may have derived from her fear that asking for help would indicate that she was not an ideal mother; admitting to her depression may have compromised her good mother narrative. The adolescent mothers in my study also had difficulty accepting childcare support from their parents, concerned with the perceived lack of autonomy if they were unable to solely care for the baby.

The good mother narrative may also affect how young mothers seek and access support. A developmental task of adolescence is to establish social networks (Sadler, 2011). The findings of my study echo other research (Beers & Hollo, 2009; Clemmens, 2003; DeVito, 2010) that suggests that forming new peer connections may be difficult for adolescent mothers who are no longer well-connected with peer groups established prior to pregnancy, and unsuccessful at forming new friendships with non-mother peers. At the same time, participants in my study indicated that they were also reluctant to engage with other new mothers. While the literature shows that as women transition into the being a mother, it is important to form friendships with other new mothers (Brunton, Wiggins, & Oakley, 2011). The adolescent mothers in my study were less inclined to engage in peer group sessions where they could meet and connect with other young mothers, preferring individualized nursing care instead. It may be that despite the

plethora of evidence corroborating the benefits of peer support and the need for mother-to-mother interaction (Barlow et al., 2012; Beers & Hollo, 2009; Clemmens, 2003; Dykes, Moran, Burt, & Edwards, 2003; Gaff-Smith, 2004; Grassley, 2010; Letourneau, Stewart, & Barnfather, 2004; MacGregor & Hughes, 2010; Nelson & Sethi, 2005; Riesch, Anderson, Pridham, Lutz, & Becker, 2010; Roberts, Graham, & Barter-Gofrey, 2011), the participants in my study did not want to show their vulnerabilities, as this had implications for how their good mother narrative may be perceived. Additionally, most new mothers are older than the adolescent group and thus, the participants may have felt a sense of difference.

Indeed, it can be argued that in group settings, adolescent mothers lack control over their audiences and may not be able to determine how their narratives are understood and relayed to others. This may be especially relevant in relation to rurality. Findings of this study suggest that the challenges of presenting as a good mother may be further complicated by the historical memory and lack of anonymity that exist within a rural community; for example, Anna's expressed anxiety of her stories being shared widely may have represented her concern these stories would broadcast her past as a "bad teen." As such, it may contribute to a public perception of her mothering narrative that was inconsistent with the good mother image that she was working hard to create and display. In particular, the lack of anonymity in a rural community may make it especially challenging to present oneself in a new light, because existing perceptions of one's identity will already be deeply permeated in the community. If the need to reconstruct oneself and present a public persona as a good mother overrides the need to connect with either service providers or peers however, a potential and important source of new mother support can be lost.

Being connected with the infant's father also had a substantial influence on how the mother constructed and presented herself as a good mother. The findings of my study indicate that a significant aspect of the good mother narrative was related to the presentation of the good father. Participants' narratives reflected the importance of maintaining their relationships with the infants' fathers, even when that relationship exhibited unhealthy characteristics. All three of the mothers in my study remained in relationships with the father of their infant, which is inconsistent with literature showing that adolescent mothers are more likely than their adult counterparts to have no partner (Al-Sahab, Heifetz, Tamim, Bohr, & Connolly, 2012). It may be that adolescent mothers in rural communities are more concerned about their presentation of self and in presenting a good father given the lack of anonymity in rural communities. Therefore, they may be more likely to remain with the same partner, at least for a period of time.

Considering Goffman's (1959) metaphor of the theatrical performance to create one's presentation of self, the adolescent mothers in this study may have used their relationship with the infant's father as props to maintain their image of a good mother. Including the infant's father in a narrative that aligns with the traditional composition of families in her community may help an adolescent mother to improve her good mother narrative by allowing her to present as a nuclear family despite her young age. Indeed, given the lack of anonymity and the value of the nuclear family in rural communities (Winters & Lee, 2013), it may be that adolescent mothers who fail to maintain a relationship with their infants' father may be perceived as not meeting the moral standards expected from the community. Not meeting this societal expectation can interfere with the good mother narrative and potentially lead to further feelings of stigmatization. Therefore, it may be that despite the challenges of the relationships with the fathers, the contribution of these men to the good mother narrative of the adolescent mothers in

my study outweighed the negative implications of not having the baby's father involved in their lives. This finding is especially important, as it suggests that there may be few options for the rural adolescent mother to leave their boyfriend and that the desire to maintain the good mother persona may supersede her entitlement to a healthy intimate partner relationship. The notion that a rural adolescent mother may remain in a difficult relationship in order to manage how she is perceived in her community is a significant concern and may impact her safety, self-esteem, and development of self-identity.

The families of these mothers provided instrumental support to the good mother narrative in participants' stories. Specifically, the families of adolescent mothers heightened the image of the good mother both by helping them provide necessities that they could not otherwise afford and through this supported their presentation of self. Whereas most existing literature focuses on the negative outcomes suffered by the entire family unit, such as increased stress for the infant's maternal grandmother and increased promiscuity for sisters of the adolescent mother (Beers & Hollo, 2009; DeLany & Jones, 2009; DeVito, 2010; Riesch, Anderson, Pridham, Lutz, & Becker, 2010), this study suggests that there are also positive factors in parental involvement. For example, the informal support provided by the participants' families was perhaps the most important factor in strengthening their ability to present as a good mother. The relationship of each of these three rural adolescent mothers with their own immediate family was significant in bolstering her good mother narrative and her presentation of self by providing both financial and emotional support, and perhaps even more importantly, a stable home. Being able to provide necessities for their infants was important to all of the study participants and it also reinforced the good mother narrative by showing their ability to provide. Caitlin, for example, was proud of her daughter's room, which was adorned with beautiful furniture and noted that other adolescent

mothers do not always have this luxury. Accommodations for the infant were important to the presentation of self as a good mother because they became essential props in showcasing the adolescent mothers' ability to be able to provide for her infant, a hallmark of being a good mother.

Studies have suggested that continuing education may mitigate some of the negative consequences associated with young maternal age (Esbaugh, Lempers & Luze, 2006; Sullivan et al., 2011). Rural living and young motherhood are often associated with lower education levels that may adversely affect health and well-being (Al-Sahab, Heifetz, Tamin, Bohr, Connolly, 2011; Romanow, 2002). Yet, my study findings suggest that the presentation of the good mother may also contribute to the desire for continued education. In particular, the desire to present as a good mother may encourage adolescents, who previously had precarious attendance at school, to complete their secondary education. Mothers in my study often described how their desire to be autonomous led them to consider, and in some cases pursue, their educational goals. This is evident, for example, in Caitlin's story; she was not on the graduation trajectory prior to pregnancy but her daughter became an impetus towards the goal of completing secondary school. Similarly, Anna, who had the lowest education level of all participants, described her determination in obtaining enough credits for high school graduation through a young mother program. Indeed, other literature supports this finding and suggests that adolescent mothers may use motherhood as a turning point to make healthier life choices (Clemmens, 2003; Roberts, Graham, & Barter-Godfrey, 2011).

Although becoming a mother in adolescence has been described as a turning point for many mothers, who experience a transformational change to self and make healthier life choices (Clemmens, 2003; Roberts, Graham, & Barter-Godfrey, 2011), my study suggests that rural

environments may complicate the ability to use motherhood as a turning point. For example, Caitlin described being challenged in her presentation because of the lack of privacy and Bella explained how she was apprehensive to socialize with friends after being labeled as a "party mom." Specifically, my findings indicate that it may be difficult for rural-living adolescent mothers to restart with a fresh life because the community is aware of prior acts deemed socially immoral (e.g. skipping school, drug use, and teenaged pregnancy). The lack of anonymity is a challenge for rural adolescent mothers who may want to reconstruct a positive image but struggle to transform existing perceptions.

Study Strengths and Potential Limitations

The strengths of this study derived from my focus on Canadian rural-living adolescent mothers, who have not commonly been included in the existing literature. Applying a critical lens supported and strengthened this study by guiding each aspect of the research process and reminding me to continuously be aware of the myriad of factors that are affecting how I asked, analyzed, and interpreted the narratives. The use of narrative interviews was a strength of this study because it garnered substantial and rich data about the experiences of first-time, adolescent mothers living in rural communities. Given the small participant group associated with this methodology and the targeted population, I correctly anticipated that participants would be in a similar age and education group providing insight into the specific experiences of these participants.

In keeping with narrative, qualitative research, my aim was not to generalize the findings but rather bring deep, rich meaning to the experience of being an adolescent mother living in a rural community. Therefore, while not a limitation, the cultural contexts of parenting may not be transferable or generalizable to other geographical regions or populations. The study was

conducted in one rural area in Southern Ontario and the geographical context may not be similar in other regions across Canada. This rural area was not ethnically diverse, which limited the ability to include different cultural groups.

Implications for Practice, Education, and Policy

Despite the limitations, there are a number of specific implications for education, practice, and policy resulting from this study. Given the complexities associated with rural nursing and the challenges of adolescent mothers, providing nursing care in a holistic and comprehensive manner is important. As such, it is relevant to describe how the findings of this study can inform nursing practice, education, and policy and thus support rural-living, adolescent mothers.

Practice and Education

The finding of presentation of self as a good mother is especially important, as it has particular implications for the way in which community health nurses understand and interact with adolescent mothers in rural communities. Indeed, if nurses do not understand the concept of presentation of self, they may perceive only the surface presentation of their young clients, and miss important information that may explain their needs and behaviours. This study suggests that nurses may need to consider how they can establish trusting and meaningful relationships with rural adolescent mothers in order to move past the presentation of the good mother and discover the backstage stories of the mothers' lives. This may assist nurses in assessing and meeting the needs of rural adolescent mothers and could benefit from beginning early in the prenatal period. This study suggests that it is important for nurses to establish and maintain a lasting relationship with clients where adolescent mothers are willing to disclose truthful information about their

lives. Community health nursing programs, which are based in relationship and strength building, may be particularly relevant and adaptable to the rural context. Some intensive nursing programs have demonstrated effectiveness in developing long-term client relationships and increasing maternal and child health outcomes with low-income, socially disadvantaged, young mothers in the United States and in Canadian urban centres (Jack et al., 2012). However, the effectiveness of rural maternal-child, community-based programs have not been considered within a rural Canadian context. Considering the differences in geography and in health care delivery, researchers and practitioners need to consider the adaptations required to deliver programs to rural populations.

The idea of a good mother narrative has particular implications for community health nurses and other health professionals working with adolescent mothers. Because adolescent mothers are not likely to remain in their pre-pregnancy peer groups and may have difficulty associating with adult-aged mothers, focusing on facilitating peer networks for adolescent mothers is a potential strategy that nurses could use in promoting social networks. Providing an environment that focuses on peer engagement and development may support the formation of lasting friendships and provide a much needed peer group during a time of transition for new adolescent mothers. This peer support may be even more important in a rural environment where a lack of anonymity may make young mothers feel uncertain about initiating and sharing their experiences with other mothers. To address geographical barriers, specifically distance, nurses may want to consider the use of online or electronic forums to facilitate peer support programs and provide health education. Text messaging programs may be particularly useful for mothers who are living in rural communities without reliable internet access. Given the importance of social networks as a determinant of health (Public Health Agency of Canada, 2013; Curie et al.,

2012), community health nurses may want to prioritize social development over the health education that would typically be the focus of parenting groups. Parenting programs often focus on an educational element; however, they may be overlooking an opportunity to engage adolescents and facilitate the development of peer networks. For example, programs for adolescent mothers could include sharing a meal or focusing on a social activity rather than typical parenting education sessions, which may be intimidating for adolescent mothers who could perceive that nurses are judging them when ideals do not align. To potentially impact the services intended for adolescent mothers, the implications of my study will be disseminated to the community agencies involved in participant recruitment through a brief information document.

Efforts to remove the stigma of adolescent mothering are needed and supported by the findings of my study, because perceptions of stigmatization shape how they present self. Understanding the effects of stigma on health is important for all nurses and discussions of adolescent mothers and stigma could be better embedded in discussions of adolescent mothers and stigma into nursing education programs. For example, reflective learning experiences and assignments that focus on the adverse health outcomes associated with stigmatization may help nursing students become more aware of the influence of stigma on health. Such exercises may help develop students' capacity for reflexivity. Although the stigma experienced by rural adolescent mothers is likely a complex problem built on the social and historical constructs of their communities, nurses can personally be reflexive of their accounts, experiences, and opinions associated with adolescent mothers. The use of narratives as a pedagogical tool may help to support students' reflexivity. It may be through reflexive practice that nurses can consciously begin to view the world through the lens of an adolescent mother and understand

how they negotiate or avoid the health care system. Nurses have used reflexive practice, including professional and personal journaling, collaboration with clients, and discussion with supervisors, to improve health services and outcomes for other stigmatized groups that may also encounter victim blaming (Rix, Barclay, & Wilson, 2014). Being reflexive may assist both students and nurses in being aware of biases and reduce any potential stigma that adolescent mothers might perceive from practitioners. By sharing adolescents' stories, students and nurses could further engage in reflective practice. Any reduction in stigmatization may also make adolescent mothers more likely to access and continue services with community health nurses, which could lead to better health outcomes for their families.

The findings of this study indicate that geography can have an influence on the presentation of self for adolescent mothers. For example, the lack of anonymity that exists in rural communities makes it difficult to construct a new presentation of self and may influence adolescent mothers to believe they are confined to existing relationships in order to mitigate further perceptions of stigma. It may be that nurses who are considering or working in rural communities would benefit from education and training that is specific to rural nursing theory (i.e., lack of anonymity, strong connections to the community) (Winters & Lee, 2013). For example, nurses interested or working with this population need to understand the particular challenges of rural living and thus, education programs that focus on the unique needs of rural communities may be appropriate for potential nurses. Equipped with this knowledge and theoretical base, nurses in rural communities may be able to better plan and implement the services they offer to young mothers. Nurse educators could promote the concept of rural nursing and rural nursing theory within undergraduate nursing programs to provide all nurses with an understanding of geographical differences associated with health. For example, strategies that

work with urban populations should not be assumed effective within rural environments and consideration for the ethics of rurality. Ethically, nurses need more education about how to protect the confidentiality of their clients within rural environments where lack of anonymity may be prevalent. Furthermore, nurses who are aware of the social norms associated with rural communities may be able to better promote their services so that the community is receptive to the healthcare that is accessible to them.

Beyond their importance to the good mother narrative, rural families may also be a significant support towards the emotional well-being of the adolescent mothers. The findings of my study suggest that families may be underutilized as a way for nurses to reach young mothers. For example, it was Bella's mother who noticed and suggested that her daughter seek medical care for her symptoms. Although Bella's mother was unsuccessful at helping her daughter, it may be that the parents of rural adolescent mothers are in an ideal situation to monitor adolescent mothers for potential maternal health concerns but may require new strategies to help them parent their now parenting daughters. DeVito (2010) noted that adolescent mothers themselves still require mothering; however, this may pose challenges for family units as adolescents are transitioning through a developmental stage where they are seeking independence from their parents (Sadler, 2011), yet are still dependent on their parents for support in order to present the good mother narrative. Indeed, the complexity of parenting a teenaged child who is also a mother may require specialized parenting support, which could be offered by community health nurses. Parents of adolescent mothers may be valuable in identifying and supporting the health needs of adolescent mothers in rural communities. Given the importance of these naturally occurring support systems and the limited research examining them (Letourneau, Stewart, & Barnfather,

2004), nurses may need to consider how the inclusion of family support systems influences the health and wellness of rural adolescent mothers and their infants.

Policy

This qualitative study provided new insight into the under-researched area of rural Canadian adolescent mothers. The findings of my study have some implications for health policy, specifically within the context of rural adolescent mothers, which requires critical consideration and exploration. The popular discourse that suggests that adolescent mothers have chosen a negative life course that creates a social burden may encourage the stigma that adolescent mothers experience. Existing government policies that are punitive towards adolescent mothers, such as those that remove funding or programs when disadvantaged young mothers reach an arbitrary milestone, such as mother's 18th or baby's third birthday, encourage the notion that adolescent mothers are a drain on society (Duncan, 2007; Shoveller, Chabot, Johnson, & Prkachin, 2011). This has significant implications for the societal influences on young motherhood and could be one reason that these mothers perceive stigma and judgment in their rural communities or why they need to present as a good mother even if that presentation is detrimental to their own health or well-being (e.g. not connecting to health services, remaining in unhealthy relationships, avoiding opportunities for peer networking). Policies that support young mothers by helping them meet socially expected developmental tasks, such as secondary school graduation, building a healthy self-identity, creating a social network, and obtaining employment may better facilitate acceptance in the broader community.

Recommendations for Future Research

Given the limited Canadian public health research that exists, the findings of this study provided additional insight into adolescent mothers' experiences and were consistent with existing literature. At the same time, the finding of presentation of self suggests that there is far more to the experiences of adolescent mothers than current research suggests. In particular, the findings of my study raise questions about how the presentation of self shapes adolescent mothers' narratives, and how this affects their ongoing ability to parent. Future research could focus on creating a better understanding of the effects of presentation of self on the development of self-identity for adolescent mothers in rural communities. Understanding more about the decisions that rural adolescent mothers make surrounding their intimate partner relationships and its effect on their social and emotional well-being is warranted and important in ensuring that they have safe and respectful relationships. More information is also needed about the family units of rural adolescent mothers and the type of support system they provide to young mothers.

Future research could provide much needed evidence for the development of nursing interventions that assist adolescent mothers, especially those living in rural communities. Because rurality adds complexity and complicates the experiences of adolescent mothers, further research that considers how to address the fear of disclosing in group situations, thus leading to the lack of peer support, is warranted and urgently required in order to ensure that adolescent mothers are able to create social networks. New models for peer support, such as those involving electronic formats, need to be developed and evaluated because they may address some of the issues related to rurality. In addition, nurses may consider geography in research as a method in determining the best practices and providing evidence that may inform nursing initiatives with rural communities.

Epilogue

My thesis began with stories of my personal and professional experiences with adolescent mothers. In chapter one I reflected on my professional experiences as a young nurse noticing the treatment of adolescent mothers, disappointed by the judgmental healthcare that I observed. I recalled my experiences as a community health nurse and how drawn I was to the stories of adolescent mothers, many of whom faced obstacles and successfully overcame challenges. Finally, I remembered my high school friend who became a mother at 18 years old and the stigma and judgment that she encountered from her doctors and nurses. Her daughter is now 20 years old. She graduated high school, attends college, and did not become a mother in her teens. Being born to a teenaged mother did not lead to the bleak future that some anticipated; in fact, she is quite healthy and happy as is her mother. Unquestionably, the stigma and judgment that my friend endured was not necessary or justified; it only served to make her life more difficult during a complicated time.

The research question for my study was inspired by my curiosity as a rural resident, when I began to wonder about the experiences of adolescent mothers who live in small communities. In this chapter, I have discussed some of the implications from this study. The rural adolescent mothers in my study had stories that echoed other teenaged mothers' reported in the literature; they all experienced stigma and judgment during a period of transition in their lives. Rurality further complicated and influenced their experiences but was so embedded into their stories I wonder if they understand how their experiences might have been different based on geography and location.

As I contemplate the stories that I have shared in chapter one about my own experience as a new mother, I think I missed one important element: my new mother friends. But for the mothers in this study, their peer groups were changing with adolescence and they never really seemed to find their group of mothering peers. When I connected with my group of friends, I felt like I had found my tribe. With each new challenge they were there to help me through and in return I would share the wisdom of my own experiences. My closest friends shared my parenting philosophies and made similar choices on their parenting journey. As such, when I encountered stigma and judgment about birth and breastfeeding preferences or parenting decisions, I knew other parents who shared my experience and I felt comforted by this knowledge. My peers helped to raise my parenting self-efficacy and confidence. In addition, they allowed me to be myself and be open about my experience as a mother. Being able to present my own identity was important and clearly presentation of self had relevance to my findings.

My research explored the experiences of first-time adolescent mothers living in rural communities. Indeed, it provided insight into their experiences. It also reminded me of the importance of reflexivity in nursing practice. I may never have lived the life of a rural adolescent mother or experienced the stigma and isolation that the mothers in my study encountered. However, I can appreciate their desire to be a "good" mother and continue to discover meaningful ways that nurses can support the development of good mothers and their healthy children.

Appendix A

Recruitment Poster

Are you a teenage mother living in a rural community?

Is your baby under 12 months old?

Interested in participating in a study about being a young mother?

I am a Master of Nursing Student at Ryerson University. For my thesis, I am interested in the stories of young mothers living in rural communities.

You will be interviewed about your experience as a teenage mother and given a journal to share your insights about being a mom in a rural community. The time commitment will not exceed two hours.

Interested? Please contact:

Karen Campbell, RN, MN Student

Email: karen.campbell@ryerson.ca

Phone: 416-979-500 ex. 2565

This study is being supervised by: Dr. Corinne Hart, Associate Professor, Daphne Cockwell School of Nursing, Ryerson University

Appendix B

Recruitment Letter to Local Community Agencies

Date

Dear [AGENCY NAME]:

I am a Master of Nursing student at Ryerson University and would like to let you know about my thesis research study that may be of interest to your clients. I would like to ask you to consider referring your clients for possible participation and/or posting the recruitment signs.

The purpose of this study is to explore the experience of being adolescent mother living in a rural community. Three mothers are needed for this study. Participants will be asked to participate in an interview and share their reflections through the use of a journal. Participants will receive $10 for their time.

Clients who meet the following criteria may be eligible:

- Mothers who were between 15-19 years when they gave birth
- Have a baby under 12 months old
- Live in a rural community for at least six months
- Speak and understand English

I look forward to speaking with any mothers who may be interested in participating in this study. Please feel free to contact me with questions. To ensure confidentiality, please have any interested clients contact me directly.

Thank you for your time and consideration.

Sincerely,

Karen Campbell, RN, BScN, MN Student
email: karen.campbell@ryerson.ca
phone: 416-979-500 ex. 2565

This study is being supervised by Dr. Corinne Hart, Associate Professor, Daphne Cockwell School of Nursing, Ryerson University

Appendix C
Ryerson University Consent Agreement

Young Mothers in Rural Communities Study

You are being asked to participate in a research study. Before you give your consent to be a volunteer, it is important that you read the following information and ask as many questions as necessary to be sure you understand what you will be asked to do.

Investigators:

Karen Campbell, RN, BScN, MN Student, Daphne Cockwell School of Nursing, Ryerson University,
Supervisor: Dr. Corinne Hart, RN, PhD, Associate Professor, Daphne Cockwell School of Nursing Ryerson University

Purpose of the Study:

The purpose of this study is to explore the experience of being an adolescent mother living in a rural community. Three mothers will be part of this study. Participants need to have given birth when they were between 15-19 years old, have a baby under 12 months old, and been living in a rural community for at least six months. Participants must speak English.

Description of the Study:

If you agree to participate:

1. You will be asked to participate in a 30-60 minute interview to talk about your life as a young mother living in a rural community.
2. You will be given a journal to use, share stories, thoughts, or your artistic expression of your life as a rural, young mother. You will have the journal a 2-3 week period before the interview and you can decide how often you journal.
3. Our discussions will be audio-taped to help me accurately capture your experiences in your own words. If this makes you uncomfortable, you can ask for the recorder to be turned off at any time.
4. I will then examine and analyse the responses from your interview and those of the other the participating mothers for similarities and differences. Insights gathered will be used in writing a thesis report for my Master of Nursing degree. Future use of the interview data and journal entries may include: journal, book, or magazine publications, or conference events. You will never be identified in any of these publications.

What is Experimental in this Study:

None of the procedures used in this study are experimental in nature. The only experimental aspect of this study is the gathering of information for the purpose of analysis.

Risks or Discomforts:

You should be aware that parts of your interview responses and any journal entry may be included in the final study but you will not be individually identified in any way. There is a possibility that during the interviews you may feel that you have shared too much information; you will have the opportunity to reclaim any information at any point throughout the study. Because of the personal nature of the questions asked, there is a possibility that you may recall unpleasant memories while responding in the interview. If you begin to feel uncomfortable, you may discontinue participation, either temporarily or permanently.

Benefits of the Study:

Possible benefits from this study are that you have contributed to increasing the understanding of the experiences of adolescent mothers living in rural communities for others who are interested in this topic. I cannot guarantee, however, that you will receive any direct benefits from participating in this study.

Confidentiality:

Your interview responses and journal entries will be kept private. Your information will not be shared outside of the research team. Any information about you will have a fictitious name instead of your name. You will have all control over any journaling that you would like to share with the investigator. Demographic information will be stored separately from the interview transcripts. All journal submissions and interview responses will be stored by the investigator using an encrypted USB data key. All hard copies and digital files will be kept in the home office of the researcher in a locked box for a period of six months after the study has been completed and approved and then they will be destroyed.

The Ontario's Child and Family Services Act (2006) requires that I report any suspicion of child abuse or neglect. Also, if you were to reveal that you were considering harming yourself or your child, I would seek assistance for you. Other than in these cases, all information will be kept confidential.

Incentives to Participate:

You will not be provided any incentive to take part in the research. However, you will receive $10 for your time, at the time of the interview. Should you withdraw from the study or end the interview prematurely, you will not be expected to return this money.

Voluntary Nature of Participation:

Participation in this study is voluntary. Your choice of whether or not to participate will not influence your future relations with Ryerson University. If you decide to participate, you are free

to withdraw your consent and to stop your participation at any time without penalty or loss of benefits to which you are allowed.

At any point in the study, you may refuse to answer any question or stop participation altogether.

Questions about the Study:
If you have any questions about the research now, please ask. If you have questions later about the research, you may contact.

Karen Campbell
Email: karen.campbell@ryerson.ca
Phone: 416-979-500 ex. 2565

If you have questions regarding your rights as a human subject and participant in this study, you may contact the Ryerson University Research Ethics Board for information.

Lynn Lavallee or Toni Fletcher
Email: rebchair@ryerson.ca
Phone: 416-979-5042
Research Ethics Board
c/o Office of the Vice President, Research and Innovation
Ryerson University
350 Victoria Street Toronto, ON M5B 2K3

Agreement:
Your signature below indicates that you have read the information in this agreement and have had a chance to ask any questions you have about the study. Your signature also indicates that you agree to be in the study and have been told that you can change your mind and withdraw your consent to participate at any time. You have been given a copy of this agreement.

You have been told that by signing this consent agreement you are not giving up any of your legal rights.

_____
Name of Participant (please print)

_____ _____
Signature of Participant Date

_____ _____
Signature of Investigator Date

Please sign below to acknowledge and agree to the audio recording of the interview:

_____ _____
Signature of Participant Date

Appendix D

Recruitment Letter for Snowball Sampling

Date

Dear [Ms. LAST NAME],

Thank you for your interest in my study, "Young Mothers in Rural Communities". I am writing to ask whether you would be willing to pass along the enclosed information to friends and/or family members who may also be interested in participating in this research study. You are under no obligation to share this information and whether or not you share this information will not affect your participation in this study or your relationship with Ryerson University. They can reach me themselves at the email or phone number below.

Thank you for your time and consideration.

Sincerely,

Karen Campbell, RN, BScN, MN Student
email: karen.campbell@ryerson.ca
phone: 416-979-500 ex. 2565

This study is being supervised by Dr. Corinne Hart, Associate Professor, Daphne Cockwell School of Nursing, Ryerson University

Appendix E

Young Mothers in Rural Communities Interview Guide

Introduction

Thank you for agreeing to participate in this study. Today, I would like you to tell me about your experiences as a young mother living in a rural community. I will ask you a few questions about your experiences, however, I would like you to tell me whatever you feel is important to you. You do not have to answer any questions that make you feel uncomfortable; you can end the interview, or withdraw from the study at any time. I want to remind you that if you disclose any information that suggests that you might harm yourself or your baby, I will be required to report this information. All other information will be kept confidential.

Do you have any questions before we begin?

Let's start by telling me a little bit about you:

1. How old were you when your baby was born?
2. How old is your baby now?
3. How long have you lived in this community? Who lives with you?
4. Are you involved in any community services or supports?
5. What was your last completed grade of school?

Main Questions

Can you tell me about what it's like to be a young mother living in a rural community?

When you think of being a young mother in a rural community, tell me what is your most memorable experience? What is challenging about being here? What is the best thing about it?

What or who supports you as a young mother in a rural community?

We are coming to the end of the interview and I only have a couple more questions:

If a nurse were designing a program to support young mothers living in rural areas, what would you tell him/her that is important to know about a young mother's experience or something that would be important to include in the program?

Where do you see yourself in 2 years from now? What do you think will help you get there? What might make it difficult?

Before we close, is there anything else that you feel is important to tell me?

Probing Questions

What stands out most in your mind about living here since you have had the baby?

Can you give me an example of what you mean by that?

Do you remember a specific time when that happened; tell me that story?

You mentioned _____ (insert phrase) a few times; tell me more about that.

You mentioned _____ (person/place) a few times. Tell me more about your relationship with _____.

Tell me more about your thinking about that.

How does living here make this easier for you? What makes it more difficult? Good/Bad?

Can you give me an example of that?

I'm not certain what you meant by ____. Can you tell me more about that?

Conclusion

Thank you for participating in this study today. This package contains pamphlets for various community agencies that offer services you may be interested in. I have included a phone number for a local public health service where you can speak to a nurse about any health related questions that might come up. I will call you by phone next week in case you think of anything you would like to add to the study and to arrange to return your journal if you would like it back. I am also leaving you with a letter and flyer about this study. Please feel free to share it with any other young mothers who may be interested in being in this study.

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