Young Mothers in Appalachia: Meanings of Help from Family

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ABSTRACT

The present study employed interpretive phenomenology analysis to explore the lived experiences of young mothers as it pertains to intergenerational family support within the Appalachian context. Informed by symbolic interactionism, the life course perspective, and the kinscripts framework, the present study sought to uncover the meanings attributed to help from family for young mothers. Nine women (ages 18-28; $M=23.33$) who had children between the ages of 15 and 19 were interviewed for present study. Through detail-rich narratives, meanings ascribed to help were uncovered. Help was equated with love, and it was presented as a paradox. Help was also conceptualized as a pathway to facilitate young mothers' autonomy in their new parental roles. Having autonomy, that is defined as the ability to make parenting decisions, along with support from family was associated with feeling confident and adequate as mothers. Mothers who were refused autonomy described distress and struggled with identifying in their new parental role. These findings and their implications are discussed further.

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GENERAL AUDIENCE ABSTRACT

The present study explores the experiences of young mothers as it pertains to intergenerational family support, or help from family. Young mothers discussed the ways in which they received or did not receive help from family. Nine women (ages 18-28; $M= 23.33$) who had children between the ages of 15 and 19 were interviewed for present study. Through detail-rich narratives, meanings ascribed to help were uncovered. Help was equated with many different emotions, including love. Help was also understood as a pathway to facilitate young mothers' independence in their new parental roles. Having autonomy (i.e., independence), that is defined as the ability to make parenting decisions, along with support from family was associated with feeling confident and adequate as mothers. Mothers who were refused autonomy described distress and struggled with identifying as mothers. These findings and their implications are discussed further.

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CHAPTER 1: INTRODUCTION

Background and Significance

Although teen birth rates have declined from 2007 to 2015, rural adolescent populations have maintained the highest rates of teen pregnancies within the U.S. with 30.9 births per 1,000 (Centers for Disease Control; CDC, 2016). In comparison, teen birth rates in large urban counties were lower with 18.9 births per 1,000, and 24.3 per 1,000 in medium and small urban counties (CDC, 2016). In a more recent report, adolescents in rural counties were found to have the highest rates of teen pregnancies; nearly double the rates of teen pregnancies found within suburban counties (University of Wisconsin Population Health Institute, 2018). It was also found that teenage pregnancies are continuing to decrease across geographical locations, but rural counties saw the least improvement (University of Wisconsin Population Health Institute, 2018). Further, teen birth rates were among the highest in Appalachian regions with little improvement within the last decade (University of Wisconsin Population Health Institute, 2018). Rural locales pose unique risks with respect to how young parents can successfully navigate the demands of raising children, such as limited access to transportation (Loda, Speizer, Martin, DeClerque Skatrud, & Bennett, 1997; Mather, 2004) and lack of quality childcare (Mather, 2004). Contributing to these risk factors is the fact that support services for rural pregnant and parenting adolescents may be scarce as they are typically concentrated in metropolitan regions (Loda et al., 1997). Despite the relatively high rates of teen pregnancies in rural locales, most of the literature on teenage or "young" parenting focuses on urban populations, thus the findings from investigations on urban young mothers may not be generalizable to rural populations that face unique economic and geographical obstacles.

Rural Appalachian families are of particular importance not only because Appalachian counties experience the highest rates of teenage pregnancies in the country (University of Wisconsin Population Health Institute, 2018), but also because this region has historically been marginalized (Williams, 2002) and suffers from chronic poverty and low educational attainment (Appalachia Regional Commission; ARC, 2015; University of Wisconsin Population Health Institute, 2018). According to the University of Wisconsin Population Health Institute (2018), Appalachian counties saw some of the lowest high school graduation rates and highest rates in unemployment, high rates of babies born with low-birth weight, and highest rates of child poverty. Despite the social, economic, and geographical challenges that generations of families in the region have endured, Appalachian families can be thought of as resilient by their exceedingly high marriage rates (Mather, 2004), exceedingly high homeownership rates (Mather, 2004), and their ability to maintain close-knit and functional social ties (Keefe, 1988). Appalachian families, as a result of marginalization and poverty, might employ adaptive techniques, such as intergenerational caregiving, that support familial well-being and growth. These adaptations can be thought of as strengths that enhance well-being for young parents and their offspring (e.g., Burton, 1990). It is worth explaining terminology here, as certain descriptors regarding teenage parenting connote stigma and are therefore intentionally avoided in the current research. The CDC defines teenage pregnancy as giving birth between the ages of 15 to 19 (CDC, 2016). Giving birth during this developmental period is also equated with "early" childbearing (Phipps & Sowers, 2002). However, such a judgement regarding whether pregnancy, birth, and parenting occurs "early" or "late" obscures cultural variation and community norms regarding the best and most adaptive time for women to have children (Burton, 1990). That is, "early parenting" or "early childbearing" labels are avoided as

descriptors of young parents because some cultures or subcultures may not consider adolescence to be an "early" developmental period in regard to becoming a parent. Rather, *young* parenting may be conceptualized as "on-time" (e.g., Burton, 1990; 1996). Therefore, for the purpose of this study, "young parenting" or "young childbearing" and "young mothers" is the terminology that is used to describe individuals who became parents between the ages of 15 to 19 in order to avoid stigmatizing labels. "Adolescent parenting" and "teen parents" are also used throughout the paper.

Purpose of the Study

The purpose of this qualitative study was to examine the lived experience of young mothers as it pertained to intergenerational family support within the Appalachian context. Interpretive phenomenology analysis (Smith, 1996) was employed in order to uncover the meanings young mothers ascribed to *help* from family during their transition to motherhood. Phenomenology is not concerned with identifying factual information or arriving at some "truth," but rather is concerned with created meanings and the lived experience (Larkin, Watts, & Clifton, 2006; Starks & Trinidad, 2007). The term "lived experience" differs from "experience" in that it entails *how* one created meaning around the said experience (van Manen, 1990). Whereas "experience" involves the general phenomenon, "lived experience" involves the participants' account of *how* they experienced the phenomenon and the meanings they associated with it. In this case, the "lived experience" is captured through mothers' accounts of *how* they conceptualized *help,* and *how* they experienced help from family.

Aligning with phenomenological methodologies, the research question in the current study sought to uncover the most substantial elements within the experiences of young childbearing by 'giving voice' to young mothers. The metaphor "giving voice" symbolizes

power; giving voice permits marginalized populations who might lack social, economic, or

political power the means to allow them to tell their own story (Stein & Mankowski, 2004).

Giving voice also gets at "meaning making," or how individuals make sense of their experience,

which is one purpose of phenomenological methodology.

    The following question guided the development of the current research:

1.   What is the nature of young mothers' lived experiences as it pertains to young

      childbearing and caregiving support within the family context?

    Young mothers are experts about their own experience-therefore they are the focus of this

study. Young mothers and their families, rather than young fathers, were the focus of this study

because young fathers are especially likely to be absent (Jaffee, Caspi, & Moffitt, 2001) and they

are less likely to live with their children (Pirog & Magee, 1997). In addition, the children of

young mothers are most often fathered by adult men (Coley & Chase-Lansdale, 1998), and

young mothers are likely to live with their parents following the birth of their baby (Oberlander,

Shebl, Magder, & Black, 2009).

    This study informs the literature about how young mothers in Appalachia experience

young parenting within the context of their families. The kinscripts framework (Stack & Burton,

1993) guided the research by serving as a theoretical base from which the research question and

interview guide were created. The kinscripts framework is particularly attractive in applying to

young mothers and their families because it permits for the investigation of resilience processes

and family dynamics that may not be examined in the mainstream literature on "teen moms."

For example, most of the quantitative findings pertaining to young mothers examined child

outcomes and point to the deleterious effects of young parenting such as the likelihood of young

mothers to engage in harsh parenting practices (Bert, Guner, Lanzi, & Centers for Prevention of

Child Neglect, 2009; Easterbrooks, Chaudhuri, Bartlett, & Copeman, 2011; Shaw, Gilliom, Ingoldsby, & Nagin, 2003), and abusive behavior (Easterbrooks, et al., 2011), as well as the increased odds of young mothers living with adversities (Easterbrooks, et al., 2011). However, many investigations of young parenting are based on samples from urban or metropolitan regions, including investigations that examined the role of intergenerational caregiving on young parenting (e.g., Black & Nitz, 1996; Chase-Lansdale, Brooks-Gunn, & Zamsky, 1994). In the context of young parenting, intergenerational caregiving typically involves the provision of emotional and instrumental assistance by grandparents (Chase-Lansdale et al., 1994; SmithBattle, 1996). Multigenerational families and strong kinship ties are a hallmark of the Appalachian culture (Keefe, 1988), therefore intergenerational caregiving in the region may be especially important to consider in exploring young parenting. This research specifically examined how young mothers' perceived help from family, and how intergenerational support (or lack thereof) contributed to their resilience and role development.

CHAPTER 2: LITERATURE REVIEW

Childbearing during adolescence has occurred in many cultures and over the course of many centuries (Lawson & Rhode, 1993). However, it began to be labeled as "a problem" and "crisis" by politicians and the larger society in the United States in the mid-late 1900s (Lawson & Rhode, 1993). As expected, early research into adolescent childbearing focused mostly on parent and child outcomes, which reflected largely negative depictions of young parenting (e.g., Bolton, Laner, & Kane, 1980; Jones, Green, & Krauss, 1980; Ragozin, Basham, Crnic, Greenberg, & Robinson, 1982). As the years continued, however, the research began to depict individual differences amongst young parents and their children. The following section will outline the literature on adolescent parents. Due to the nature of the discourse on adolescent

parenting research, the review focused on variable outcomes for young parents and then

progressed to examining resilience processes and parenting within the family context.

Qualitative findings of research examining young parenting were highlighted to demonstrate

support in using methodologies that give voice to young parents, and to augment the quantitative

findings.

Young Mothers: Outcomes and Parenting Processes

      Psychological adjustment. Young mothers are likely to encounter difficult life

circumstances and adversities, such as experiencing trauma and living in poverty, that may

proceed and accompany young parenting (Easterbrooks et al., 2011). Such difficulties are

associated with mental health concerns, such as depression, amongst all age groups of mothers

but young mothers may be especially at risk for developing chronic depression. Although

depression is often associated with young mothers, young childbearing does not seem to be the

cause of increased depression in comparison to adolescents who are not parents (Mollborn &

Morningstar, 2009). Rather, young mothers exhibited more symptoms of depression than

adolescents who did not become parents prior to pregnancy (Mollborn & Morningstar, 2009). In

the National Maternal and Infant Health Survey, 48% of African American adolescent mothers

and 28% of white adolescent mothers reported symptoms of depression, in comparison to 25% of

African American adult mothers and 13.8% of white adult mothers (Deal & Holt, 1998).

Similarly, 42% of young mothers from another study that examined the life course pathways of

adolescent mothers demonstrated clinical levels of mental health problems, but low levels of

behavioral problems (Oxford, 2005). Oxford (2005) and colleagues also found that the group of

adolescent mothers with clinical mental health problems was more likely to have mental health

illnesses, ongoing health problems, engage in criminal activity, illicit substance and tobacco use,

and have poorer quality of relationships than the normative group (43% of the sample) at the age

of 30. Oxford (2005) identified five early risk factors that predicted variation in psychological

outcomes of adolescent mothers: substance use, delinquency, runaway history, mental health

problems, and school problems. Substance use and mental health problems were the strongest

predictors of the psychologically vulnerable group relative to the normative group. Findings

from other empirical studies also show moderate to high cases of mental health illnesses amongst

young mothers (e.g., Callan & Dolan, 2013; Cox et al., 2008; Easterbrooks, Chaudhuri, &

Gestsdottir, 2005; Weed, Keogh, & Borkowski, 2000).

Maltreatment. In addition to poor mental health outcomes, other research found that

young mothers were more likely to engage in abusive behaviors and harsh parenting. In a

comparative study on young mothers, adult low-resourced mothers, and adult high-resourced

mothers, Bert and colleagues (2009) found that adolescent mothers were more likely to have

experienced childhood abuse and were more likely to engage in abusive behaviors with their own

children. De Paúl and Domenech (2000) conducted a longitudinal study with adolescent and

adult mothers from the same sociodemographic backgrounds. They found that, despite no

differences in reported childhood abuse history, adolescent mothers were still more likely than

adult mothers to abuse their children and they were more likely to suffer from depression. De

Paúl and Domenech (2000) also found that despite mothers' age at first childbirth, the presence

of depression increased the potential for abusive behaviors. On the other hand, some researchers

have not found evidence that young mothers are more likely to maltreat their children (Conger

McCarty, Yang, Lahey, & Kropp, 1984; Murphy, Orkow, & Nicola, 1985). The mixed findings

on young mothers' potential to maltreat their children lead the way for researchers to consider

individual differences amongst young mothers, as well as different parenting techniques that may be adaptive in adverse contexts.

Resilience and Variation Among Young Mothers. Historically, research with young mothers and their children has focused on the deficits of young parenting (Lawson & Rhode, 1993). However, more recent research demonstrates the strengths and resiliencies of young mothers despite cumulative risk. Still, there is not a generally agreed upon conceptualization of resilient processes or outcomes, which is reflected in the young parent literature. In the young parent literature, resilience has been defined as 'withholding from maltreating children' (Easterbrooks et al., 2011; Dhayanandhan, Bohr, & Connolly, 2015), 'engaging in positive parenting practices' (Hess, Papas, & Black, 2002), 'personal competence and acceptance of life circumstances' (Black & Ford-Gilboe, 2004), 'healthy psychological adjustment' (Hurd & Zimmerman, 2010), and 'overcoming depression' (Easterbrooks, Kotake, Raskin, & Bumgarner, 2016). In identifying resilient processes and outcomes of young mothers and their children, researchers identified some key factors that seem to buffer against the risks often accompanied with young parenthood. Social support (Easterbrooks et al., 2011; Easterbrooks et al., 2016; Hess et al., 2002; Hurd & Zimmerman, 2010), cognitive readiness (Weed et al., 2000), maternal maturity (Weed et al., 2000), positive mother-grandmother relationships (Hess et al., 2002), and positive self-esteem (Hess et al., 2002; Weed et al., 2000) are factors that seem to contribute to healthy outcomes for young mothers and their children. For example, one study found that, despite significant risks in childhood, a group of young mothers demonstrated resilience, which was defined as the absence of abusive behaviors (Easterbrooks et al., 2011). The mothers in the resilient subgroup were less likely to live with their families of origin, but more likely to rely on their own mothers for parenting support (Easterbrooks et al., 2011). Another study by

Easterbrooks and colleagues (2016) found that mothers' perceptions of father support accounted for variation in depressed young mothers, mothers with remitted depression, and young mothers without depression. These findings specifically speak to the importance of perceived family support in regard to the outcomes of young mothers.

Additional research contributed to the literature on the resiliencies and strengths of young mothers, which is demonstrated through their accomplishments. For instance, in a longitudinal study of over 300 young mothers from a metropolitan region, most went on to complete high school and joined the workforce (Furstenberg, Brooks-Gunn & Morgan, 1987). Contrary to popular misconceptions about teenage childbearing, young mothers did not go on to have large families and they did not maintain long-term dependency on welfare services (Furstenberg et al., 1987). Similar strengths and resiliencies were found in the sample from the Notre Dame Adolescent Parenting Project (NDAPP), which followed young mothers and their children from the time of mothers' pregnancies to their late 20s and early 30s. In this sample, 85% of the young mothers graduated high school or obtained a GED by their late 20s, and 5% graduated from college (Noria, Weed, & Keogh, 2007). The mothers in the NDAPP also demonstrated improved psychological adjustment with age, although many still struggled with depression, and mothers demonstrated significant improvements in parenting practices (Noria et al., 2007). Compared to mothers who delayed childbirth until adulthood, young mothers reported more monitoring and supervising of their teenaged children (Noria et al., 2007). The children of the young mothers also reported positive relationships with their mothers, and satisfaction in closeness and communication (Noria et al., 2007).

Parenting processes. Early investigations of parenting processes of young mothers align with the general notion at the time that young parenting was largely maladaptive. In earlier

decades, parenting behaviors of young mothers were characterized as harsher, less verbal, and less responsive than adult mothers (e.g., Bolton et al., 1980; Jones et al., 1980; Ragozin et al., 1982). However, research in young parenting processes has been progressing by considering other contextual factors such as socioeconomic status (SES), ethnicity, family of origin, and intergenerational caregiving support. For example, in video observations of young mothers and their 4-month old infants interacting, Coll, Hoffman, and Oh (1987) observed that adolescent mothers were significantly less verbal and responsive to their infants, and they had fewer positive interactions with their infants than adult mothers. However, after controlling for SES, young mothers were only found to spend less time in positive interactions with their infants than adult mothers. In other words, most of the negative effects disappeared.

More recent investigations of young parenting processes explore young parenthood within cultural and socioeconomic contexts that may lend to more understanding of parenting practices than age at first childbirth. For example, in their investigation of differences in parenting amongst Mexican-American and European-American young mothers, Uno, Flosheim, and Uchino (1998) found that Mexican-American mothers engaged in more negative parenting practices. However, they also found that regardless of ethnicity, higher levels of social support and employment status resulted in healthier parenting practices. Chaudhuri, Easterbrooks, and Davis (2009) explored emotional availability, parenting attitudes, and parenting behaviors in relation to parenting style and cultural contexts amongst European American, African American, and Latin American young mothers. Through cluster analysis, three parenting style groups emerged: democratic parenting, strict-loving parenting, and directive parenting. European American mothers most often fell into the democratic group, which is portrayed as having more sensitivity, structuring, less intrusiveness, and less hostility. The strict-loving group endorsed

and used high levels of corporal punishment, but also displayed high levels of emotional availability. The directive group showed the lowest levels of sensitivity, displayed the most intrusive and hostile behaviors, and endorsed parent-child reversal beliefs. The majority of the Latin-American mothers fell into the latter category, but overall, most of the young mothers demonstrated democratic parenting (Chaudhuri, Easterbrooks, & Davis, 2009). Indeed, Appalachian young mothers, as well as adult mothers, seem to be emotionally available with regard to their offspring (Bornstein, Putnick, & Suwalsky, 2011). Emotional availability was assessed through measures of maternal sensitivity (e.g., acceptance and conflict resolution), structuring (e.g., scaffolding), child responsiveness, and child involvement of the mother during a play interaction task. Bornstein et al. (2011) found that most of the mothers, despite age of first childbirth, fell into the functioning range of parenting. Additionally, Chaudhuri et al. (2009) found that despite ethnic background, financial stress was the largest predictor of harsh parenting practices, suggesting heterogeneity in young parenting. The findings in these investigations highlight the intersections of ethnicity, socioeconomic status, and young parenting and support the need for researchers to consider contextual factors in addition to the age of becoming a parent.

Collectively, these findings contribute to the growing arguments that risk and individual factors, apart from age of becoming a mother, should be the primary focus of study and subsequent parenting interventions. Although age at first childbirth is a critical factor in the consideration of the development of mothers and their families, it is evident that many other factors influence the quality of parenting than just chronological age. These findings also demonstrate the need for researchers to be sensitive to the intersecting contexts of young parents, and to consider the perceptions of young mothers.

Qualitative Findings on Young Parenting

　　　　The qualitative literature on young parenting offers unique perspectives of parenting processes and resilience that may not necessarily be captured in quantitative investigations. Qualitative studies often situate issues within the context of family member's day-to-day lives and social locations (for examples, see Arditti, Burton, & Neeves-Botelho, 2010; Few-Demo & Arditti, 2014). Moreover, such research offers insight into nuanced processual mechanisms that bear on young mothers' adjustment and parenting capabilities by attending to and preserving participants' interpretation of their own experience (e.g., Dalton, 2015; SmithBattle, 1996; 2006). In a meta-synthesis of qualitative investigations of young mothers, Clemmens (2003) identified major themes derived from 18 studies from 1990 to 2001. Clemmens (2003) noted that young mothers repeatedly expressed that they didn't realize how difficult parenting would be until they entered into motherhood. The young mothers also expressed distress in describing their experiences with adjusting to motherhood, and they emphasized the intense psychological and physical demands of parenting. These revelations by the young mothers themselves mirror quantitative investigations that find young mothers may be more likely to engage in harsher parenting practices through feelings of distress and inadequacy that accompany young parenting. These concepts also give support to quantitative findings that demonstrate increased risk of psychological illnesses with adolescent mothers. For example, young mothers offered their reflections on how becoming a new, young mother may have influenced the way they felt (e.g., depressed). This qualitative research is arguably more insightful, however, because the nuances behind the challenges and contexts of young mothers are revealed. That is, variables identified in quantitative investigations (e.g., depression) as particularly salient are elaborated on by young

mothers which allows practitioners and researchers to more carefully consider the ways in which young mothers may be supported.

The role of becoming a mother is also emphasized in the qualitative literature. Roles are positions or statuses that are assigned or assumed, and certain behavior patterns are expected to follow with such statuses (Biddle, 1986). In Clemmens (2003) meta-synthesis, a theme of role conflict emerged in 9 of the 18 studies examined. Young mothers described the struggles of balancing their roles as adolescents with their role of being mothers. They elaborated on their need to miss school due to childcare responsibilities and lack of caregiving support, and how they missed out on typical adolescent events like shows and parties (Clemmens, 2003). Adjustments with new roles amongst young mothers and their own mothers were explored in a specific investigation of young mothers and their families (Paskiewicz, 2001). The grandmothers in this particular study (Paskiewicz, 2001), in addition to young mothers, described ambiguous feelings with their new roles in the family system. Interestingly, both grandmothers and young mothers voiced feelings of isolation and alienation in response to their new roles. Qualitative research, such as Paskiewicz (2001), provides to opportunity for meaning-making processes to be uncovered, such as the meanings around role identity, and thus provide more depth around the young parenting experience.

Reflective of quantitative studies that identified strengths and resiliencies of young mothers, young mothers in the qualitative investigations also voiced concepts related to positive parenting processes and adjustment. Qualitative research extends these themes (i.e., parenting processes and adjustment) by considering dynamic processes that contribute to meanings ascribed to parenting and adjustment. In 10 of the 18 studies in Clemmens (2003) meta-synthesis, young mothers expressed a positive transformation due to motherhood. They

described motherhood as providing a sense of stabilization, and they found power to advocate for

their children and themselves. Some described being motivated by their role as a mother to be

successful in order to provide for their children. Interestingly, young mothers in the south-

central region of Appalachia described their entry into motherhood as a "salvation" from the

drug culture that is ripe in the region (Dalton, 2015). To these young mothers, entering

parenthood served as a protective mechanism against engaging in substance use (Dalton, 2015).

In the Clemmens (2003) meta-synthesis, some young mothers also described their role as a

parent to be beneficial for their relationships with other family members. Positive relationships

with their family members were viewed as supporting young mothers' abilities to be

compassionate and empathetic to their children. These important themes described by young

mothers (Clemmens, 2003; Dalton, 2015) provide insight regarding lesser known aspects of

psychological and parenting processes that characterize young mothers.

Intergenerational Support

        The findings from the literature on intergenerational caregiving support and young

mothers are mixed and complicated. Some investigations found that caregiving support to a

young mother by an older kin or quasi-kin member resulted in positive outcomes (e.g., Hess et

al., 2002; Sandfort & Hill, 1996; Trent & Harlan, 1994). For instance, Colletta (1981) found that

both African-American and white young mothers engaged in more supportive parenting practices

when they received support from their own mothers. Other studies found evidence that the

provision of intergenerational caregiving to young mothers and their children was

disadvantageous. Voight, Hans, and Bernstein (1996) discovered that the quantity of support

from grandmothers was related to positive parenting behaviors, but negatively correlated with

young mothers' satisfaction in caring for the child. Another study found that young mothers and

their children benefited from support from grandmothers only when they did not reside together (Spieker & Bensley, 1994). Black and Nitz (1996) found that young mothers who co-resided with grandmothers displayed less warmth and affection to their children than young mothers who did not co-reside. Chase-Lansdale and colleagues (1994) considered the quality of parenting amongst African-American young mothers and grandmothers. They found that parenting quality was virtually the same across generations. In other words, parenting quality was not predicted by age at first childbirth (Chase-Lansdale et al., 1994). However, it was also found that grandmothers who coresided with their young daughters (i.e., young mothers) and grandchildren engaged in higher quality parenting behaviors. These findings suggest that grandmothers who choose to coreside may believe that young mothers are not equipped to parent their children (Chase-Lansdale et al., 1994). Other studies have also found negative outcome for young mothers and their children. For instance, Unger and Cooley (1992) found that caregiving support from grandmothers was related to increased behavior problems in children of adolescent mothers. Beer and Hollo (2009) review the literature on teen parents, including the role of grandmothers (i.e, mothers of teen parents). They described that while support from family is typically beneficial, too much support is likely to lead to negative outcomes (Beer & Hollo, 2009).

Discrepancies in the findings amongst the intergenerational caregiving literature may be due to inadequately specifying the contexts in which childcare assistance by other family members is taking place. The perspectives of the young mothers should also be considered in order to capture meaning-making processes around caregiving support. Further, according to the kinscripts framework and life course theory, previous studies of intergenerational caregiving may not account for family norms and expectations surrounding early childbearing. For instance,

Burton's (1996) qualitative investigation of young parenting gave valuable insight into family

timetables and expectations of parenting. Through her research, Burton (1990;1996) revealed

that early parenting may be considered "normal" and may even be expected within some cultures

and sub-cultures. In Burton's (1990) study of the Gospel Hill community, participants described

the need to have children young so that certain caregiving roles could be filled. For instance,

families in this community were typically characterized as having about 14 years between

generations, and thus caregiving was needed for young children and the oldest generation

(Burton, 1990). In this community, teenagers often provided care for their aging grandparents

while their mothers undertook primary caregiving responsibilities for the young mothers'

children (Burton, 1990). In other words, primary parenting roles were not fulfilled until one

became a grandmother (Burton, 1990). For participants in the Gospel Hill study, delaying

childbirth would likely create tension within the kin network because the family timetables

would be challenged through unfulfilled or delayed caregiving roles. These qualitative inquiries

around young parenting and intergenerational care provide support for examining family norms

and expectations when considering young parenting and intergenerational support.

Discrepancies in the intergenerational care and young parenting literature may also be a

result of the populations studied and the variables of interest. Most of the research on

intergenerational caregiving support and young mothers include predominately African-

American samples (e.g., Black & Nitz, 1996; Chase-Lansdale et al., 1994; Gordon, Chase-

Lansdale, & Brooks-Gunn, 2004; Voight, Hans, & Bernstein, 1996), and samples from

metropolitan regions (e.g., Black & Nitz, 1996; Voight et al.,1996). Parenting and family

systems within the rural Appalachian region are seldom investigated. Some early research of

parenting within the region characterized Appalachian parents to be infant-centered and

increasingly authoritarian with older children (Looff, 1971). More recent research also found

that mothers in Appalachia engaged in positive interactions with their infants, but they became

increasingly more negative as their children got older (Fish, Amerikaner, & Lucas, 2007; Fish &

Stifter 1999). Even fewer studies examined young parenting in rural regions of Appalachia

which has some of the highest rates of young childbearing in the U.S. (University of Wisconsin

Population Health Institute, 2018). In one of the rare studies that did in fact examine young

mothers in Appalachia, Rezek (2010) explored social supports and relationships of young

mothers. Rezek (2010) employed methodological techniques that gave agency to young

mothers, allowing them to tell their own story, and from their interviews, themes of gendered

caregiving roles and social support emerged. For instance, young mothers expressed the

importance of their own mothers as a form of parental support, and they expressed general

themes of a strong female kin support network (Rezek, 2010). In fact, the young mothers in the

present study expressed that social support throughout the pregnancy and later parenting was

provided almost entirely by female kin members.

       To summarize, the literature on young parenting tends to highlight deleterious outcomes

for young mothers' adjustment and broad indices of children's development. Although some

recent research reveals the resiliencies of young parents and their children, more research on

protective factors are needed for a complete picture of young parenting within Appalachia. The

findings in the present study are especially useful in terms of outreach and interventions not only

aimed at young mothers within rural contexts, but also young mothers across geographical

locations. The continuation of high birth rates amongst adolescents within rural regions of

America, despite drops in aggregate teen birth rates nationally (CDC, 2016), calls for a focus on

young, rural parenting. In particular, rural Appalachia represents a region with an exceptional

historic and cultural background that may lend to adaptive family and individual strategies that ensure both personal and family survival. The current investigation examined the experiences of young parenting within Appalachian families through the lens of symbolic interactionism and the kinscripts framework.

Chapter 3: Theoretical Framework

This study was based on an interpretive phenomenological methodology (IPA) which emphasizes the importance of subjective experience and the researcher's engagement with the participant's narrative (Larkin, Watts, & Clifton, 2006). Such an approach aligns well with symbolic interactionism, the life course perspective, and the kinscripts framework (Stacks & Burton, 1993). The foundations of IPA were developed from symbolic interactionism (Blumer, 1986), thus it is foundational to the present study. Symbolic interactionism is a theoretical lens that is concerned with uncovering how individuals ascribe meaning to their experience and make sense of their own identity through social interactions (LaRossa & Reitzes, 2009; LaRossa & Wolf, 1985). Symbolic interactionism is especially apt for the present study because participants explored how their experiences within the context of their families shaped their perceptions of self. Through the processes of reminiscing on their experiences as new, young mothers, participants described how they understood their evolving, and sometimes conflicting, identities. In addition to identifying the ways in which social interactions with family members shaped their sense of self, young mothers also reflected on their experiences of receiving help from family members. Specifically, perceptions, or meanings, of *help* were explored.

In addition to symbolic interactionism, the kinscripts framework (Stack & Burton, 1993) provided a conceptual framework from which the interview questions in the current study were created. Kinscripts is a theoretical framework that was developed from the life course

perspective and in which the responsibilities and roles of family members were explored. It was

thought to be an ideal framework for the current investigation of the experiences of young

mothering in Appalachia because it is sensitive to the ways in which rural families and non-

traditional family models may work together towards sustainability. Kinscripts was also apt in

the application of the current study because it helps to uncover the processes of intergenerational

caregiving support. As stated, the Kinscript framework is heavily influenced by the life course

perspective, and thus it also informed the current study.

Symbolic Interactionism

Symbolic interactionism is concerned with how individuals, or groups of individuals,

prescribe meaning to something (e.g., concepts) through verbal and non-verbal interactions with

others (LaRossa & Reitzes, 2009). In its essence, symbolic interactionism is a framework for

understanding how people create meaning, with the interactions of others, which in turn shape

human behavior (LaRossa & Reitzes, 2009). Through symbolic interactionism, we come to

understand how individuals develop a concept of their roles and identities through the meaning-

making process, which is informed by social interactions and the messages received from such

interactions.

Symbolic interactionism (SI) has roots that extend far beyond a single founder or school

of thought. According to LaRossa and Reitzes (2009), although SI was officially coined by

Herbert Blumer, it was created through the contributions of many researchers, including Charles

Horton Cooley, George Herbert Mead, William I. Thomas, Robert E. Park, Ernest W. Burgess,

Willard Wailer, and Reuben Hill. Through its evolution, SI split into two schools of study: the

"Chicago School" led by Herbert Blumer and the "Iowa School" led by Manfred Kuhn (LaRossa

& Reitzes, 2009). The main difference between the two approaches to SI is the nature of the

questions asked by each school of thought. Blumer emphasized interpretation and the social

construction of meaning while Kuhn prescribed to testing the premises of SI (LaRossa &

Reitzes, 2009). For these reasons, symbolic interactionist who prescribe to the Chicago School,

or Blumer style of SI often employ qualitative methods while those that follow the Iowa School

style would be more concerned with questions that can be answered using quantitative methods.

I am informed by the Chicago School of thought. Despite these differences in methodological

approaches, both schools of SI identify the same seven assumptions: human behavior occurs

through a meaning-making process; meaning occurs only within the interaction between people;

meanings are modified based on social interactions; a sense of self is developed through social

interactions; self-concepts provide motive for behavior; individuals and groups are influenced by

broader social contexts; and social structures are understood through daily social interactions

with others. In brief, meanings and identity are socially constructed and only occur through the

process of interactions with others. In the current study, symbolic interactionism serves as the

foundation for understanding the processes of meaning-making in young parenthood. In

particular, young mothers make sense of their identities as *mothers* and as *adolescents* through

their interactions with their families and the broader context. For example, young mothers that

identified as not having "optimal support" from their families described particular challenges in

identifying with their new roles as mothers. The ways in which young mothers prescribed

meaning to their transition to motherhood and the challenges they encountered within the context

of their family were explored through the lens of SI.

Life Course Perspective

The life course perspective can be described as an approach used to examine individuals

and families within social, cultural, and structural contexts in which they are embedded (Elder,

Johnson & Crosnoe, 2003). The life course perspective, also referred to as life course theory,

can be traced to the pioneering study, *The Polish Peasant in Europe and America* (Thomas &

Znaniecki, 1918-1920), in which the first arguments for longitudinal approaches to investigating

life histories were made. It was further developed in the 1960s and subsequent decades

whenever the field of sociology saw a boom in explorations of life course trajectories (Elder et

al., 2003). Time, context, process, and socially constructed meaning are central emphases in the

life course perspective in human and family development (Bengston & Allen, 2009), which

makes it particularly attractive to the study application of young parenting and theoretically

aligns with symbolic interactionism. These emphases are evident through the application of

several key concepts that are vital to the life course perspective, including trajectories,

transitions, turning points, and timetables.

      Transitions and trajectories. Transitions involve changes in status, role, identity, etc.

that potentially alters trajectories, while trajectories are sequences of roles and experiences held

throughout the life course, and they are made up of transitions (Elder et al., 2003). Transitions

are especially important whenever "time" is considered. Closely related to the construct of

transitions is generational time. Generational time, or "family time," refers to events or

transitions that alters families or individual selves (Bengston & Allen, 2009). Young

childbearing is an example of a transition that influences family time. For instance, young

mothers' transition to the role of motherhood led to role changes of young grandmothers and

great-grandmothers (Burton, 1996). In the current study, young mothers were asked to reflect on

their transitions to motherhood, as well as the transitions that their family members experienced

as a result of their pregnancy.

Turning points. Turning points are another concept central to the life course

perspective. Turning points are like transitions in that they involve a change in one's life, but

they are different in that they mark some substantial change in direction (Elder et al., 2003).

Elder and colleagues (2003) listed returning to school in midlife as an example of a turning

point. Some disagreement exists in the literature about conceptualizing the differences between

turning points and transitions (Wethington, 2005). According to Wethington (2005), transitions

are seemingly common occurrences across the life course while turning points mark some major

transition. Turning points create a break in the life trajectory and are considered to be some

"fateful turn" (Wethington, 2005). However, some critics of this conceptualization of turning

points argue that they are too difficult to parcel out from transitions (Wethington, 2005). It is

conceivable that young childbearing could be conceived as a turning point, rather than a

transition. However, for the purpose of this study, young childbearing was conceptualized as a

transition to maintain consistency with the kinscripts framework (discussed below). Young

parenting is also conceptualized as a transition, rather than a turning point, because it typically

involves a change or shift in roles (i.e., from *teenager* to *mother*).

Timetables. Timetables consist of socially constructed meanings for transitions based on

chronological and historical ages of individuals (Elder, 1995). Certain expectations and roles are

associated with timetables, for instance, socially acceptable times for individuals to become

parents (Elder, 1995). Stack and Burton (1993) expanded further on the concept of timetables in

their introduction to the kinscripts framework. Stack and Burton (1993) refer to timetables as

family timetables—or timetables that are situated within the constructed meanings for transitions

by the family. For instance, families have a general notion about when childbearing should

occur (e.g., Burton, 1996). Generally, departures from normative timetables results in informal

sanctions or undesirable consequences for the individual who does not fulfill certain

expectations, or for other members of the kin system. For example, in interviews with three-

generation families, great-grandmothers expressed disapproval of their daughters and

granddaughters having children young because they were not fully ready to accept their

responsibilities, and the burden of providing the care fell to older generations (Burton, 1996).

Great-grandmothers also expressed the feeling of being "rushed" into grandparenthood and

great-grandparenthood, exemplifying the nature of interdependent lives and timetables that were

"challenged" (Burton, 1996). As part of the interview process, young mothers in the current

study were asked to reflect on their family's feelings, attitudes, and beliefs about young

parenting and their transition to motherhood, as well as their own beliefs about timing and the

transition to motherhood.

      Linked lives. Elder (1995) asserts that no other principles within the life course

perspective are more critical to the understanding of the influence of context on an individual's

life than "linked lives" and their timing. Linked lives, or interdependence, describes the nature

of "shared lives"; it describes the reciprocity between individuals, and mutual dependence

(Elder, 1995). In other words, individual actions have consequences for others, and vice versa.

For example, an adolescent's transition to motherhood can potentially impact her family of

origin to the extent that young mothers share their lives and offspring with their broader family

networks. In the most basic sense, grandparenthood can only be achieved by the reproductive

actions of a son or daughter, or a quasi-child. An adult mother in Burton's (1990) study of the

Gospel Hill community expressed her deep desire to become a grandmother as soon as possible,

but she was dependent on her teenaged daughter to first have a baby. Transitions, the timing of

transitions, and linked lives are interconnected concepts that helped to situate the current

research focus on how the timing and nature of young parenting is experienced by young

mothers and their families. Collectively, these concepts demonstrate the temporal nature of

lives, and the fluid movement individuals make throughout the life course across ever changing

contexts.

The Kinscripts Framework

Life course conceptualization is foundational to the Kinscripts framework as articulated

by Carol Stack and Linda Burton (1993). This framework moves beyond individual trajectories

by incorporating the influencing role of kin (i.e., families). In other words, the entire family

system is considered in the examination of individual developmental pathways and change over

time. The kinscripts framework provides a structured tool for the organization and interpretation

of qualitative studies on the life courses of individuals within the context of family, as well as the

family life course. In the current study, the family served as a context in which young mothers

experienced their transition to parenthood and negotiated child caregiving tasks. Kinscripts is

also a meaningful lens from which to critique the existing empirical literature related to young

mothering.

The kinscripts framework (Stack & Burton, 1993) was created as a means to "organize

and interpret qualitative observations of (a) the temporal and interdependent dimensions of

family role transitions; (b) the creation and intergenerational transmission of family norms; and

(c) the dynamics of negotiation, exchange, and conflict within families as they construct the life

course," (pp. 157-158). Providing a lens for how family roles, responsibilities, and expectations

are negotiated, kinscripts is particularly suitable in examining how childcare responsibilities for

children of young mothers are delegated. In fact, although the kinscripts framework has roots in

the life course perspective, studies on kinships, and the literature on family scripts, it was

primarily developed from ethnographic studies of low-income, multigenerational families in

which there was a young parent. For example, Burton (1990) conducted a three-year exploratory

qualitative study of young childbearing in 20 black, multigenerational families from the same

community. Her findings provided a rich description of how kin networks perceived young

childbearing, how kin networks designated and negotiated caregiving roles, and how kin

networks utilize other kin members who do not have children to carry out certain family tasks.

In another example of a study that contributed to the creation of kinscripts (Burton & Bengston,

1985), multigenerational African American female lineages from an urban region were

interviewed. From this sample, Burton (1996) outlined themes of "on-time" and "off-time" role

transitions as presented by the participants. Collectively, the individuals from these

investigations (Burton, 1990; Burton & Bengston, 1985) revealed themes in which individual life

pathways were shaped and influenced by kin, and ways in which caregiving responsibilities are

designated. In addition to studies involving multigenerational families and the life course

perspective, kinscripts is influenced by other family studies and family therapy concepts.

According to Stack and Burton (1993), "scripts" is a concept from family therapy, which

describes patterns of family interactions. Kinscripts focuses on the tensions and negotiations that

occur in response to scripts amongst individuals within the kin network.

       Based on Stack and Burton's (1993) original conceptualization, the kinscripts framework

is derived from three key assumptions. First, the life course of individuals is theorized to be

interdependent with the life course of families. Interdependence, as described in the life course

perspective, means that the actions of individuals have consequences for other members of the

kin system and vice versa (Elder, 1995). Second, kinscripts theory specifies that individual and

family life courses are influenced by social, historical, and cultural contexts. For example,

socioeconomic status, era, and residing in rural Appalachia are all contexts. Social location is the collection of multiple contexts, such as race, ethnicity, socioeconomic status, age, and gender that interact to influence how much privilege and oppression an individual possesses (Hulko, 2009). The social locations of individuals and families are essential in understanding development across the life course (Bengston & Allen, 2009). Third, Stack and Burton (1993) broaden the definition of kin to include non-blood relatives, or quasi-kin. Therefore, both blood and non-blood relatives can influence life pathways through their inclusion in the family and via family interactions. Three conceptual domains, which are informed by the assumptions in kinscripts, provide a foundation to examine family dynamics for young mothers.

Kinwork. Kinscripts is the collection of three family domains which served as sensitizing concepts in the current study: kinwork, kintime, and kinscription. Kinwork is the collective tasks and assignments expected of family networks that is needed to be accomplished in order for the family to endure (Burton & Stack, 1993). Kinwork is arguably the driving force of the family; it regenerates families, sustains intergenerational responsibilities, and passes on shared beliefs and values (Burton & Stack, 1993). Examples of kinwork include reproduction, caregiving tasks needed for children, aging members, and other dependents, and responsibilities related to the economic survival of the kin networks (Burton & Stack, 1993).

Participants in Burton's (1990) ethnographic study of multigenerational families in the Gospel Hill community provided rich examples of how they perform kinwork. Samuel Jenkins, a 76-year-old grandfather, described his obligation to care for his great-grandchildren while their mother "ran the streets." He expressed that if he didn't take care of the children, then no one would, and his family wouldn't "be no more." A 13-year-old participant in the Gospel Hill community (Burton, 1990) described her kinwork responsibility to reproduce. She stated that

she wasn't having the baby for herself, but rather for her aging great-grandfather so he could see

the next generation before going blind, and for her mother who wanted to fulfill her role as

caretaker to her grandchild (Burton, 1990). Among immigrant families, participants conveyed

that initiated contact with family was kinwork conducted by women (Forsythe-Brown, 2007).

Gendered kinwork was also described by young mothers in rural Appalachia who explained that

women in their kin networks almost exclusively provided care for children and other mothers

(Rezek, 2010). Economic, social, physical, and psychological family needs construct the

collection of tasks, known as kinwork, that must be fulfilled for the family to thrive (Burton &

Stack, 1993).

   Kintime. Kintime refers to the temporal and sequential order of family transitions (Stack

& Burton, 1993), which resembles timetables from the life course perspective. Families have

shared beliefs about when and in what sequence transitions, such as childbearing, marriage, and

grandparenthood, should occur. Kintime also establishes certain milestones and familial rites of

passages, such as handing down family power or property following the death of a family

member. According to Stack and Burton (1993), in the southeastern part of the Appalachian

region, elderly women proclaim the most power after the deaths of their husbands. During this

time, they alone own the family land and hold the most power within the kin system (Stack &

Burton, 1993. Kintime was reflected by an African-American female adolescent's description of

how her mother conveyed expectations around timing of marriage and childbearing (Stevens,

2001). According to this participant, her mother told the children that their goals must be

established before they engage in sexual activity, because 'you shouldn't have children before

you reach your goals' (e.g., going to college), or before you 'have a man that takes care of

himself' (Stevens, 2001).

Whenever individuals in the kin network do not adhere to prescribed kintime, tensions may occur that challenge family resilience. Through the life course perspective, it's understood that interdependencies *(linked lives)* exists between and amongst kin networks, which contributes to the tensions that may arise whenever individuals challenge kintime. For instance, in multigenerational families in which adolescent childbearing was believed to be "off-time," members described overall feelings of dissatisfaction because the shift in kintime meant that their individual roles or expectations shifted as well (Burton, 1996). As reviewed, grandmothers in the Paskiewicz (2001) study described ambiguous feelings with their new roles in the family system. Both grandmothers and young mothers voiced feelings of isolation and alienation in response to their new roles. According to the kinscripts framework and life course perspective, these themes of isolation and alienation described by grandmothers could be interpreted as tensions arising from interdependent role transitions.

Kinscription. The kinscripts framework provides a lens for examining how multigenerational family units, and the individuals within them, work out family responsibilities. Kinscription, the process of assigning kinwork to members of the family, helps to conceptualize this process (Stack & Burton, 1996). Families continuously recruit or round up individuals to fulfill kinwork (e.g., Roy & Burton, 2007), which raises the notion of power within kin networks. As described by Burton and Stack (1993), women and children are easily recruited for kinwork. As mentioned, women in immigrant families are recruited to keep up with kin ties by initiating contact with family members (Forsythe-Brown, 2007). In Rezek's (2010) study of young mothers in rural Appalachia, women were recruited to fulfill caregiving and parental mentorship roles. Children found themselves caught between multiple family members who

were recruiting them for kinwork between households in separate states in another study involving multigenerational families in rural regions (Stack & Burton, 1993; Stack, 1996).

Although assigning individuals to kinwork represents one dimension of power, leaving individuals out of kinwork represents another (Burton & Stack, 1993). After moving back home, an adult member of the Gospel Hill community was sanctioned for refusing kinwork as a young teenager (Burton, 1990). His family, angry at him for what they perceived to be selfishness, would not assign him a role to fulfill and as a result, the man didn't feel like he truly had a place within the family (Burton, 1990; Burton & Stack, 1993). From this example, inclusion in the kin network seems to hinge greatly on ones' responsibilities in the family, or, in other words, kinwork and the process of being assigned kinwork.

Although some investigations provide valuable insight into Appalachian family life and young parenting (e.g., Borstein et al., 2011; Dolton, 2015; Rezek, 2010), they do not fully depict the family dynamics and processes of role negotiations and caregiving responsibilities that kin networks engage in to maintain balance whenever the family experiences a transition such as young childbearing. The Dalton (2015), Rezek (2010) and Bornstein et al. (2011) studies exemplify the utility of Stack and Burton's (1993) kinscripts framework in exploring young parenting within Appalachian cultures because these investigations lack insight into such family dynamics and processes of role negotiations. Further, current research also fails to uncover the complex processes of role and identity development of young mothers within the family context which could lend insight into the mixed findings relating to intergenerational parenting support. Employing qualitative methods informed by relevant theory will lead to a greater understanding of the complex family dynamics within Appalachian family networks in which young parenting occurs.

Application of Theoretical Framework

To summarize, the current investigation was informed by symbolic interactionism, the life course perspective, and the kinscripts framework. These theoretical underpinnings align with IPA in several ways. For instance, symbolic interactionism, the life course perspective, and kinscripts allow for sensitive processes and meanings ascribed to family support to be uncovered in ways in which give voice to young mothers. The kinscripts framework and symbolic interactionism served as the main theoretic bases for exploring young parenting in the context of rural, multigenerational families. In particular, the three kinscripts domains (*kinwork, kintime, and kinscription*) served as sensitizing concepts (Bowen, 2006; Charmaz, 2006) in the creation of the interview questions. The purpose of the interview questions, as informed by the kinscripts domains, was to elicit rich information about young parenting and child caregiving within the family context. However, consistent with IPA, participants were free to move away from the interview guide in order to discuss what they deemed as most important with regard to their lived experience of young parenting. Symbolic interactionism served as the overarching lens for which the meaning-making processes discussed by young mothers is understood. In the present study, the young mothers did not report just on the *ways* in which they viewed their experience of young parenting, but rather *how* they came to understand their roles and sense of self through the interactions with their families and larger contexts. Specifically, their perceptions of help and experiences of support served as important factors in which their roles as *mothers* developed. It is through this distinction that symbolic interactionism is especially relevant to the current investigation.

CHAPTER 4: METHODS

Overview

An interpretive phenomenological qualitative methodology was chosen to conduct the present study in order to gain a deeper understanding of the lived experiences of young mothers as it pertained to family support within the context of rural Appalachia. In general, qualitative methods allowed for the exploration of young mothers' perceptions and family processes. As reviewed in the first chapter, the literature on young mothering often follows a deficit model and complex processes around support may not be not captured. Additionally, the literature that examined young parenting within the family context has often reported mixed findings in regard to parental support (e.g., Hess et al., 2002; Sandfort & Hill, 1996; Spieker & Bensley, 1994; Trent & Harlan, 1994; Voight, Hans, & Bernstein, 1996). The use of IPA is not designed to resolve conflicted findings or arrive at certain "truth" regarding the implications of young mothering for women or their children. Rather, IPA is a tool to delve deeply into young mothers lived experience and to give women voice. As stated, "giving voice" refers to allowing marginalized people to tell their own story, as they are experts of their experience. For these purposes, qualitative methods (and IPA specifically) were chosen to give voice to young mothers in rural regions and to uncover the meanings ascribed to parental support from family during the transition to motherhood.

Context of the Study

The Appalachian region consists of a 205,000-square-miles that follows the Appalachian Mountain chain from the south of New York to northern Mississippi. The region is largely (82.5%) non-Hispanic, white in comparison with the rest of the country, which is 62.3% non-Hispanic, white (ARC, 2017). The central subsection of the region is the least racially and ethnically diverse with 95% of locales claiming to be non-Hispanic, and white (ARC, 2017). Although cultures and histories differ for various subsections, collectively the Appalachian

region shares common strengths and struggles. Historically, people within the region have combatted, and continue to combat, extreme poverty and poor living conditions. According to the Appalachian Regional Commission (2017), the poverty rate from 2010 to 2014 for the entire region held steady at 17.2%. In the Appalachian regions within Virginia, the poverty rate from 2010 to 2014 was 18.8% compared to the national average of 15.6% and the average for parts of Virginia not within the Appalachian region of 11.5% (ARC, 2017). However, notable economic diversity exists within the region. For instance, of the 25 counties in the Appalachian section of Virginia, three are considered distressed, eight are at risk, 11 are transitional, and three are competitive (ARC, 2017). Distressed counties rank in the worst 10 percent of the nation's counties, at-risk counties are those at risk of becoming economically distressed and they rank between the worst 10 percent and 25 percent of the nation's counties, transitional counties rank between the worst 25 percent and the best 25 percent of the nation's counties, and competitive counties are doing considerably well but are not within the highest 10 percent of the nation's counties (ARC, 2017). From 2011 to 2015, the unemployment rate for the entire Appalachian region was 6.9%, and 77% of the counties with the highest rates of unemployment were rural. The high school dropout rates are also higher in the Appalachian region in comparison to the rest of the United States. High school dropout rates were 14.5% in the Appalachian region, in comparison with 13.3% in the rest of the country from 2011 to 2015. The central subsection of the Appalachian region (includes parts of Virginia, West Virginia, Kentucky, and Tennessee) saw the lowest education attainment rates, lowest household income rates, and highest unemployment rates (ARC, 2017).

Substance use disorders have also struck the Appalachian region in recent years. According to the U.S. Department of Health and Human Services (2013) the highest rates of

death, opioid sales, and nonmedical use of opioids occurred in the Appalachian region of the

southeast, as well as the northwest parts of the United States. The report also highlights the

differences in prescription opioid overdose rates based on geographical location, with more

deaths by overdoses occurring in rural regions in comparison to urban regions. Increases in

Hepatitis C from 2006 to 2012 have also been found in relation to injection drug use within

Appalachian regions (CDC, 2015). Variations of rates of drug use exist throughout the

Appalachian region as well. Specifically, the nonmedical prescription drug use exceeded

national averages in the south-central region of Appalachia, including counties within the

southwestern part of Virginia (Moody, Satterwhite, & Bickel, 2018). This region of Appalachia

is considered to be the "coalfields," lending researchers to investigate the association between

mountaintop removal and coalmining with increased risks developing substance use disorders

(e.g., Moody, Satterwhite, & Bickel, 2018; Steele, 2015). As already noted, entering young

motherhood appears to be a possible adaptive measure to combat against engaging in the drug

culture in Appalachia (Dalton, 2015).

These conditions—disproportionate levels of poverty, high unemployment and high

school dropout rates, substance use, and especially a lack of access to quality childcare—may

connect to the high rates of multigenerational households within the Appalachian region.

According to Mather (2004) in 2000, there were over 400,000 grandparents living in the same

households as their grandchildren, and half reported being responsible for the grandchildren's

basic needs. Indeed, families in rural communities are more likely to rely on informal child care

arrangements with friends or relatives (Mather, 2004). Despite these many risks that

Appalachian people may encounter, they are often characterized as a resilient culture that

continues to survive and overcome challenges. As previously noted, these resiliencies have been

defined by above average marriage rates in Appalachia (Mather, 2004), high homeownership

rates (Mather, 2004), and close-knit kinship ties within Appalachian communities (Keefe, 1988).

Phenomenology

Phenomenological methodology is rooted in the mid to late 1800s when German

researchers such as Franz Brentano (1838-1917) and Carl Stumpf (1848-1936) sought to expand

philosophy to provide answers that organized religion could not (Cohen, 1987). Edmund

Husserl is credited with founding phenomenology while his mentees continued to shape and

advance the new approach to social research (Larkin, Watts, & Clifton, 2006). Similar to the

feminist movement in social sciences, phenomenology grew in response to critiques of positivist

research (Cohen, 1987). Following post-positivist approaches, the science of phenomenology

sought to address concerns not derived from theory or observable data, but from the

intrapersonal meanings created and assigned to experiences of those whom experienced some

defined phenomena (Cohen, 1987). Rooted deeply in philosophy, phenomenology continued to

be crafted and expanded, soon moving into social and family sciences as a methodological tool

and philosophical approach to science. Phenomenology is typically used to uncover the essence,

meanings, and common features of some experience or event (Starks & Trinidad, 2007). Further

clarified by van Manen (2017), when used as a methodology, questions in phenomenology are

not concerned with abstract interpretations of an experience, but rather the lived experiences.

van Manen (2017) described phenomenology as a method to asking the question, "What is this or

that kind of experience like?" (p. 2). According to Starks and Trinidad (2007) phenomenology

explores the taken-for-granted and illuminates what we think we already know, or the obvious,

but which are often much more complex experiences than what appears on the surface.

Interpretive phenomenological analysis (IPA; Smith, 1996) bridges the theoretical underpinnings of phenomenology and symbolic interactionism (Blumer, 1986) and advances the analyses of phenomenology research. Influenced by phenomenology and the push away from positivism, symbolic interactionism argues that the meanings individuals ascribe to experiences are of central concern, and that those meanings are only established through a process of interpretation (Smith, 1996). Likewise, Blumer (1986) argued that meaning is created through negotiations and is understood only through the interactions with others. The aims of IPA are twofold; first, the researcher is tasked with understanding their participants' world and describing it accurately (Larkin, Watts, & Clifton, 2006). The second aim of IPA is to interpret the participants experience and provide a critical commentary on the meanings around their experience, hence it is "interpretive" (Larkin, Watts, & Clifton, 2006). The IPA researcher is not concerned with a conceptual topic alone (e.g., caregiving support), but rather the specific person's experiences with and understanding of the concept (Larkin, Watts, & Clifton, 2006).

Integrity and Trustworthiness

IPA methodology and analysis techniques were chosen for the present study for several reasons. First, as outlined, IPA methodology gives power and voice to the participant (Larkin, Watts, & Clifton, 2006), making it an ideal method for working with marginalized populations (i.e., young mothers in rural regions). Second, IPA theoretically aligns with the proposed research question: what is the nature of young mothers' lived experience as it pertains to young childbearing and caregiving support within the family context? Integrity in the research, as discussed by Daly (2007), involves consistency between values, beliefs, and methodological strategies. In addition, Daly (2007) outlines the processes of ensuring integrity, which begins with the researchers' epistemology, leading to paradigms, then theories, to methodology,

methods, and finally the data. Epistemology involves the philosophy of knowledge; what is

knowable, how do we acquire knowledge, and what is our relationship with the knowledge we

are trying to obtain in our research (Daly, 2007)? As described in Mackenzie and Knipe (2006),

paradigms are frameworks of a loose collection of assumptions and ideas that drive the way the

research is conducted and the motivation for doing the research. Methodology is the approach to

research that connects closely to one's paradigm while methods are the tools used to collect data

(Mackenzie & Knipe, 2006). To ensure integrity in the present study of young mothering in

rural Appalachia, I often examined my own epistemology, the paradigms that I prescribe to, the

theoretical underpinnings of the present research, the methodology that best fits the present

research based upon the research question and population, and the specific methods that align

with the methodology. In other words, I carefully considered theory and the research question in

determining the appropriate methodology and methods for the present study.

In addition to maintaining integrity throughout the present research, multiple steps were

taken to ensure credibility and trustworthiness. Similar to trustworthiness, credibility is

concerned with the way the method is articulated in the study, and how the decisions made

throughout the research process reflect onto the methods (Daly, 2007). Credibility is also

concerned with the transparency of the research, and the quality of the research findings (Daly,

2007). The outcomes of the research should give the reader a vicarious experience of the

phenomenon (Starks & Trinidad, 2007) therefore credibility is achieved by providing thick and

rich descriptions. "Thick description" is achieved whenever a researcher understands the

participants' within their culture and is able to provide great detail about their experience

(Geertz, 1973).

Trustworthiness involves several criteria in qualitative research that ensures systematic analysis and rigor such as maintaining consistency amongst the research questions, methodology, methods, analysis techniques, and conclusions; meticulous record keeping; transparency amongst research decisions and findings; peer-review; and respondent validation (Lincoln & Guba, 1985; Nobel & Smith, 2015). Figure One is a visual representation of the consistency, or integrity, between my paradigm, research question, methodology, and methods that contributed to the construction of this study. The inspiration for Figure One came from Daly's (2007) figure of "The cascade of knowing: From epistemology to the collection of data" (p. 22) that details the ways in which consistency is maintained through the research process. As described, epistemology is the philosophical term for evaluating what we know, how we come to know it, and our relationship with the knowledge we are seeking (Daly, 2007). We are able to identify and defend our integrity as researchers and the integrity of our work if we are first able to identify our epistemological traditions and identify the ways in which our epistemology carries through every aspect of our work. I build upon the intellectual traditions of subjectivism, and more specifically, the social constructivist paradigm. I think of epistemology as being a spectrum with the objectivist positioning on one side and the subjectivist positioning on the other (Daly, 2007). Following a social constructionism/interpretivist paradigm, I fall somewhere in between the polar ends of the objectivist and subjectivist spectrum (Daly, 2007). The social constructionism paradigm is characterized by a set of beliefs or assumptions that include the belief that reality is constructed through interpretations that occur between the external world and internal processes (Daly, 2007). Within this paradigm, meaning-making is especially critical, which lends to the roots of symbolic interactionism in social constructivism (Charmaz, 2014). In this sense, entering the current research from a social constructivist lens aligns well

with the theoretical frameworks (i.e., symbolic interactionism, life course perspective, and kinscripts) from which this study was based upon. Further, IPA was developed from the underpinnings of social interactionism (Blumer, 1986), thus it was the ideal methodology for the present investigation. Methods, the tools that we use to collect data (Daly, 2007), should be chosen based on the methodology. For example, phenomenologists are not concerned with identifying "factual information" from participants narratives, but rather the focus is on the meanings around the lived experience (Larkin, Watts, & Clifton, 2006). Therefore, in depth interviews served as an ideal method to uncover the meanings individuals ascribed to a specific concept or experience, which in this case was *help*, as well as young mothers' lived experience.

In addition to maintaining consistency throughout the research process, trustworthiness was ensured through other methods such as record keeping. Detailed records were kept through an audit trail. An audit trail is a detailed description of how the data were collected, how categories were derived, how decisions were made, reflections, and challenges encountered through the data collection and analyses process (Merriam, 2002). I used memos as means of an audit trail to record such information. Peer-review was achieved through collaboration with my advisor, Dr. Joyce Arditti, during regular meetings. Specifically, I (McGregor) coded each interview text multiple times to determine the essence of each mother's lived experience. Arditti and I discussed initial codes until we reached consensus, in which repeated themes were identified and condensed into a coding grid that was used to organize the data. Finally, respondent validation involves inviting participants to comment on the themes and concepts identified by the researcher (Noble & Smith, 2015). Respondent validation was achieved in several ways. First, I stated my interpretations of the ways in which participants perceived their experiences during the interviews. This allowed participants to correct me if I misinterpreted

their experience, validate my perspective, or elaborate further on their experience to add to the depth of my interpretations. Further, I introduced the themes and conclusions I was drawing upon after each interview with the participants as a way of inviting them to comment on my initial findings. Taking these steps of respondent validation ensured that I accurately captured the participants experiences related to how they interpreted help from family.

Reflexivity. An additional method of ensuring trustworthiness involved reflexivity. Reflexivity is "the ways in which a researcher critically monitors and understands the role of the self in the research endeavor," (Daly, 2007; pp. 188). Reflexivity is especially important in IPA because it is a critical component in creating and interpreting meanings within qualitative research (Mauthner & Doucet, 2003). It is widely accepted that the researcher is not objective nor separate from the participants and data collection process in qualitative research (Daly, 2007), therefore, reflexivity is a process in which the researcher considers their mediating role within the research process and outcomes. In practice, reflexivity involves writing our assumptions, beliefs, decisions, interpretations, emotions, thoughts, ideas, and values (Daly, 2007). In considering social positioning, reflexivity involves the attention to our characteristics such as race/ethnicity, socioeconomic status, gender, and sexual orientation (Daly, 2007). Reflexivity was engaged throughout the entire research process in the present study by means of memoing. In addition, I wrote a reflexivity statement, as recommended by Goldberg and Allen (2015) in the beginning stages of the research process in order to remain transparent about my approach to the current research. In response to critiques of leaving reflexivity statements out of qualitative research (e.g., Goldberg & Allen, 2015), I opted to include my statement as a means of maintaining transparency.

Reflexivity statement. A straightforward definition of reflexivity, according to Daly (2007), is simply the ways in which the researcher reflects upon and critically evaluates the role of the self within the research. Of course, reflexivity is a complex, profound process that involves constant reflection and evaluation. Leading scholars in qualitative family research call for the inclusion of transparent reflexive practices in qualitative research (Allen, 2000; Goldberg & Allen, 2007). Daly (2007) gives a detailed explanation of reflexivity as a practice and as a philosophical standpoint of which guides me within my own research with young mothers. Guided by Daly (2007) and Allen (2000), I understand reflexivity to be the evaluation of the ways in which we present ourselves within the research process, the ways in which we shape and guide every step of the research process, how we create meanings from our data, and how we monitor how we manage our relationships with participants in our qualitative research.

I engaged in reflexive practice in the following paragraphs by first reflecting on my personal background that situates my stake within my research endeavors. Through this practice, I was able to identify my positioning as a researcher, as well as the meanings I've made about my experience and the experiences of those I am studying. Aligned with the social constructionism paradigm, I identified how my experiences may shape my interpretations of my research, and the ways in which I may enlighten or hinder my research.

Reflexivity in practice: My experience. As quoted in Hagestad and Settersten (2017), Einstein said that "any scientific problem worth its salt starts with a personal problem." The journey to my research questions regarding young parenting, intergenerational family caregiving, and resilience within poverty started before I was born, I suppose. Or perhaps it is better stated that my journey began because I was born— born to a young mother, that is. My mother was only 15 whenever she gave birth to me within a small, factory and railroad town in central

Pennsylvania; northern Appalachian country. She was a middle child with four siblings; a

product of an early marriage and unexpected divorce in the 80s. Her mother, my grandmother,

left for a beach vacation with friends and chose not to return to her home to her husband and five

children. Instead, she reclaimed her independence from a marriage in which she found herself

trapped as the housewife she didn't want to be. That is my interpretation, anyway. Though my

grandmother remained a very active mother in her children's lives, the reconstruction of the

family left some of the children, my mother especially, to rebel and seek solace in romantic

partners and friends. I then was conceived out of an apparently drunken teenage weekend to a

15-year-old girl and an 18-year-old man who already had one child he did not care for, and

whom had no intentions of caring for me. As I write this statement, I find that I am compelled to

state that while I am open to being transparent for the sake of research, my family may not feel

the same way. Therefore, it should be considered that this reflexivity statement was written

without the input or perspectives of my family members, thus the events that are a part of my

experience and my families experience are solely from my own perspective and interpretation.

Nearly six months after my conception, my mother reconnected with her previous

boyfriend who would go on to choose to be my father even before I made my debut into the

world. They married when they were 18 in the April before their high school graduation and

before my dad would go off to basic training. They were divorced by the time my mother was

21 with a second baby, my brother, on the way. From there on out it was just the three of us: my

mom, my brother, and me. My dad remarried almost as soon as he and my mother were

divorced, only visiting my brother and me about once a year whenever he could take leave from

the Army. So there was my mother in her early twenties with two young children, nothing more

than a high school education, and the urge to live like any single twenty-something woman. The

three of us, and almost always some boyfriend, bounced around from apartment to apartment, and even from floor to floor of whatever family member, usually my aunt or uncle, who could take us in for a brief time. There were plenty of times in which I fully embraced our lifestyle that we did not really choose, but which we were a product of, such as when I could run barefoot all day long, or at least until I sliced my foot on some broken glass by the bicycle rack near the playground, or whenever I had free reign through the maze of sidewalks throughout the subsidized housing complex, perfect for rollerblading. I also did not see anything wrong with the housing development drunk named Dubbie who would holler at us children from his balcony; I cannot remember if I ever understood what he said, but he smiled and held up a beer can while doing so, so it must have been funny. The neighborhood phrase was "what time is it? Beer-thirty!" I would get a kick out of this. Although I cherish many of my childhood memories, I was not always oblivious to our "condition". I remember sitting on the counter once, eating bacon bits because that was all I could find, while my mom begged our landlord for an extension on our rent. I remember waking up in my sleeping bag on the floor of my aunts' apartment in intense pain radiating from my neck to my head, likely due to sleeping on the hard-tiled floor. I didn't have to go to school that day. I also remember my mother coming home crying after being fired from her job at a small restaurant that she walked to each day and I wondered what we were going to do next. Moving so often was probably the worst. I still have fears of coming home to a pink note taped on the door notifying us that we have 30 days to pack up and get out, even though I know this likely will not happen to me again.

Through all these experiences I started questioning what made me different from many of my peers who came from "well-off" families and yet they were far from good students in school. I also noticed very quickly that I was vastly more mature than my peers who seemed to be

ignorant to anything that I thought was important in life. Or perhaps it was that their cares were

so different from mine. The big turning point for me, however, was when my little brother, of

whom I was always close with, developed a severe drug addiction. He was twelve when I found

him huffing spray paint, but little did we know then that he was actually much further along in

his addiction by that point. At twelve, my sweet little brother was getting high on heroin. After

he developed a drug addiction, fears of finding him dead on the bathroom floor or in his bed

were added to my list of fears that included eviction. I began to wonder how it was possible that

my brother and I were on such different paths. I was a straight-A student, an overachiever,

popular and well-liked by my peers and teachers. My brother was also incredibly smart and

sweet as a child, but he was also amazingly manipulative, hyper, and had a slight stutter from

what we expected was his inability to keep up with his racing mind. Other than a few minor

differences, nothing really screamed out "this is where it all went wrong!"

In addition to growing up with a young mother and the complexities that came along

with my brother's addiction, my mother was diagnosed with Multiple Sclerosis at the age of 25.

I was 11 when I had to help her bathe and wash her hair because she was too weak. My maternal

grandmother was always like a co-parent for my mother; I would often wake up on the weekends

to find her in our kitchen washing the dishes and tidying up the apartment. After my mother's

diagnosis, my grandmother's responsibilities extended to taking my mother to the hospital for

frequent treatments and taking on a larger role in the caregiving of my brother and me. Through

all of these experiences, my interests in resilience, intergenerational caregiving, young parenting,

and child development blossomed.

Experience to research. My formal interest in child development began in a family and

consumer science class in high school. I continued with my passion in learning about child

development and families in my undergraduate schooling at Penn State Altoona. I continued to wonder about what trivial experiences could happen in infancy and childhood that could alter the life course of a person. My thinking progressed, and my questions became more complex, especially after entering graduate studies. Soon after entering graduate studies, I began to wonder about the world through my mothers' perspective as a young single parent with an illness. With her perspective in mind and my experiences with being a child of a young parent, poverty, addiction, and family caregiving and support, I began to ask questions about young mothers and their experiences. I suppose that through my own experiences, I've come to want to be an advocate for the young parents and their children that are living a life like mine and my family's. While I believe that this drive to showcase the capabilities of these families is from a genuine place of appreciation, another part of me also wonders if I am trying to defend my upbringing. It is true that I am proud to have come from where I have and still thrive. I don't think this realization is one that may be particularly incumbering to my research with young families but rather may place me in a position that will help me to dig deeper for the "ordinary magic" (Masten, 2001).

However, in addition to identifying how my experiences have led to my drive for young mothers, their children, and intergenerational families in adverse contexts, and the ways in which my experiences may help me to enliven their stories, it is also good reflexive practice to identify the ways in which one's personal experience could hinder the research process. After engaging in participant interviews, I've realized that I created my questions with certain assumptions that reflect my own experience. For instance, I worded questions about intergenerational caregiving support in ways that assumed all participants received familial support. Also, through reflexivity in the field, I've come to realize that I have certain emotions tied around places that resemble the

subsidized housing complexes that I often resided. For example, I arrived at a participant's

home which was an apartment in subsidized housing. After texting her that I had arrived and

would need the apartment number, she informed me that she was running a bit behind. I waited

in my car, which was parked outside of her apartment building, for about 20 minutes or so.

During that time, I recognized that I was uncomfortable, scared, and nervous about the people in

the complex. I was an outsider and they knew it! It was unusual for a person to be hanging out

in their car, so I was getting lots of curious looks by people in the neighborhood. I even noted

that I had the thought, "I can't do this. I can't be here again," and I had feelings of wanting to

run away. I noted these feelings and thoughts as I sat in my car, and I reflected on why I might

be feeling that way. I suspect that being in a place that so closely reminded me of my

experiences in low-income housing and the hardships I've experienced there was enough to

trigger intense emotions involving fears of returning to that lifestyle. These intense reactions

certainly may have shaped how I interacted with the participant, but through reflexive practice I

was able to identify my emotions and thoughts, and consciously work to bracket them so as not

to interfere with the interview.

    Researcher identity. Another key aspect of reflective practice is identifying one's own

identity in the research relationship (Daly, 2007). As explained by Daly (2007), the researcher

might take on many different roles such as that of a friend, family roles, advocate, or a passionate

listener. As I reflected on the identities that I present in the research setting, I realized that they

are not static; rather, they are fluid from minute to minute, or from setting to setting, just as Daly

(2007) described. For the most part, I prescribe to a passionate listener identity because although

I have some insider perspective on young parenting in difficult contexts, I am still an outsider. I

do not have children, I was never a young mother, and despite my relatively difficult upbringing,

I am now quite privileged in ways that my participants may not be. It is important for me to come across as genuinely interested in my participants experiences, while at the same time expressing some level of compassion (a friend identity), and someone that wishes to advocate for them (the advocate identity). I think about these identities from the first moment of contact with potential participants until the conclusion of the interview; I take note of the language I use and how I speak, how I dress, how I style my hair, and my body positioning and expressions throughout the interview. Identity is especially important within the social constructivist and critical paradigms, both of which I am guided by.

Research aims. My questions and goals are always evolving, but right now I only wish to contribute to the resilience academic literature that showcases the positive attributes of young families and parents. I also hope to make real, tangible contributions to the families that tell me their stories, most of which carry more burden and strength than I ever imagined they would. Daly (2007) writes about a continuous tension between exploiting our participants and oversharing, which raises questions for me that I reflect on, such as what I consider to be exploitation. For me, failing to try to make a difference in the lives of those I study would be exploitation. My goal is not simply to publish and move one, but to actually make some positive difference, no matter how small it might be. Although I've outlined that I mostly subscribe to a social constructionism paradigm, I also bring a critical paradigm into my research philosophy which is evident in my approach to make a difference in the lives of those researched. Those that prescribe to the critical paradigm believe that the world is made up of unfair structures and competing interests (Daly, 2007). Power, conflict, and injustice are especially critical concepts that are of concern to critical researchers (Daly, 2007). A hallmark of the critical paradigm is working together with participants to bring about positive change (Daly, 2007). With this in

mind, I borrow some key elements from the critical paradigm and integrate them with the social constructionism paradigm in my approach to research.

Conclusion. In all, reflexivity is paramount to qualitative research as it helps the researcher to evaluate the self throughout the research process (Daly, 2007). The ways in which I practice reflexivity align with the subjectivism epistemology that I enter the researcher with. For instance, I am concerned with how my experiences with living in poverty, being a child of a young mother, and having a loved one struggle with addiction influences the questions that I am asking participants, the way I am reacting to the stories of participants, and how I am interpreting their stories. I believe that reality is co-constructed, and I play a vital role in the research relationship with my participants. Through the process of reflexivity, I am able to identify how I am influencing the research, and I am able to maintain integrity throughout the research process.

Sample Inclusion

Phenomenological methods utilize "thick description" (Geertz, 1973; Starks & Trinidad, 2007) and in-depth evaluations of text, therefore it is appropriate to have a relatively small group of study participants who can give a thorough account of the topic of interest (e.g., young parenting). In fact, most phenomenological studies have only between 1 and 9 participants (Starks & Trinidad, 2007). True to phenomenology, purposeful sampling strategies (Patton, 1990) were utilized in the present study since I sought participants who could provide insight on the specific research question. Such strategies entail selecting participants who can provide rich descriptions of the issues that are central to the purpose of the study (Patton, 1990). Examples of specific purposeful sampling strategies include criterion and snowball sampling (Palinkas, Horwitz, Green, Wisdom, Duan, & Hoagwood, 2013). Young adult women (ages 18 to 29) who gave birth to at least one child before the age of 19, and who lived in a multigenerational

household post-partum were eligible to participate and recruited for this research.

Multigenerational households included the young mothers' family of origin, extended kin, or kin

that are not biologically related. This definition of family aligns with the kinscripts framework

in terms of a broad definition of who might be considered "kin" (i.e., kin and quasi-kin).

Interviewing adult mothers who had children as adolescents, rather than interviewing new young

mothers, allowed participants to reflect back upon their transition to motherhood and provide

insight into the nature of mothers' experiences with help (or lack thereof) from family. In fact,

Arditti and Parkman (2011) described how, according to van Manen (1990), the true meanings of

significant events are realized in retrospect through recounting experiences and telling one's

story.

Recruitment Process

Recruitment efforts of mothers were focused in rural areas in the Appalachian region of

Virginia and West Virginia, and within 1.5 hours driving distance of Blacksburg, Virginia after

receiving Institutional Review Board (IRB) approval. Rural regions were identified using the

United States Census Bureau's definition of "rural". According to the U.S. Census Bureau,

"rural" encompasses all population, housing, and territory not included within an urban area.

Urban clusters are defined as having 2,500 to 50,000 people, and urban areas include 50,000 or

more people. Therefore, all towns of less than 2,500 people and geographical areas that fall

outside of town limits were targeted for recruitment efforts.

Recruitment efforts included flyer distribution (see Appendix C) to locations and

agencies in the targeted rural regions. Examples of locations and agencies included health care

centers, WIC offices, social services, community centers, and the New River Health Department.

Electronic versions of the recruitment flyer were also posted to community social network pages.

Nine young women between the ages of 18 and 29 participated in the study (demographics in Table 2). Of the 9 participants, 3 learned of the study through WIC or other social service agents, and the other 6 participants learned of the study through circulation of the electronic flyer on social media.

Description of Participants

Participants for the present study included nine mothers of children between the ages of five months and 12 years ($M= 6.27$ years). At the time of the study, the mothers' ages ranged between 18 and 28 years ($M= 23.33$). The mothers reported that they were between the ages of 15 and 18 years whenever their first child was born ($M = 16.6$). Two of the mothers had a second child when they (the mothers) were between the ages of 18 and 19. Of the nine mothers in the study, three reported being single (33%), three reported being married (33%), two were cohabitating with their partners (22%), and one mother (11%) was separated from her partner and in the process of seeking a divorce. The educational status of the mothers was as follows: some high school (2 mothers; 22%), high school diploma or GED (3 mothers; 33%), some college (3 mothers; 33%), and college graduate (1 mother; 11%). Based on the 2018 federal guidelines for poverty (U.S. Department of Health & Human Services, 2018), 78% of the mothers and their families fell at or below the poverty line. This statistic was calculated based upon mothers' reported incomes (and the estimated income of her partner, if applicable) and number of individuals in the household. For example, a family of three that reports an income of less than $20,780 is identified as falling below the poverty threshold (U.S. Department of Health & Human Services, 2018). Despite the fact that the majority of mothers reported incomes below the poverty threshold, only 44% were utilizing public assistance such as food stamps, WIC, and Medicaid at the time of the interview. Demographic information about the mothers in the study

can be found in Table 2. A brief case summary of the mothers and their family's characteristics

can be found in Table 3.

Data Collection

Semi-structured interviews designed to elicit information-rich responses from young

mothers about their experiences of parenting within the family context were utilized. Employing

qualitative methods was believed to be especially important with the proposed sample because it

gives voice to often-marginalized populations (Abramson & Haskell, 2006; Arditti, 2015; Arditti

et al., 2010; Rezek, 2010; Stein & Mankowski, 2004) (e.g., young mothers and Appalachian

people). As described, the metaphor "giving voice" symbolizes power; giving voice permits

marginalized populations who might lack social, economic, or political power the opportunity to

allow them to tell their own story (Stein & Mankowski, 2004). Employing qualitative methods

also allowed participants to explore meanings ascribed to help from family, which aligns with

the purposes of IPA.

Although "meaning making" is a hallmark of phenomenology, other qualitative methods

(e.g., grounded theory) also give power to participants in order to tell their own story. As stated,

such methods that allow participants to tell their own story is especially important for

marginalized or hard to reach populations, such as young mothers within a rural context. Other

researchers, such as Molloy (2017) and Arditti and colleagues (2010) employed such methods in

their investigations with marginalized or hard to reach populations. For instance, Molloy (2017)

interviewed fathers of infants in the Appalachian region who shared valuable insight into the

meanings behind fathering in a marginalized context. Multiple domains of fatherhood emerged

from detailed interviews, including the influences of kin. Although many fathers described kin

as a major source of support, others talked about distancing themselves from family that they

perceived to be a negative influence on them and their children. The qualitative findings

revealed a more complex picture of kin relationships than previously documented in the fathers'

literature (Molloy, 2017). An exemplar study conducted by Arditti and colleagues (2010)

provides excellent insight into the complexities of parenting processes in the context of

cumulative disadvantage, similar to conditions experienced by many young mothers in

Appalachia. From qualitative methodologies and grounded theory analyses, a nuanced model

integrating maternal distress, parenting practices, and cumulative disadvantaged emerged (Arditti

et al., 2010). Despite experiencing a cascade of difficulties on a daily basis, and despite

engaging in harsh parenting practices, mothers also reported intense desires to protect their

children and learn from past mistakes (Arditti et al., 2010). In this case, using qualitative

methods gave voice to a group of mothers who represented a marginalized population, and as a

result, the complexities of engaging in harsh parenting practices while also exhibiting intense

feelings of care and protection were uncovered (Arditti et al., 2010). The current study gave

voice to young mothers in a potentially disadvantaged rural context, and much like these

exemplar qualitative investigations, permitted for the exploration of family and personal

strengths as well as challenges.

Open-ended questions were created to align with the sensitizing concepts from the

kinscripts framework: kinwork, kintime, and kinscription (Table 1; see Appendix A for complete

interview questions). Sensitizing concepts are "interpretive devices" that inform qualitative

analysis based on general understandings from theory and the empirical research (Bowen, 2006;

Charmaz, 2006). By nature of semi-structured interviews, the interview process was structured

but left room for additional lines of inquiry on matters that were brought up by the participants or

based on observations made by the researcher. The aim of this research was to inquire about the

lived experience of young mothers in regard to caregiving support from family. The mothers were encouraged to elaborate more on phenomena that they identified as important to their early parenting experiences, even if their experiences were not an explicit part of the interview questions. For example, several mothers discussed the ways in which addiction and victimization influenced their lived experience. Although these phenomena were not central to the interview questions, they were explored and documented as important experiences that shaped participants' family context. The interview questions were examined and modified as necessary after each interview to align with emerging themes and phenomena identified by the participants.

Participants were given the option to be interviewed either in their homes, or in a public space within a close vicinity to their homes. Five participants opted to have the researcher come to their home for the interview, one participant met the researcher in the home of a friend, while three participants met the researcher at a public, yet private location such as a community park. To ensure information-rich data for analyses, all interviews were audio recorded and transcribed verbatim following individual interviews. In accordance with IRB guidelines, participants were given the option of being audio recorded (see appendix D), yet all participants agreed to the recording. Participants received a gift card to Walmart in the amount of $20.00 for their time.

In addition to semi-structured interviews, participants also provided demographic information (see table two and appendix B) about their social locations that included SES, current living arrangements, and race. This information helped to situate participants within their immediate contexts and provide especially valuable information about their experiences within Appalachia. Following ethical human subject guidelines, all participants were given an identification number that could not be traced to them by anyone other than the primary

researcher. Participants and their children were also given pseudonyms and identifying

information was removed to anonymize all individuals.

Data Analysis

Phenomenology follows a common structure utilized in other qualitative methodological

approaches. Analysis in phenomenology involves the deconstruction of data text (e.g., interview

transcripts), followed by a close examination of repeating themes or codes (i.e., thematic

analysis), upon which the story is reconstructed around said themes (Starks & Trinidad, 2007).

Groenewald (2004) provides five steps to phenomenology data analysis (also referred to as "data

explicitation) that were followed in the analyses of this project. First, phenomenology

researchers are called upon to bracket their own presumptions and personal views in order to

allow the phenomenon to be presented in its own right (Groenewald, 2004). In other words, the

researcher should come into understanding the phenomenon without any preconceptions or

biases. I participated in bracketing during each phase of the study, including during data

collection, transcription and validation of transcripts, and continuously throughout the analysis

process. I engaged in reflexivity as part of the bracketing process in order to "keep in check"

with my stake in the research. I wrote memos after each interview in which I collected my initial

impressions, identified any assumptions I had, questions I was left with, and the feelings I had

surrounding the interview experience. For example, I was especially struck by Gabby's

experience. During her interview, she described that she became pregnant at the age of 14 after

she was raped by her older and abusive boyfriend. She also described how her addiction to

opioids and other substances influenced her sense of self, especially as a mother. For instance,

Gabby described how she nearly had to have her arm amputated after she used a "dirty" needle

to inject heroin. The infection in her arm and injection site caused a scar which she told her son

came from a poisonous spider bite. The heaviness of her experience brought up feelings of

depression and disgust for me—depressive feelings surrounding the adversities she faced and

disgust for the injustices done to her and the descriptions surrounding the physical repercussions

to drug use. I took time after Gabby's interview to check in with myself and memo about these

feelings and why they were coming up for me. Acknowledging and bracketing these personal

feelings allowed me to re-examine Gabby's experience without clouding over it with my own

biases. In addition to memoing about my feelings surrounding a participant's experience, I also

memoed about themes I identified and directions I wished to take in the analyses and subsequent

interviews. I also engaged in memoing after listening to the audio recordings of the interviews

and after reading through transcripts throughout the analysis process. Eventually my memoing

transitioned from reflecting on the individual interview, to reflecting on the reoccurring themes

presented in the participants accounts of young parenting and their transitions to being mothers.

In the next phase of data analysis, or the explicitation of data, the researcher delineates

units of meaning from each interview (Groenewald, 2004). I remained close to the data

throughout the entire process by engaging in all of the data collection (i.e., interviews),

transcribing some of the interviews, validating all of the transcribed interviews, and reading

through each transcript multiple times. In particular, I read each transcript at least two times

before I began coding through each individual interview. Next, I coded each individual

interview multiple times before I arrived at identifying units of meaning that reflected the

essence of most, if not all, of the participants. I engaged in memoing, as described, during this

process of reading and re-reading all of the transcripts to document my thoughts and continue to

engage in bracketing. Through this process, I arrived at a number of units of meaning: Help as a

paradox, help as love, help as a pathway to facilitate autonomy, autonomy equated with

confidence, and lack of autonomy and role identity. Units of meaning that emerged from the data were then clustered into themes that holistically encapsulate the essence of the phenomenon (Groenewald, 2004). Units of meaning and overarching themes were discussed and evaluated in consensus meetings with Dr. Joyce Arditti. As recommended by (Groenewald, 2004), I went back to each interview and their summary before engaging in this step to ensure that the units of meaning captured the experiences of the participants. After validating the units of meaning, I went on to identify the similarities and differences between each to recognize how they fit into central themes that represents the phenomenon of the participants. "Meanings of help" and "meanings of autonomy" were identified as two themes that accurately captured the units of meaning. The final coding grid (see table four) served as the bases for examining the thematic content. Finally, the interviews were examined once more to ensure that the final coding grid accurately captured the participants' lived experience.

CHAPER 5: FINDINGS

Contexts of Young Parenting

The present study revealed one main story around the experiences of young parenting within the family context: the meanings of help from family. However, the mothers in the current study revealed important contextual information that could contribute to their experiences and conceptualizations of help. In particular, mothers discussed their experiences with violence and substance misuse, as well as ambiguous feelings associated with becoming mothers. These contexts of vulnerability and ambiguity around young mothering serves as important factors to the findings discussed in the following sections.

Ambivalence. Mothers in the present study reflected on their initial reactions to their pregnancies and their transitions to motherhood. Part of becoming a mother was often associated with ambivalent feelings about the young pregnancy. In other words, mothers were conflicted because they loved their children, but they also experienced feelings of regret and shame for becoming pregnant at young ages. These conflicting emotions were explored further in the following sections.

Regret. Underneath general ambivalent emotions associated with becoming a young mother were feelings of regret and shame. Regret was most often associated with feelings of loss over a "typical" adolescence and academic goals. Regret was also evident in mothers' reflections on what they wished could have been different, or how they initially felt about their pregnancy. For instance, whenever I asked Baylee if she wished if anything could have been different, she said:

> Baylee: *Um, maybe not gettin pregnant at a young age. But I don't regret it because I love my kid. And you know I wouldn't be where I'm at today. But, no not really.*

Emily became especially emotional whenever she discussed her feelings around discovering her pregnancy whenever she was 16:

> Emily: *Um, I mean I was nervous… I was excited and then I was mad. Cause I was mad at myself, cause why would I let myself get in that predicament at such a young age? Like I wanted to go to college and make a life for myself. And I got stuck with a kid with a person who doesn't care, with a family who doesn't care… so it was hard.*

Other mothers described their feelings of loss and regret over not reaching their academic goals that they had before they got pregnant:

Catelyn: *And the thing I regret the most is not going directly into college after I graduated…*

Farrah: *And how do I describe this… I really had will, like before I got pregnant I knew I was going to college. I was doing this and that, right? I knew I had the will.*

Ivy elaborated further on the ambivalent feelings she experienced as a young mother and the feelings she still experienced several years later at the time of the interview:

Ivy: *Yeah, um, I think sometimes young moms are really looked down upon, you know, "you got pregnant at 16, it's all their fault" in a sense it is, but I don't think people realize how hard it is to be a young mom even if you do have a partner like me. I did get married at 18 and we've been together ever since. But I still, I still look back and regret so much stuff that I could have done better and you know, I look back on all the stuff I missed out on and I think, like I still think about "what if" all the time.*

Researcher: *Like if you didn't get pregnant?*

Ivy: *Yeah and it's hard not to think about it and I love my son and I'm grateful for all that I went through cause without him, I don't know what I'd do. But um, I just I don't know, being a young mom is harder than if you're in your 30s or what.*

Researcher: *Mhm, okay so you said that you still think back to things that you regret and could have done differently, do you have any examples?*

Ivy: *Um I wish I would have ignored everybody in school and stuck it out and graduated, and went to my senior prom anyways. I wish I wouldn't have let everyone get to me. And I could have figured out a way to get my school to work and get work and my son, I could have figured all that out but I let everyone else get to me and I took the easy way out. Got my GED and went to work and left it at that…I knew that I did want to go to college*

and have that experience. Um, but I didn't really have a plan set up except that I did

want to go to college and live in college and do that...

Researcher*: Okay so how did that feel then? Did you feel like you were letting go of that*

goal or that dream?

Ivy: *In a way yeah, but then again I didn't really know what I was going to do after I*

graduated anyways, so it kind of felt like, not that I regret my son or anything but I feel

like since I did get pregnant it kind of like stopped me from picking my future, I guess you

could say.

Shame. In addition to feelings of regret, several mothers also expressed the shame they

felt for becoming pregnant at young ages. For instance, Farrah struggled with fears

associated with her self-image because she was a minority in her high school and felt like

she may face additional criticism from her peers.

Researcher: *So you said that you were scared and ashamed. Who -- was their anybody in*

particular that you were especially—

Farrah: *Just like, no. Just like I guess you would say of your image. You know what I'm*

saying? Like I had plans; senior year's supposed to be fun. I had all these plans of what

I was going to do. I have a class of 70 to 80 people. Um, although you can't tell, I'm

biracial and I don't care what they think but it was like, dang, I'm gonna be like the

pregnant girl! All my kids are black and in [small town], and I was just like "Dang." But

even the teachers, I had the biggest baby shower! I took him, then I was allowed to go to

[school] events but I had to take him and I did. And so everybody was involved,

everybody was very supportive. It wasn't like "oh my god, she got pregnant" like I

thought it was gonna be. I even got a senior superlative but I had to take that picture

pregnant.

Emily also reflected on how her pregnancy influenced her experiences in high school:

Emily: *I mean I knew people would judge me because of where I'm so young, like we*

were both so young. Like I was actually pregnant when I was 16. Um so I knew people

would judge me, put me down because I was pregnant and I was in school. I think I was

a sophomore in high school and I was pregnant… um so that should never be a thing, like

you should never be pregnant in high school. But—

Researcher: *Why do you think that?*

Emily: *I mean that's the part where you're supposed to be worried about school! Not*

worried about a kid!

Other mothers kept their pregnancy a secret from family and peers because they felt ashamed. For example, Danielle refused to tell people that she was pregnant out of shame. She even hid the pregnancy from the father of the baby until she was three weeks away from her due date. She said:

Danielle: *But um, he* [Baby Daddy] *like always was 'abortion, abortion, abortion.' Like*

all of his friends, he's a grade above me, but all of our friends, like people in my grade

and his, were getting pregnant and having babies. And he was always like 'they're

stupid for having babies, they need to have abortions, they are ruining their lives.' So it

made me feel like I was stupid for having a kid, you know? So I didn't tell him at all.

Overall, several, if not all of the mothers in the present study indicated ambivalent feelings around becoming a mother. In particular, feelings of regret and shame were especially

salient. These revelations were important to the context of the times they each became parents and thus important to the discussions regarding their experiences of help from family.

Contexts of Vulnerability

Equally as important to ambivalent feelings around their early pregnancies were the larger contexts in which the majority of the young mothers in the present study experienced victimization. As discussed in an earlier chapter of this thesis, the Appalachian region has experienced significantly high cases of opioid and other substance addiction (U.S. Department of Health and Human Services, 2013). Indeed, five of the nine mothers in the present study revealed that they either experienced substance abuse disorder themselves (Baylee and Gabby), or their parents and other loved ones struggled with addiction (Amber, Catelyn, and Hannah). Baylee's addiction began shortly after she had her son and continued for many years. This distressed Baylee because she reflected on how she cared more about getting high than she cared about her son's wellbeing. Gabby's addiction to pain pills began when she was about 10 years old after a family member started to give her prescription medication each day to relieve headaches. Gabby's addiction continued and escalated after she had her son until she became sober many years later. In addition to her mother experiencing substance abuse disorder, Hannah's mother was also incarcerated for a time whenever Hannah was a young teenager. This left Hannah in charge of maintaining the household which caused her to miss at least one day of school a month. Amber's mother was an alcoholic and physically abused Amber before and after she had her first child. Amber and her children were homeless on multiple occasions, even living in a tent for a couple of months after her mother "beat her pretty bad." On another occasion, Amber and her children lived in her car after her mother physically abused her. Amber also sought help from a local domestic abuse shelter in which she and her children lived for an

extended time. Catelyn's father was also an alcoholic and was physically abusive towards

Catelyn's mother throughout her childhood and early teenage years. Emily, who did not reveal

any substance misuse within her family or self, described how her father was physically abusive

towards her even while she was pregnant with her daughter. As described in further detail in

Table 3 and in a later section, Gabby was 14 whenever she was raped by her much older

boyfriend who also frequently physically abused her.

In all, six of the nine mothers in the current study revealed either experience with

substance use disorder within their families or themselves, and/or experiences with physical

abuse. These alarmingly high rates speak to the vulnerability of the group of mothers who

participated in the current study, and they may speak to the general context in rural Appalachian

regions. These contexts of vulnerability and victimization are discussed further in the discussion

chapter.

Meanings of Help

The essence of young mothers' experiences with intergenerational support were captured

in mother's conceptualization of *help*. Several meanings were attributed to help from family and

the feelings associated with help were uncovered. In particular, all the mothers in the present

study emphasized their need for making parenting decisions while receiving support from their

families. They desired teaching support from their parents; in other words, young mothers

expressed their desires to learn how to parent from their family members. It was considered

optimal if young mothers had control over making parenting decisions while still receiving

ample support from their families. Underneath their desires for autonomy were feelings

associated with help from family. For instance, help was equated with being both loved and

cared for, as well as with being a burden. Autonomy was associated with mothers' confidence in

parenting and with their role identity development. These findings—help as a pathway to

facilitate autonomy, and meanings ascribed to help are discussed in this section.

Help to facilitate Autonomy. A central theme identified by the mothers in the present

study was their conceptualization of what they needed from their own families in order to

become "good mothers." Mothers seemed to equate *motherhood* with *adulthood*, but also

recognized the paradox of being young and inexperienced in their new roles as mothers. To

navigate this role dilemma and incorporate their needs, mothers expressed their desire to have

choices regarding their parenting decisions, but that they wanted their own families (usually their

own mothers) to present them with such choices. In other words, young mothers expressed a

desire to learn how to be a mother from their families while maintaining a sense of authority in

parenting decisions. Mothers associated autonomy with their own abilities to parent and with

their identities as new mothers. In other words, a lack of autonomy meant that their family did

not believe in their abilities to parent, and therefore they struggled with their roles as 'mothers'.

Danielle detailed the ways in which she perceived help as a way to facilitate autonomy.

In particular, Danielle discussed a time whenever the baby-daddy's mother impeded on her

autonomy as a parent by bathing the baby instead of teaching Danielle how to properly do it:

> Danielle: *But like, um his [baby-daddy's] mom would help with the bath and I didn't like*
>
> *that at all. Like, I liked that she helped but like she was "you're doing it this way, you're*
>
> *doing it this time, this is what you do". Like she wasn't like okay well you do this, you*
>
> *help me. It was "let me do it", let – she wasn't teaching. She was "well let me have her,*
>
> *let me do it."*

Danielle believed that she was not being supported by her family, so she moved to be with

extended family whom she believed would provide more stability and support for her and her

infant daughter. Danielle described her current parenting situation to be healthy and ideal

perhaps because she was given power and autonomy over her parenting while receiving

"teaching support."

> Danielle: *So like knowing how to feed… and change diapers, like I knew all that stuff.*
>
> *But like, some stuff I don't know. Like Delila has right here on her neck, she gets like, I*
>
> *don't really know what it is, but it's nasty on her neck. And I didn't know nothing about*
>
> *that! Like I didn't think "hey check her neck!" She [cousin] did… But like, most of the*
>
> *stuff I've just picked up by myself. But like she [cousin] helps a lot, um like she*
>
> *researches a lot of stuff. Like if we don't know, she looks for it. And she don't just go*
>
> *with the first thing she sees, she looks at multiple things so we know what to go with…*
>
> *See I don't know how to do none of that stuff. Like, to get ahold of health care like even*
>
> *with whatever we try to do for Delila, I don't know how to do that stuff. I've never been*
>
> *taught how to do it. I don't know that stuff so she's [cousin] helped me with that too.*

Danielle continued to reminisce on the difference between her experiences with her mother

versus the care she and her daughter received at the time of the interview:

> Danielle: *I think like then I couldn't tell you cause like it was rough. Like I couldn't trust*
>
> *my mom, I realize that, just finding somebody to trust, somebody that I can "hey well I*
>
> *have this question about Delila. What-- can you, you know can you help me learn how to*
>
> *do this or" … Yeah like, she* [mother] *wasn't like open to options of 'do this or do this.'*
>
> *Or if like I said something it wasn't like you need, like I don't know. Like if I wanted to*
>
> *try something she was like "no you don't do it that way, you need to do it this way this*

time, not this way!" Like a certain, everything. And she's [cousin] *more open to like if I*

have an idea, well let's try the idea and see if it works.

In the above segment, Danielle was describing the difference in how autonomous she felt with

regard to her parenting decisions with her mother compared to her experiences with her older

cousin who provided Danielle with options around her parenting decisions. Danielle did not

believe that her mother nor the mother of her ex-boyfriend provided her with care; but that they

rather dictated how parenting tasks should be done. Danielle stated that she was receiving "just

the right amount" of help from her cousin and extended family at the time of the interview,

mainly because they ascribed to her conceptualization of help which was to facilitate her

autonomy as a mother. All of the mothers in the present study identified the distinction between

"doing" and "teaching" and commented on the importance of *helping* as a way to *teach* young

mothers how to parent. In addition to identifying the need to be autonomous in making

parenting decisions and to learn how to parent, the mothers in the present study ascribed deeper

meanings to autonomy and help from family.

   Autonomy equated with confidence. In addition to identifying help as a pathway to

facilitate autonomy, mothers in the present study also revealed the meanings of autonomy.

Mothers' autonomy connected with confidence in their abilities to parent and decision making.

For instance, Gabby reflected on the time she revealed her pregnancy to her grandparents

whenever she was fourteen:

> Researcher: *Alright so how about, we'll say your grandfather, what was his*
> *reaction that you were pregnant?*

Gabby: *He just talked to me and his first question was "how do I feel about it?"*
So we talked and then my granny she asked me "do I plan on keeping it?" And
when I told her yes, she said 'okay'. Then she was planning what we were going
to buy and all that stuff.

Researcher: *... so I noticed that you said both of your grandparents, their first*
questions for you were giving you power, letting you decide. So it seems like that
made you feel pretty good?

Gabby: *Yeah I was surprised!*

Researcher: *... how did your relationships while you were pregnant impact the*
way you felt about yourself?

Gabby: *Well, me and my grandparents where they talked to me, it made me feel*
more in control and like I'm kinda having an idea of what I was doing.

In her reflection, Gabby discussed how she felt like she was 'in control' and that she 'knew what
she was doing' whenever her grandparents gave her power over her decisions. Catelyn also
discussed how help from her mother facilitated her autonomy and helped her develop a maternal
role:

Catelyn: *My mom helped me a lot, a lot. Um when he was first born, where I wasn't workin*
and I wasn't livin with his dad, he was able to get Medicaid so my mom helped me do that
and um, I typically took him to the doctor's by myself. Sometimes, occasionally somebody
would go with me but I would typically take him by myself. My mom was real good about
leading me in the right direction of what I needed to do so that was a lot of help. Even to

this day, I can call my mom and be like, "mom I need some help" or "what do you think I

should do?" So she's still real good about things like that.

Researcher: *Okay, was anything expected of you in return for receiving help with the baby?*

Catelyn: *Um I guess I just, my mom expected me to, I guess take care of him by myself.*

Like, getting up in the night and like she would give me the money but I'd actually have to

go and get the diapers, or the food or whatever he needed, so and giving him a bath. So

unless she come and voluntarily do it, she expected me to do it. If she was gonna pay for

it, and all that she expected me to be able to do it. And I can't blame her.

Catelyn's mother provided her with guidance and financial support whenever Catelyn became a young mother, but she also gave Catelyn power over parenting decisions and facilitated her autonomy by providing advice and by allowing Catelyn to take responsibility of certain tasks like buying baby items. Catelyn noted that her mother was "real good about things like that" and good about "leading her in the right direction" which appeared to have made Catelyn feel confident in her role as *mother.*

Farrah chose to recruit outside sources of support rather than rely on her mother to help her navigate motherhood. Farrah described her mother as being single and a full-time worker, thus Farrah did not think she had as much time and freedom to help Farrah with her parenting needs. Therefore, Farrah called upon a teen parenting program in which a female mentor helped her through her pregnancy and early parenting. It should be noted that Farrah did not believe that her mother was not willing to help her, but it was important to Farrah to be able to get help from outside resources as a way for her to establish herself as a new, successful mother. In other words, having autonomy was associated with Farrah's belief in herself to be a "good" or

competent mother. Farrah described how the teen parenting mentors facilitated her autonomy

and helped her establish her role as *mother:*

> Farrah: *...the lady that runs the Mother's Resource program... helped me out a lot. So I*
> *would really consider them as someone because... they did help me like, for instance, do*
> *things to be prepared for college; look for grants and [deidentified person] would just be*
> *there mentally, you know.*
>
> Researcher: *Emotional support?*
>
> Farrah: *Yep because at one point I felt, like I said, that my mother was on purpose, it wasn't*
> *purposefully, but she was against me. I felt like and they were really advocates like and I*
> *don't think my mom likes to hear that. Even now, I will say they really helped out a lot.*

Farrah identified that her mentors provided her with support that allowed her to take charge in her

new role as mother. Other mothers relied more heavily on their family members to provide

support. Like Catelyn, Ivy reflected on how her mother helped her "find her own way of

parenting."

> Ivy: *Um when I first brought my son home, I didn't really like know what to do. Honestly,*
> *I didn't- I like knew that he needed to eat, he needed his diaper changed, you know the*
> *basics. But I didn't know like how to swaddle him, I never knew how to swaddle a baby,*
> *she taught me how to do that. Um, like the bottles, she taught me how to do all that stuff...*
> *Yeah, um just certain tricks like what you can do for like teething, fussiness, and gas. I*
> *didn't know any of that and my mom was like, "this is what you need, this is how you do*
> *it" she pretty much showed me the ropes, I guess you could say!*

Ivy also stated that her mother provided her with options on parenting decisions but gave her the power to make her own choices:

> Ivy: *Um my mom, she never really told me what to do, or what I shouldn't do or something. She just, more or less, tried to help me find my own way of parenting. But no, I never really felt like she was trying to run things, I guess.*

To Ivy, help was something her mother did as a way to teach Ivy how to become a parent which she appreciated. In her explanation of how her mother "taught her the ropes" and helped her "find her own way through parenting," Ivy seemed to appreciate this type of care because it helped her gain confidence as a mother.

Lack of autonomy and role identity. The mothers in the present study experienced a wide variation in the types of support they received, or did not receive, from family. Amber, a mother of three and pregnant with her fourth, had her first child, whom was planned, at the age of 17. Amber described a tumultuous relationship with her own mother throughout her entire childhood. Despite their rocky relationship, Amber's mother started to encourage her to become pregnant at the age of 14. Anticipating the excitement and perhaps the expectations of supporting her through her parenting journey, Amber described distress over the failed expectations she had regarding her mother's role in her parenting experience. In particular, Amber experienced distress over feeling like she was not her baby's mother due to her own mother "taking" the baby from her. Amber described how her mother would take the baby from Amber's room in the middle of the night without permission, and she would take the baby from Amber's arms whenever she was trying to breastfeed. This pattern began as soon as Amber had her daughter and continued until Amber moved out of her mothers' home. Amber described how having limited power and autonomy influenced the ways she felt about being a mother.

Amber: *So like I didn't even have that bond with her (baby), I didn't, when you have a baby and then in the first, beginning, like you have this huge bond. It's weird. And I didn't have that feeling with her because she was taken from me by my mom and it sucked so bad…And I never really, well I was around kids but not really enough to know what I was really in for when I had one. Um, so that was, that was really hard. And not, I mean not havin the support sucked. The support that I needed like instead of just trying to do it yourself, I needed, like I needed to learn how to do it.*

In response to having her needs around help unmet, Amber described intense feelings of psychological distress and she struggled with identifying as a mother:

Amber: *I mean I was depressed, I thought I wasn't a good parent uh, I would cry because I was just like, "I don't even feel like that's my kid." I mean…I thought you had a baby and then you just feel like your just- and it wasn't. I know a lot of people are like "I have post-partum depression". It was not that at all. I mean I've always had depression, but I was great! I was great, it was just the fact that I like literally couldn't do anything with my own child and that sucks. I mean, I'm still [inaudible]… I mean she can't [inaudible] but I still have to listen to her. I think that is the worst thing ever. It really is. They should have some kind of law or something to make it where once you're like 16 or 17 and have a baby, you can be an adult. Cause that's- there's a lot of people that have to deal with that and I know a lot of people which have boundary issues and you know, she made it, made it really hard. Cause like, you know, here I am beating myself up and feeling awful and feeling helpless. There's literally nothin I can do because I can't set boundaries. Even if I did, they're going to get broken anyways. So just being helpless*

and depressed and feelin like the worst person in the whole world cause [inaudible] like

3 months after havin a child.

Gabby's experiences of becoming pregnant and navigating parenthood were especially challenging. Gabby became pregnant with her son at the age of 14 through non-consensual intercourse with an older man. After discovering her pregnancy, the father of the child drove Gabby to an abortion clinic in an attempt to force her to end the pregnancy. Gabby was able to tell the doctor that she did not want to go through with the abortion once the father left the room for a brief moment. The doctor informed the father that Gabby was 'too far along for an abortion' so the father then resorted to physical violence towards Gabby, possibly in attempt to harm the unborn child. Gabby described feeling like she did not have any control over what would happen to her or her child. Considering the pregnancy occurred through non-consensual sex, one can see that Gabby was refused choice and power right from the start of her pregnancy. Gabby continued to experience powerlessness throughout her early parenting despite having a generally supportive family. For instance, Gabby said:

> *They [family] never asked anything until I moved out! And that was only cause*
>
> *they had to ask! ... My mom use to just come and take him out of my room for no*
>
> *reason, do whatever with him, bring him off somewhere. I wouldn't even know!*

Additionally, Gabby discussed how she questioned her role of *mother* whenever she was refused autonomy:

> Researcher: *...Where there ever times when you didn't feel like you were his mom or*
>
> *parent?*

Gabby: *Yeah, when he was first born. They (family) would always try to jump in, always helpin, givin advice. That's the part I didn't like. I didn't really have a say. It was always, "oh he's fine!" and blah blah blah.*

To Gabby and Amber, as well as other mothers, a lack of autonomy was associated with distressing feelings such as depression and helplessness. Mothers who were refused autonomy also experienced feeling like they were not the mothers to their babies.

Help as a paradox. A paradox between help and autonomy was also described by the mothers in the present study. Even though young mothers identified their need to have control over parenting decisions, they also recognized that they needed help from their own families. It is evident through their reflections of their experiences with family that *help* and *autonomy* are interdependent. It may be that having control over one's life as well as the care of others is expected within the role of *mother* because *mother* is equated with *adulthood*, yet young mothers recognize their need for additional support due to their young age and potential inexperience with parenting young children. In fact, Amber reflected on the dilemma of needing additional parenting support because of having a child at a young age and her conflicting feelings around it during her interview:

Amber: *That and I mean you're still, they're [adolescents] minds still aren't fully developed and havin a baby and even when its turned into, like mine, serious, you have people who don't want to do anything with them or don't want to show 'em what's right and what's wrong, or support them, or [inaudible] ridiculous. Ridiculous, awful! Some just gotta be trained, I guess. And I hate to say it like that because if that was me telling me that then, I'd be like [inaudible] but you don't even understand why, you don't understand nothin.*

Baylee also described ambiguous emotions around needing and desiring help from family, while also maintain a sense of autonomy in her role as *mother*. Baylee received help from her grandmother after her son was born. Baylee's grandmother spent the weeks following the birth of Baylee's son by teaching her how to perform basic parenting tasks such as how to feed, burp, rock, and change the baby's diaper. Although Baylee appreciated this help from her grandmother, she described feeling "bad" about needing the help, and how it made her feel "less confident" as a mother because she felt like she should have already known how to perform those parenting tasks. It is clear that Baylee struggled with the potential paradox between her roles as adolescent and mother which presented conflicting emotions around *help*.

Hannah elaborated on the complex feelings surrounding dependency on family despite desiring and appreciating their support.

Hannah: *…it makes you feel like you're not good enough… like you can't do this on your own. You're not worth enough to have this child if you can't take care of it. So why do you need your child? …I feel like it makes it a whole lot more of an emotion for people who are younger parents because they have that struggle of I want to be able to do this but I can't because I can only do this… I feel as if it's always been a matter of, it's more of I have a pride issue with needing or asking for help. Um, but then I feel like I have to be the bigger person and swallow the pride to make sure she's [child] taken care of and there's some form of stability and it's not much of a struggle. So at times, you don't want to be the person who has to rely on somebody else and you want to be able to do it on your own. I mean I've sit here and dragged myself into massive debt trying to do it alone. For example when I was in college, I took out student loan after student loan trying to do it on my own. Now I massively regret it because I know they [parents] would*

have been there and helped me but I was so determined to try and be my own person, my

own family, my own household that I now regret it and have to go back and pick up those

pieces. But I was glad they [parents] were able to be a fallback plan when I needed them

to be.

Similar to other mothers, Hannah described tension in needing family help while also needing

and desiring autonomy. To Hannah, depending on family was equated with inadequacy; if she

could not do it alone, then she was not a good mother. Ivy also experienced similar emotions

regarding her dependency on her family. For instance, Ivy described feeling loved by her family

who she described as supportive, but she also described feeling like she "was their burden."

Ivy: Um, I think I- I may have gotten closer with them but I honestly think my

relationships getting stronger made me feel actually kind of worse about myself. I felt

more like, "wow I really disappointed them and they do so much for me" and I just kind

of let them down. Um, like when I got closer with my mom when I got pregnant and with

my step-dad, it was more like I really found out how much they really truly loved me and

cared about me and I think the more that they helped me do everything, the more I kind of

felt like I disappointed them by getting pregnant at 16. And um, it made me feel worse

about myself in a way but then again it kind of gave me that drive to do better from there

on out … I kinda felt- I felt like, even though they didn't make me feel that way, but I felt

like I was their burden. You know, like I'm their daughter so they felt like they had to do

this and they didn't have to. They could have easily not helped do everything that they

did, but yeah I think that's exactly right, I felt bad for them having to take care of me and

my son…I don't know if it was more guilt or, I don't know what the proper word would

be but I was disappointed in myself that they had to provide all these things for me and I

> *did feel, I did feel bad that I had to take all of their help as well cause I didn't really have*
>
> *any other option but to take their help.*

It is evident that although young mothers identify desires and needs to be supported by family while also maintaining autonomy, young mothers experience an array of conflicting feelings around their needs.

Help equated with love. Help from family was presented as a complex process that involved many different emotions, often ambiguous, to the mothers in the present study. One way mothers created meaning around help was that it meant love. Both mothers that received help from families and those who did not explained that help was a demonstration of being loved for and cared for by their family. Amber described a particularly difficult experience with family, mainly her mother, during her time as a pregnant and new mother. Amber described how her mother did not help her because she did not teach her how to be a parent. To Amber, this meant that her mother did not care about her.

> Amber: *I mean … she didn't do what I needed her to do, she didn't care, so I guess, I*
>
> *mean my dad was never here. He lived in [deidentified state] so I didn't get to have that*
>
> *either… I wish my dad would've been here. Um, but other than that, that support or*
>
> *whatever, she wasn't- it just made it complicated. It hurt me too, you know like I said,*
>
> *they throw a baby in your lap and I don't know what I'm doin! She was supposed to help*
>
> *me and like instead of helping me, she is takin it (baby) from me…Like everyone wants*
>
> *their mom and blah and wants them there, and the support from her, but I never had the*
>
> *support necessarily. It wasn't like, she wanted to help me. Like she would just want to*
>
> *take the baby from me, is what it was. And everyone else who wanted to help me*
>
> *[inaudible] and I appreciated that, but with her, it was like I don't know.*

Underneath the desires to be taught how to parent by her own mother was Amber's longing to be cared for and loved. Amber stated that her mother "didn't care" to help her and that it "hurt her" to not have that support from her mother, which Amber may have perceived to mean a lack of love and caring. Amber also described wanting her mother to be there to support her but she did not receive that support from her mom. It is possible that Amber viewed her pregnancy as an opportunity to connect with her mother who wanted a grandchild for several years. Instead, Amber perceived her mother as being harsh and unresponsive to her needs as a developing mother and adolescent.

Emily, the sister of Danielle, reflected on a time when she needed help but did not have anyone she could rely on within her immediate family:

Emily: *I didn't know what I was doing so that was hard. Um in particular, I starved my kid for like a week… I was trying to breastfeed when she was born and I made plenty of milk before she was here so I was trying to breastfeed. But she screamed and screamed and screamed all the time and I didn't know what was wrong with her! Well they said try to feed her, so I'd feed her and she would still scream. So it got to the point she, that my boobies were raw cause she ate so much, well then it was like she was born on a Monday, and I want to say like the following Saturday, um it was like 3 o'clock in the morning, she was screaming would not stop screaming. I didn't know what I was doing! So I decided to, I thought she was hungry, so I was going to pump to try to feed her because they [nipples] were so raw and I pumped for 15 minutes and got like a fourth of an ounce. So I realized that's why she's screaming! So I made her bottle and she went right to sleep. So like that was hard for me because she was like screaming and screaming and I didn't know why, like nobody would help me. I didn't know what I was doing.*

Emily's experience was different from the other mothers in that she was granted autonomy, but she did not receive help from her family even though she desperately wished for it. Emily seemed to interpret help, or the lack thereof, as a demonstration of love. Emily described confrontational relationships within her family prior to and after she had her daughter. Tensions were particularly salient around the treatment of her stepsister and herself by her father. She recalled how her father favored the stepsister throughout their childhood by providing her with special gifts and granting her privileges that were not granted to Emily. When Emily became pregnant, she described how her father and family were initially excited, but the pregnancy was soon overshadowed by the pregnancy of her stepsister.

> Emily: *Well like they were excited, like my family we were all excited cause we were having a baby! But through my pregnancy, they got less excited. Like the "new" I guess wore off and they didn't care. Like oh well you're having a kid, whatever. Um like they wouldn't help me get anything for the baby, like nothing. And like…the step-sister, they bought her everything like she was like amazing, whatever. But like, pretty much after she found out she was pregnant, they were not happy about me being pregnant anymore.*

Whenever I asked Emily how she felt about her pregnancy, she said:

> *Um, I mean I was nervous… I was excited and then I was mad. Cause I was mad at myself, cause why would I let myself get in that predicament at such a young age? Like I wanted to go to college and make a life for myself. And I got stuck with a kid with a person who doesn't care, with a family who doesn't care… so it was hard.*

Emily became especially emotional during her interview whenever she described the ways in which she did not receive help from family. It seemed that help represented something far more

than just necessary assistance, and the lack of it from family signified a lack of love and familial

care. Emily went on to describe how she continued to struggle through her parenting because

she did not have help from family:

> Emily: *Well I lived, I still lived there (another town) for a couple months but like I loved*
>
> *my job there. Like I grew so close to residents, yada. But it was so freaking hard! I*
>
> *worked 12 hours night shift. Eva slept there all night, there at work. So we would come*
>
> *home, she's wide awake and I haven't slept. So I would get like one hour of a sleep a*
>
> *day, if that. Like just her nap, that's all I would sleep ever. So it was just so freaking*
>
> *hard. No one would ever watch her for me, like we had to walk back and forth to work in*
>
> *the cold…Um I mean it was hard, we had nobody down there.*
>
> Researcher: *No family?*
>
> Emily: *I mean we had my father and stuff, but they didn't care. Like I would tell them,*
>
> *he lived like, I wanna say three minutes from me, he had a running vehicle, whatever. I*
>
> *could tell him we're about to go to work and it would be midnight, cause I went in at*
>
> *midnight, and "okay, be careful" or "okay". So, like they didn't care.*

Through her reflections, Emily expressed distress around the lack of help she received

from her family, likely because of her interpretation that help was a demonstration of love and

care. Throughout her interview, Emily became emotional in describing the ways in which her

family did not help her whenever she became a mother and how that contributed to her feelings

of being unloved, and perhaps abandoned. Like Danielle, Emily moved away from her fathers'

family to be with extended family whom she believed would fulfill her needs around help and

provide the care for which she longed. Indeed, Emily did find support from her extended family

in the ways that she perceived as beneficial. For instance, Emily described being able to call

upon her extended family (e.g., cousin and aunt) to help her navigate parenting skills and

questions. Overall, Emily described feeling good about her current living and parenting

situation.

Farrah also expressed feelings of love as being associated with receiving help from

family. She happily reminisced on how so many of her family members came to her baby

shower, even extended kin such as the sisters of her grandmother. Whenever asked how her

relationships with her family influenced how she saw herself as a new mother, Farrah continued

to reflect on how the help she received made her feel good about herself:

> Farrah: *See like I said at first I thought everyone was going to be against me. Then, I*
>
> *really felt proud because a lot of people was like – I don't think they doubted me, so to*
>
> *speak, but a lot of people doubt young people that have kids. And I felt like 'okay I had*
>
> *him, I graduated, I finished cosmetology.' Um so, I felt like, like I said, everybody come*
>
> *together. In the beginning, I felt like it was gonna be bad but it ended out good.*
>
> *Everybody's there for my support, um when I first had him I didn't drive like I was one of*
>
> *those, I didn't care about driving. I didn't need it, you could have rides. I was gonna get*
>
> *my license whenever. Um, so I had a lot of help from people. A lot of people were*
>
> *positive. I guess they saw that I'd been positive and moving forward, that they were*
>
> *eager to help.*

Like other mothers, Ivy also equated help as a form of love; her parents support of her as a new

mother meant that they loved her.

Ivy: *I think they [relationships with parents] became stronger. Cause I realized how much support I did have and how loved I really was and seeing my mom and step-dad with my son was really nice. All the love they gave him and stuff. I think it made us closer than it did tear us apart…They took care of me, when I couldn't afford to buy things for him [baby] they bought it, and you know a lot of parents are like, "okay you're pregnant, bye!" and they kick you out but mine kept me in, helped me take care of my son, help me get my GED, bought me a car, like they did everything to help me get to where I needed to go to make a life for me and him…*

In summary, the meanings created around help by the mothers in the present study were often complex and sometimes conflicting. Several emotions were equated with the experiences of having or not having help, such as feelings of being loved. Help was also described as a paradox; young mothers desired and needed help from family, but they also felt "bad" about needing help. Autonomy was also important to young mothers' experiences. Autonomy, as described by the mothers in the present study, meant that they had control over parenting decisions. Having autonomy to make parenting decisions while also receiving support was associated with confidence in young mothers' abilities to parent their children. On the other hand, mothers who were not granted autonomy over parenting decisions often discussed intense distress and feelings of inadequacy as mothers. These experiences of receiving or being refused help and autonomy shaped young mothers' perceptions of selves especially in regard to their roles as mothers.

CHAPTER 6: DISCUSSION

The purpose of the study was to explore the lived experience of young mothers in regard to caregiving support within the rural Appalachian context. Through detail-rich narratives, a

major theme was presented as important to the mothers lived experience; meanings of help. In

the context of young parenting and rural Appalachia, mothers described *help* as a means to

facilitate autonomy. In other words, mothers felt that help from family was a potentially

important pathway to parenting autonomy-that is defined as having the knowledge, means, and

ability to parent without help. Indeed, within contexts of young mothering, intergenerational

support is often associated with providing instrumental and emotional support by grandparents

(Chase-Lansdale et al., 1994; SmithBattle, 1996). However, the mothers in the present study

identified the ways in which their families attempted to "help" with parenting tasks, but they

ultimately did not find their support to be beneficial. For example, some mothers described the

ways in which their family members dictated how they performed certain parenting tasks (e.g.,

bathing the baby), or family members would take over the caregiving tasks themselves. It is

possible that family members would have conceived this support as beneficial to new, young

mothers. However, the mothers in the present study found this type of support to hinder their

developing roles as mothers and sense of self. Instead, help is only beneficial to young mothers

if it is used as a pathway to teach young mothers how to parent and ultimately become

autonomous in their role as *parent*. In general, having autonomy while also having help from

family was associated with overall positive feelings, such as confidence. Young mothers who

did not have autonomy described intense negative feelings, such as helplessness. Women who

did not feel like they had control over parenting decisions also struggled with identifying as

mothers to their new babies. Similarly, help was described as a way family demonstrate their

love for young mothers but needing to depend on family for help left some mothers feeling

inadequate. These findings are similar to those outlined in SmithBattle (1996) in which young

mothers and their families described tensions around the caregiving of the baby. Young mothers

in SmithBattle's (1996) study of intergenerational caregiving practices also described their need

to have autonomy as parents. The present study may add to the current literature by providing

more depth around the meanings ascribed to help from family. Indeed, previous literature

typically does not extend the concept of "help" or "intergenerational support" further than that of

providing instrumental and emotional support (Chase-Lansdale et al., 1994; SmithBattle, 1996).

Understanding the emotional meanings ascribed to help has the potential to advance theory and

research, but most importantly, understanding meanings of help provided by family may help to

inform interventions and practice. It is also important to consider the perspectives of young

mothers, like any marginalized group, in order to better identify their needs. Thus, the findings

from the present study may extend the literature involving intergenerational support by providing

depth to the emotional meanings ascribed to help. Meanings around help and autonomy are

understood further through the theoretical lens of the kinscript framework.

The kinscripts framework (Stack & Burton, 1993) provides a meaningful lens to analyze

tensions within families and provide more insight into how young mothers conceptualized their

experiences with help from family. Kinwork and kinscription are particularly salient concepts

that are embedded within the findings of the present study. As reviewed in Chapter 3, kinwork

involves specific tasks that are meant to help the family endure (Stack & Burton, 1993).

Reproduction and taking care of children in the family are examples of kinwork. In the present

study, caregiving of the children of young mothers and the young mothers themselves were

perceived as kinwork. Tensions were particularly salient around kinwork involving the care of

the young mothers. As reviewed, young mothers expressed their needs and desires to have

support from their families, but in a way that facilitated parental autonomy and growth. In other

words, the mothers in the present study expressed their need to learn how to parent from their

families—a task that can be viewed as kinwork. Through the lens of kinscripts, providing young

mothers with parenting skills is a means of ensuring family and individual survival. The mothers

in the present study who perceived their family members (usually their own mothers) as failing

to engage in this type of kinwork (i.e., providing parenting skills) expressed a multitude of

negative emotions such as distress and feeling like a failure as a parent. Mothers in the present

study who described how their families engaged in kinwork aimed at helping them succeed,

generally labeled their families as being "healthy" and supportive. However, as noted, older

generations in the family (i.e., parents of young mothers) did not always recognize that this type

of kinwork was necessary to young mothers. This—conflicting meanings ascribed to care—

presented particularly challenging experiences for young mothers.

Kinscription, the process through which kinwork is assigned (Stack & Burton, 1993), is

particularly suitable for examining the ways in which the mothers in the present study

experienced, or failed to experience, autonomy in parenting. As described, kinscription is a

dimension of power and can be used as a tool to reward and punish individual family members

(Burton & Stack, 1993). For instance, kinscription can be used to cut individuals out of family

responsibilities (Burton, 1990). In the present study, young mothers described this process

through the assignments of caregiving tasks for their children. Older generations, such as the

parents of young mothers, often had the power of kinscription, or in other words, the power to

assign kinwork which proved to be particularly challenging for several young mothers. For

example, Gabby's mother and grandparents frequently took on the kinwork of taking care of her

son rather than assigning the work to Gabby. Amber also described a similar experience with

her own mother. Both Gabby and Amber described how they did not feel like they could fulfill

their role to care for their children because older generations in their family took on the work

themselves. Gabby and Amber described how this left them questioning their role within the

family, much like family members who were cut out of kinwork in other studies (e.g., Burton,

1990).

Implications for Practice

In addition to illuminating their perceptions of *help*, the mothers in the present study

spoke to the adversities associated with the rural Appalachian context. The group of mothers

that contributed to the present study could be described as especially vulnerable. For instance,

six of the nine mothers discussed their experiences with personal substance abuse disorder, or the

ways in which their family members experienced addiction, as well as physical and sexual

violence. Two mothers described how they "nearly died" by drug overdose, and one mother

became pregnant through rape. Several other mothers also experienced physical abuse from their

parents. The vulnerability of the group of mothers in the present study may indicate the broader

experiences of people in rural Appalachia. Indeed, rural counties within the Appalachian region

experience some of the highest rates of substance addiction and death by overdoses (CDC, 2016;

Moody, Satterwhite, & Bickel, 2017). Rural Appalachian regions also experience

disproportionately high rates of inter-partner violence (Davidov et al., 2017). High levels of

family violence victimization and substance use has implications for interventions for young

mothers in the Appalachian region, as well as young mothers in general. Practitioners should be

careful to consider the contexts in which they serve and be especially mindful to the challenges

that young parents in Appalachia may face, including substance abuse disorder and family

violence.

In addition, youth in Appalachia may require extra support to not only prevent teenage

pregnancy, but to also provide support to young parents and their families. As reviewed, rural

Appalachian counties have some of the highest rates of teenage pregnancy, thus a call for interventions aimed at reducing teen pregnancy and to support young parents in the region is necessary. In fact, at least three of the nine mothers in the current study sought parenting support from a local program aimed at mentoring young mothers. The mothers who identified using this state-funded mentoring source described it as being extremely important to their success at navigating their pregnancies. Some ways that the mothers described using the mentoring program including getting information about pregnancy-related questions, navigating social welfare services, gathering information on resources (e.g., healthcare services), using their mentors for transportation to appointments, and relying on their mentors as sources of emotional support. The mothers that had access to the mentoring program recalled it as being a main source of support that made them feel good about their abilities to parent their children. Although only a third of the participants in the current study accessed this particular mentoring program, their positive experiences speak to the importance of implementing accessible teen parenting programs throughout rural regions in Appalachia. In fact, Beers and Hollo (2009) provide a thorough review of the literature regarding teen parents and interventions aimed at providing support for young families. Beers and Hollo (2009) state that the most successful programs for young mothers are those in which strong relationships between young mothers and support staff are fostered and maintained for a prolonged time. As described by Beers and Hollo (2009), qualitative investigations with young mothers revealed that young parents desire close relationships with program staff members in teen parenting programs, as well as childcare support and help with navigating early parenthood. Indeed, the young mothers in the present study that utilized a local teen parent mentoring program described how their "resource mother" (i.e., mentor) was of upmost importance to their transition to parenthood. At least one of the

mothers in the present study still maintained a close relationship with her "resource mother" at the time of the study which was 11 years after her first child was born.

Although teen parenting programs have demonstrated some success at preventing additional pregnancy and yielding more positive outcomes, young mothers are most likely to turn to their own family members for support (Beers & Hollo, 2009). With this in mind, it may be that home-based interventions such as the Nurse Home Visitation program (Beers & Hollo, 2009) could provide a more wholistic approach to supporting young mothers by including family members within the household. In fact, the mothers in the current study desired support from their family members but it may be that families of young mothers need support in order to help young mothers in meaningful ways (e.g., *teaching* versus *doing*; kin would offer assistance but let mothers take the lead). In other words, young mothers elucidated their need to have support, typically from their own mothers, without their mothers being overly intrusive into their parenting tasks. In fact, grandmothers (i.e., mothers of teen parents), may not be "ready" to be grandparents and thus they may experience difficulty in their new role. For example, young grandmothers and great-grandmothers described feeling "rushed" into grandparenthood (Burton, 1996). In SmithBattle (1996), grandparents struggled with balancing their roles as parents and grandparents and they worried that their grandchildren would not be cared for properly unless they took over the care themselves. Grandparents in this study describe how they felt compelled to parent their grandchild, even though they knew the responsibility should have fallen with the teen mother. Struggling with their roles as parents and grandparents led to conflicts between young mothers and their parents who often times took over the parenting responsibilities of the baby without consideration for the young mother (SmithBattle, 1996). Considering these revelations, it is necessary that the families of young mothers receive support in addition to

young mothers to ensure a wholistic approach to individual and family success. Indeed, home-based and family approaches to young parent interventions may also align well with the Appalachian culture in which families are described as close-knit (Keefe, 1988) and in which childcare often occurs within the family context (Mather, 2004).

Limitations and Future Directions

The present study had a number of limitations that may be addressed with future research. First, only mothers who had at least one child before the age of 19 participated in the current study. Although young mothers in the current study provided rich information around intergenerational support, the research would have been made stronger if the perceptions of other family members (e.g., grandmothers) were also provided. SmithBattle (1996) included the perceptions of grandparents, which shed light onto potentially conflicting perceptions around role obligations. For instance, the grandmothers in SmithBattle's (1996) study illuminated not only the tensions experienced by grandparents, but also underlying processes that help to explain grandparent's "intrusiveness" whenever an adolescent becomes a parent. Future research should include the perceptions of both young parents and their family members to gain a more complete understanding of the emotional meanings attached to help.

Additionally, the present study was retrospective in that mothers reflected back upon their transition to parenthood. Retrospective study designs can arguably be a strength, depending on the study purposes and topic. For instance, it may be that having a retrospective design for the current study allowed participants to more clearly assess how their experiences as young mothers were shaped by intergenerational support (or lack thereof). In fact, retrospective qualitative methods are frequently utilized to gather rich information involving experiences across the life course (e.g., Allen & Pickett, 1987; Bengston & Allen, 2009). On the other hand,

retrospective bias could have influenced the perceptions of young mothers. For example, young mothers may have had "false" or altered memories that could have shaped their recollection of their experiences around care. Future research should address these concerns by including young mothers at the time of their transition to parenthood.

Finally, the present study included mothers but did not consider the perspectives of fathers. As reviewed, children of young mothers are often fathered by adult men (Coley & Chase-Lansdale, 1998) but teenage fathers still exist. Literature involving teenage fathers is scarce (Mollborn & Lovegrove, 2011), even though young fathers are found to be, typically, active parents in the early life of their children (Harris, 1998). In the present study, young mothers identified the father of their child to be important to their experiences as young parents. Most of the mothers in the present study described the father of their child to be absent, especially if the father was an adolescent at the time of the birth. However, the father was still present in some cases (e.g., Catelyn and Ivy), and teen fathers were more likely to be active parents for a short period after the birth of the baby. Future studies should include young fathers to gain an understanding of parenting processes from their perspective. Including young fathers may provide insight into the complexities surrounding young parenthood and gendered parenting roles.

Conclusion

Previous findings regarding intergenerational support for young mothers has been mixed. Some studies have found benefits of intergenerational support (e.g., Hess et al., 2002; Sandfort & Hill, 1996; Trent & Harlan, 1994) while other have identified negative outcomes (e.g., Spieker & Bensley, 1994; Voight, Hans, & Bernstein, 1996). This study explored young mothers' perceptions of help which may be more nuanced than previous investigations looking at the

relationship between intergenerational support and parent and child outcomes. Such a narrow focus may ignore other facets of how family support (i.e., help) may connect with young mothers' experience. As reviewed, help and autonomy were equated with complex emotions which may contribute to the way young mothers and their children respond to intergenerational support. Additionally, understanding what types of parental support are perceived as the most beneficial to new, young rural mothers could inform interventions aimed at enhancing young mothers' parenting competence. Findings suggest that young mothers value autonomy over parenting decisions along with ample support from trusted loved ones. Support in the form of *teaching* rather than *doing* (kin would offer assistance but let mothers take the lead) seemed to be particularly important to young mothers, many of whom had fragile identities as mothers and were eager to solidify their roles. Future studies involving young mothers and their families could more fully consider what types of help are actually believed to be beneficial by young mothers. Moreover, research could elucidate to what extent mothers' satisfaction with help from family connects with child outcomes.

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Table 1

Table 1.
Research Questions Derived from Kinscripts Domains

Kinwork	1. How did your family members (even those outside of the household) support you (or not) when you had your child?
	2. Who helped you care for baby the most? What would this person(s) do for you and baby?
	3. Who else, if anyone helped you and your baby?
	4. Tell me more about how your family was during that time after you had the baby. What kinds of roles did your family members have?
	a. What were each of your family members responsibilities during that time?
	b. What were your main responsibilities during that time?
	c. Did everyone do what was expected of them, or did some members challenge those expectations?
	d. Did you provide care for anyone else in your family? If so, please explain.
	e. Do you provide care for anyone else in your family now? If so, please explain.
Kintime	1. In general, at what age do you think girls should (*or could*) start having babies?

	2. How do you think your family members would answer that question?
	
	3. How do you think your family felt about your pregnancy?
	    a. What were their initial reactions to the news that you were pregnant?
	
	    b. How did you know what your family members felt and thought about you becoming a mom?
	        i. Do you think their opinions changed throughout your pregnancy, or after you had your baby?
	
	    c. Did other people in your family have children young?
	        i. Who?
	        ii. What do you think were the general feelings about having children young in your family?

Kinscription	1. How do you think your family members felt about helping you care for your baby? 2. How was it decided who would help care for your baby? 3. How did you feel about the care you and the baby were receiving from your kin? 4. Was anything expected of you in return for receiving help with the baby?

Table 2

Table 2.
Participant Demographics

Pseudonym	Age	Age when first child born	Race	Number of Children	Age of TC	Education	Employment Status	Marital Status	Household Income	Assistance
Amber	24	17	White	3: second child at 18	6 years 72	Some high school	Unemployed	Married	< $5,000	WIC, Food Stamps, & Homeless Prevention Program
Baylee	23	17	White	1	5 years 60	GED	Under table	Single	< $5,000	Food Stamps & Medicaid
Catelyn	22	16	White	2: second child at 19	6 years 72	Some College, attending	Full-time	Married	$40,000 – 49,000	None
Danielle	18	18	White	1	5 months	Some high school, attending online	Unemployed	Single	< $5,000	None

Emily	20	17	White	1	3 years 36	High School Diploma	Full-time	Separated	$15,000 – 19,999	None
Farrah	28	16	Biracial: White and African American	3	11 years 132	Some college	Full-time	Cohabitating	$20,000 – 24,999	Food Stamps
Gabby	27	15	White	2	12 years 144	Some College	Self-employed	Cohabitating	$20,000 – 24,999	Wic, Food Stamps, & Subsidized Housing
Hannah	24	17	White	1	6 years 72	College Degree: Associates	Full-time	Single	$10,000 – 14,999	Food Stamps
Ivy	24	17	White	1	7 years 84	High School Diploma	Full-time	Married	$25,000 – 29,999	None

Table 3

Table 3.

Participant snapshots

Pseudonym	Snapshot
Amber	Amber, a mother of three and pregnant with her fourth, had her first child, whom was planned, at the age of 17. Amber described a tumultuous relationship with her own mother throughout her entire childhood. Despite their rocky relationship, Amber's mother started to encourage Amber to become pregnant at the age of 14. Amber described how her unhealthy and abusive relationship with her mother left her homeless on multiple occasions. There was a time when Amber and her two oldest children even lived in a tent for a couple of months. Amber says her family members, including her grandmother, knew they were living in a tent but they still refused to help her and the children. Through these and many other struggles, Amber described herself as being exceptionally resourceful and independent even though she would have preferred to have support from her family members. She prided herself in her parenting philosophy to provide her children with emotional support and stability which she did not have as a child.
Baylee	Baylee became pregnant unexpectedly at the age of 16 and she had her son whenever she was 17. She grew up in what she described as a middle-class, two parent family in which she was the youngest. Her parents helped her to save money through her entire pregnancy and they cared for her and the child by providing material resources and babysitting so Baylee could work. Baylee experienced post-partum depression and expressed a fear of even holding her baby whenever he was born. Her maternal grandmother spent the weeks following the baby's birth by helping Baylee learn how to do parenting tasks (e.g., rock baby, feed baby). This helped Baylee work through her parenting fears but she soon after became addicted to the medication prescribed to her for her post-partum depression and anxiety. Baylee struggled with addiction for many years after she had her son. At the time of the interview, Baylee was "clean" from misusing substances for many months and she had a plan to stop using medication prescribed to her in an effort to reduce her dependency on opioids.
Catelyn	Catelyn became pregnant unexpectedly at the age of 15 and then again at 18. Catelyn was the youngest of three daughters; her mother and one of her sisters were also young parents. She described having a healthy and positive relationship with her mother and sister whom was pregnant at the same time as Catelyn. Although she described a healthy relationship with her mother and sister, Catelyn had a strained relationship with her father whom was physically abusive to her mother prior to their separation and while Catelyn was

	growing up. Catelyn described a fairly positive experience as a young mother and contributed her success (e.g., graduating high school and maintaining a job) to her mother and sister for their support (e.g., emotional and financial). At the time of the interview, Catelyn was married to the father of her two children and could still rely on her own mother for parenting support.
Danielle	Danielle had her daughter, whom was not planned, at the age of 18 to her ex-boyfriend. Danielle had a difficult upbringing that involved a lot of residential instability and food insecurity that continued into her pregnancy. Danielle lived with her mother and her mothers' partner whenever she became pregnant and for a short time after she had her daughter. She described her parents as being controlling and unsupportive to her and her baby. For example, her parents tried to force Danielle into giving her baby up for adoption and they would lock the baby items (e.g., diapers) in their own bedroom. In response to having her personal and parenting needs unmet by her parents, Danielle moved to be with extended family, including her sister, Emily. Danielle described the move as being exceptionally beneficial for her and her daughter because they were in a more supportive and stable situation than they were whenever they lived with her parents.
Emily	Emily, the older sister of Danielle, had her daughter whenever she was 17. Emily's pregnancy was also unplanned. Although biological sisters, Emily and Danielle lived separately through their teenage years and thus had very different experiences. Emily lived with her father who she described as being both emotionally and physically abusive towards her, even through her pregnancy. Her boyfriend and the father of her child also became abusive towards Emily after the baby was born. In addition to experiencing physical and emotional abuse by the men closest to her, Emily described having very limited parenting support through her pregnancy and after having her daughter, although she expressed an intense desire to have support from her father. To compensate for a lack of parenting support from her family, Emily relied on a teen parenting program to help her through some of her pregnancy and early parenting needs. Like Danielle, Emily chose to move away from her father and his family about two years after the birth of her daughter to be with extended family whom she believed would provide her with the support that she and her daughter needed. At the time of her interview, Emily lived with her cousin and other family members whom she said provided her with emotional and material support. She described her move to be with extended family as a hard decision but one that ultimately was the most beneficial for her and her daughter.
Farrah	Farrah became pregnant unexpectedly at the age of 16 and she had her son whenever she was 17. She described having a positive relationship with her family before and after she became a mother. When she discovered her pregnancy, she was told by the father's family and her mother that she would be getting an abortion even though she did not want that. Farrah described that time as being extremely hard on her and

	she felt as though she did not have any control over what would happen to her or her child. Ultimately, her mother decided to let her keep the baby but her long-time boyfriend and father of the child left her because of this decision. Farrah struggled with fear over her reputation being hurt after she became pregnant and she worried that she would not reach her goals of going to college. Because of this, Farrah decided to take on the challenge of being a parent without much help from her family as a way to take full responsibility over herself and her baby. Choosing to rely on outside sources instead of her mother, Farrah found support from a teen parenting program. Farrah became notably independent and resourceful which aided in her developing role as a mother.
Gabby	Gabby became pregnant through rape by her abusive boyfriend who was 5 years older than her whenever she was 14. After discovering her pregnancy, the man who raped her tried to force her to have an abortion. After the doctor at the abortion clinic informed him that the pregnancy was too far along to be considered for abortion, the ex-boyfriend became physically abusive toward Gabby who feared for her own and the baby's safety. Gabby struggled with substance abuse disorder prior to her pregnancy and then again after she had her son. She described being subjected to illegal substances at a young age whenever her mother brought her to "drug houses" where her mother would get high. Gabby's drug addiction began around the age of 10 when a family member started to give her pain pills each day to relieve headaches. Despite these hardships, Gabby described her family, mainly her grandparents, as being mostly supportive during her pregnancy and subsequent parenting although they did not always grant her power over parenting decisions or consult her in decisions involving her son. At the time of the interview, Gabby had two children, was "clean" from drug use for many years and engaged to a long-time boyfriend.
Hannah	Hannah was the youngest of many siblings in a large family. She became pregnant, unexpectedly, at the age of 16 to an on and off-again boyfriend. Prior to her pregnancy, Hannah described how her family's home was often the home of her father's employees and friends. She said that the house was often overflowing with lots of different people which shaped her upbringing. When she was 13, Hannah's mother was incarcerated so she was left with the responsibilities of doing the cooking, cleaning, shopping, and bill paying. Hannah described always missing one day of school a month, her father's payday, so that she could take care of paying the bills and doing the shopping. Hannah's mother was released from prison before she became pregnant and was a source of emotional support for Hannah during that time. Although Hannah's relationship with her father was strained during the pregnancy, Hannah described her entire family as being supportive to her after she had her daughter. Even though Hannah also could count on her parents to support her, she still recruited additional sources of support through a teen parenting program and her OBGYN.

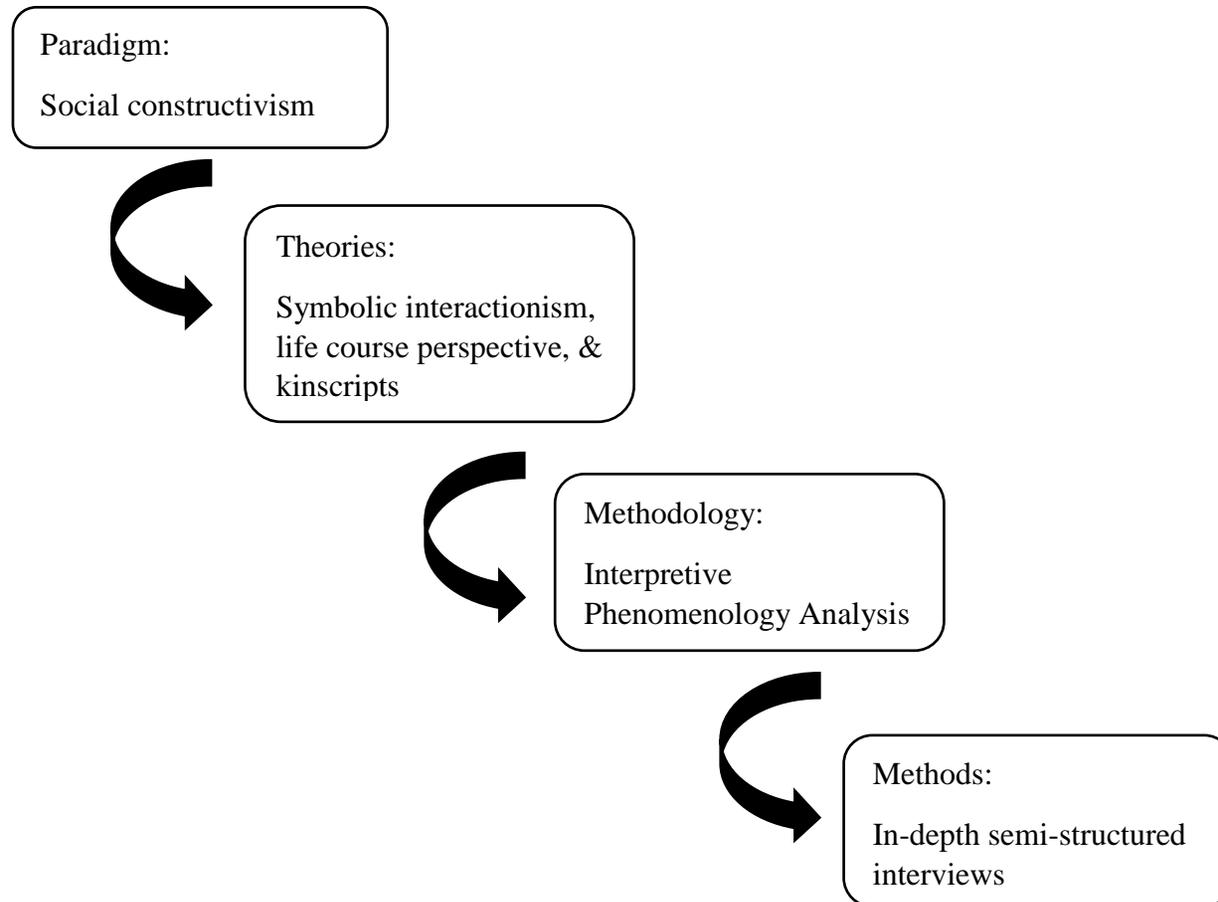| Ivy	Ivy became pregnant, unexpectedly, at the age of 16 to her boyfriend who she later went on to marry. Ivy described having healthy and positive relationships with her family that only grew stronger after she became pregnant. Overwhelmed by all of the love and support her parents showed her after she became pregnant led Ivy to become more determined to succeed. At first, Ivy felt terrified at the thought that she might lose her family over becoming pregnant, but their positive reactions reinforced her beliefs that she could be a good mother and do what she needed to for her and her son.

Table 4

Table 4. *Final coding grid*

Themes	Units of Meaning	Definitions
Meanings of Help	Help as a paradox	Conflictions around desiring and needing support, while also desiring complete autonomy. Mothers expressions of appreciating family support while also feeling "bad" about needing it. E.g., "It makes you feel like you're not good enough…worthless."
	Help as love	Mothers expressions of help as a demonstration of love. Not receiving help associated with being unloved and/or abandoned. E.g., "I saw how much they truly loved me by how much they did for me. " E.g., "I was left stuck with a kid with a family who didn't care… they didn't care."
	Help as a pathway to facilitate autonomy	Mothers expressions of wanting their own parents, or parental figures and other support systems, to teach them how to "be a parent." E.g., "I needed her to teach me how to do it, instead she just did it herself."
Meanings of Autonomy	Autonomy equated with confidence	Mothers emotional responses to having autonomy, or power, in parenting decisions. E.g., "it made me feel like I knew what I was doing."
	Lack of autonomy and role identity	Mothers meanings around a lack of autonomy and senses of self. Emotions and meanings created around a lack of power. E.g., "I didn't even feel like that was my kid."

Figure 1

Figure 1.

Visual representation of integrity in the research

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┌──────────────────────┐
│ Paradigm:            │
│                      │
│ Social constructivism│
└──────────────────────┘
         ↘
         ┌──────────────────────────┐
         │ Theories:                │
         │                          │
         │ Symbolic interactionism, │
         │ life course perspective, &│
         │ kinscripts               │
         └──────────────────────────┘
                  ↘
                  ┌──────────────────────────┐
                  │ Methodology:             │
                  │                          │
                  │ Interpretive             │
                  │ Phenomenology Analysis   │
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                           ↘
                           ┌──────────────────────────┐
                           │ Methods:                 │
                           │                          │
                           │ In-depth semi-structured │
                           │ interviews               │
                           └──────────────────────────┘
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Appendix A

Interview Questions

Young Mothers in Appalachia: The Role of Kin

Casey M. McGregor
caseymc@vt.edu

Thank you for agreeing to participate in this research interview with me. I just want to remind you that you can skip any question that you don't want to answer, and we can stop at any time.

1. So, tell me a little bit about your child. What is s/he like?

    a. What kinds of things do you like to do together?

Now I want to learn about your experiences when you were pregnant with your child and when s/he was a baby. I'll ask you some things about your family/kin. We think family and kin can be anyone that you think is, even if they aren't related by blood. Let's think back to around the time of your pregnancy.

2. Who did you live with when you were pregnant?

    a. Did you always live with these/this person?

    b. Who else lived with you?

    c. How long did you live with these people?

    d. How did your family get along during that time?

3. Who did you live with after you had your child?

4. I'd like to know more about your relationships with the people you lived with when you were pregnant and/or after you had your baby.

    a. In what ways, if at all, did your relationships change with any of your family members after you became pregnant?

        i. If so, how was it different from the times before you became pregnant?

            1. Did you become closer or more distant from anyone?

    b. What was your relationships like when you were pregnant?

        i. Did you get along well with them (*the people you lived with*)?

            1. If you did get along with your family, can you tell me a story about a time that will show me how your family got along well, or give me some examples?

        ii. If you did not get along with your family, or anyone in particular in the family, why do you think that was?

            1. Can you give me an example that will show me how your family didn't get along, or how you did not get along with a certain person in your family.

        iii. How did your relationships impact the way that you felt about yourself?

            1. How did they impact the way you felt about becoming a mother?

    c. Did your relationships change after you had your child? If they did, how so? Can you give me some examples?

        i. If so, why do you think that happened?

        ii. If your relationships changed, how do you think that might've impacted how you saw yourself? Did it impact how you thought of yourself as a mother?

5. How do you think your family felt about your pregnancy?

    a. What were their initial reactions to the news that you were pregnant?

        i. Tell me a story about when you revealed your pregnancy to your family members.

       ii. How did you know what your family members felt and thought about you becoming a mom? What did they say? What did they do?

     iii. How did you feel about your pregnancy?

     iv. How did you feel about telling people?

      v. Who did you tell first? Why?

  b. Did other people in your family have children young?

      i. Who?

     ii. What do you think were the general feelings or attitudes that your family had towards having children young? Do you think it's still about the same today or has it changed over time? How?

6. In general, at what age do you think girls should (or could) start having babies?

  a. Why do you think that?

  b. How do you think your family members would answer that question?

  c. In general, how do you think most other people from your community would answer that question?

      i. In general, how do you think most people in your community feel about teenage pregnancy?

     ii. In general, how do you think the most other people in the country feel about teenage pregnancy?

7. If you were in school when you had your baby, were you able to continue school after you had her/him?

  a. Tell me more about your experiences of having a child while in school.

      i. What was the most difficult part about it?

     ii. The best part about it?

     iii. How did your family help or did not help?

Now I'm interested in learning more about how your family supported you and/or did not support you through your parenting. Let's think back to when your child was a baby.

8. Tell me about who you would consider to be kin or family. Kin or family can be anyone who you consider to be family, whether they are biologically related to you or not. How did your kin members (even those outside of the household) support you (or not) when you had your child?

9. Care can mean lots of things, like physical care (e.g. babysitting, taking the baby to appointments), and financial care. There might be different people who gave you a lot of help in these different types of care. Who would you say helped you care for the baby the most? It's okay if there is more than one answer to this question.
    a. Would this person (or people) help you all the time, or just some of the time?

10. What kinds of things would this person(s) do for you and the baby? Can you give me some examples?

11. Sometimes people really like the help or care they get from others, and sometimes people do not like the help or care they get from others.
    a. Give me an example about a time when you felt good about, or appreciated, the care you were receiving from this person (or people).
        i. Why was it helpful, or how did it help you?

12. Like I said, some people do not really like the care or help they get from others. Did you ever have any concerns about the care you and the baby were receiving? If so, can you give me some examples?
    a. Did you ever think that you were getting too much support or not enough support?

    b. Were you receiving what you wanted and needed from your family members?

        i. If not, what would have you wished for to be differently?

        ii. If you do think you were getting what you wanted and needed from family members, is there still anything that you might've wished could have been a little different?

13. How do you think your family members felt about helping you care for the baby?

    a. Give me some examples of how you knew that your family members were happy or unhappy about helping you care for the baby.

    b. Do you think they liked the help they were providing, or did they not like the kind of help they were providing?

    c. Do you think they thought they were helping too much or too little?

14. You've told me about at least one person who helped you care for your baby the most. Who else, if anyone, helped you and your baby?

    a. Who else supported you; emotionally, physically, financially?

        i. Did you welcome this support, or would you have wished it could have been a little different?

        ii. If you were unhappy about the help from this person (or people) give me some examples or stories that will show me why.

        iii. If you were not getting extra help from other people, did you wish that you were or were you happy with the way things were?

    b. How did you learn how to do things for your baby (care, healthcare, etc.)? Did anyone help to teach you about caring for your baby in these ways?

        i. Did it make you feel more confident as a mom, or less?

15. How was it decided who would help care for your baby?

    a. Did you talk about who would help you with certain things, like babysitting, taking the baby to the doctors, helping pay for baby items, etc.?

        i. Were they (the people who helped you care for the baby) open to helping you, or were they reluctant?

    b. Did anyone refuse to help you? If so, tell me more about that.

        i. Why do you think this person (or people) refused to help you?

        ii. How did you handle that? How did it impact you?

16. Was anything expected of you in return for receiving help with the baby?

    a. *(Prompt only if needed)* Some examples might include being expected to pick up more chores around the house, or contributing to the family finances.

        i. Did you like it or not? How did you feel about it?

        ii. How did it impact your view of yourself as a young mom?

    b. What was a typical day like for you?

17. Now I want to know more about what family members are supposed to do in families. For example, some people are meant to take care of children or the elderly. Tell me more about what kinds of responsibilities your family members had.

    a. What were each of your family members responsibilities during that time?

        i. What are mothers (e.g. your own mother) supposed to do in families?

        ii. What are dads (e.g. your own dad) supposed to do in families?

        iii. What about siblings? What kinds of things should they do?

        iv. How about extended family or kin, like grandparents or cousins or aunts and uncles? What should they do?

    b. Did everyone do what was expected of them, or did some members challenge those expectations?

      i. Give me an example of how your family members did what they were supposed to do.

      ii. Tell me a story about a time when a family member, or multiple family members, did not do what was expected of them.

          1. What was this like for you and your family? Do you think it was challenging? How did your family react to it and work through it?

c. Did you provide care for anyone else in your family then? If so, please explain.

d. Do you provide care for anyone else in your family now? If so, please explain.

      i. How did you feel about providing this care? How does it impact you?

18. Now I want to know more about what your family is like now. Does your family get along now?

a. If your family doesn't get along, why do you think that might be? What is it that they don't get along about?

b. Are there certain family members who you think do not get along with the family well? Or maybe they are considered the "black sheep"? If so, why do you think that might be?

c. Does your family have any traditions, like yearly family reunions, or weekly dinners?

19. Do you live with anyone else now?

a. If so, do they help you with parenting and caring for your child(ren)? How so? How do you feel about their help? Too much or too little?

b. If you don't live with anyone else, do you have family members who help out with your children in any way? Give me some examples of ways that they help?

    i. How do you feel about it?

20. Do you help any of your family members in any way? Give me some examples.

    a. Do you like helping your family out in these ways? Why or why not?

        i. If you don't like helping your family in these ways, why do you do it?

        ii. How does helping them impact you?

21. Part of this research is understanding the strengths and challenges of families living in rural Appalachian regions. Do you have any thoughts about how your family might work a little differently because of where you live? How does where you are from shape how you see families?

    a. Is it ever difficult for you to find good childcare (e.g. daycares), or to get to places like stores, school, the doctor's office?

        i. If it is challenging to find childcare options, or to get to the places you need to go, what do you usually end up doing?

        ii. Does any family or friends help out with childcare or transportation now?

        iii. Do you help family or friends with childcare or transportation now?

        iv. Let's think back again to when you first had your baby just for this question. What services, if any, did you use or have access to when your child was a baby?

            1. Was it difficult to get to places, like the doctor's office, when your child was a baby, or was it difficult for the person who did take your baby to appointments? Was it difficult to find good childcare? If these were difficult for you, what would you usually end up doing?

     b. Some people might have certain ideas about people who live in the Appalachian region. How do you think people from other parts of the U.S. think about people from this region?

        i. Do you think there are stereotypes about the communities here?

        ii. How would you describe what the communities are like here to somebody who isn't from this area?

        iii. How would you describe what the families are like here to somebody who isn't from this area?

Thank you for answering those questions! I just have a few more before we end the interview.

22. What do you think were the biggest challenges for you as a young mom?

23. What was the most helpful to you as a new mom?

24. What advice, if any, would you give to pregnant teenagers now?

25. What advice, if any, would you give to the families of pregnant teenagers now?

26. Is there anything else that you can think of about your experiences as a young mom that you want to share with me?

Appendix B

Demographic Questionnaire

Young Mothers in Appalachia: The Role of Kin

Casey M. McGregor
caseymc@vt.edu

Participant ID: _____

County of Residence: _____ Town of Residence *(if applicable)*: _____

Rolling Consent: *Hello, you just gave me permission to interview you for a research study at Virginia Tech. Are you still okay with participating in the interview? This demographic survey should last about 15 minutes or so and you can stop at any time.*

If you are still willing to participate in the interview, please answer all of the following questions as they describe you.

BACKGROUND INFORMATION

1. What is your age? ____

2. What is your race? *Check all that apply.*
    a. ___Hispanic or Latino
    b. ___White
    c. ___African American
    d. ___Native American
    e. ___Asian American
    f. ___Other _____

3. How many children do you have?
    _____

4. What are your children's ages?
    _____

5. Do you live with your children? If so, which ones? *(list oldest to youngest)*
    _____
    _____

6. How old were you whenever you had your first child? _____

7. Who did you live with when you were pregnant with your child *(the child or children you had before you were 18)*? **Please do not use real names**. For example, you might say "*Mom, Dad, sister, friend(s)"* etc.

   _____

   _____

   _____

8. About how long did you live with these people or person after you had your baby?

   _____

9. Highest year of schooling completed?
   a. ___1st-8th grades
   b. ___ Some High School
   c. ___ High school (graduate or GED equivalent)
   d. ___ Vocational school
   e. ___ Some college
   f. ___ College
   g. ___ Graduate school

   Are you in school now? Explain_____

10. Are you currently...
    a. ___ Married
    b. ___ Divorced
    c. ___ Separated
    d. ___ Cohabiting
    e. ___ Single
    f. ___ Other _____

11. Do you currently live with anyone? Please list everyone that lives with you. For example, you might say "*Mom, Dad, sister, friend(s)*" etc. but please **don't use real names**:

    _____

    _____

    _____

    _____

ECONOMIC

12. Do you currently work for pay? Are you in paid employment?
    a.   ___Yes
    b.   ___No

13. What best describes your employment status?
    a.   ___ Full time employed
    b.   ___ Part-time employed
    c.   ___ Self-employed
    d.   ___ Unemployed
    e.   ___ Disabled

14. Are you on any public assistance? (HUD, WIC, Food Stamp, TANF, etc.)
    a.   ___ Yes
    b.   ___ No

15. Tell me which letter best reflects your current yearly income:
    a.   ___ Less than $5,000
    b.   ___ $5,000 to $9,999
    c.   ___ $10,000 to $14,999
    d.   ___ $15,000 to $19,999
    e.   ___ $20,000 to $24,999
    f.   ___ $25,000 to $29,999
    g.   ___ $30,000 to $39,999
    h.   ___ $40,000 to $49,999
    i.   ___ $50,000 and above
    j.   ___ N/A

16. Are you currently receiving child support?
    a.   ___Yes
    b.   ___ No
    If so, how about much per month? _____

Appendix C

Were You a **Young Mother**?

We are looking for mothers who had at least one child before the age of 18 to join in a study of young mothering in the rural Appalachian region.

To be eligible to participate:

- **You must be 18 to 29 years old**
- **You must have had at least one child before the age of 18**
- **You must have lived with family for at least 6 months after having the baby.** Family could mean anyone that you consider to be your family, even if they are not related by blood.

- Anyone who chooses to take part in this study will be asked to participate in an interview that will last about 60 minutes or so. The interview can take place in your home, or a community location that works best for you.

- You will be given a **$20.00 gift card** for Walmart for taking part in this study.

- We want to learn more about families and young childbearing in rural Appalachia. We also want to highlight the strengths of the people from this area. The findings from this study may help to improve and create programs that help families in areas like this one.

To learn more, contact:

Casey M. McGregor
caseymc@vt.edu
814-207-4186

Appendix D

Informed Consent for Participants
in Research Projects Involving Human Subjects

Title of Project: Young mothers in Appalachia: The Role of Kin

Investigators: PI: Dr. Joyce A. Arditti, PhD, Professor
                            arditti@vt.edu
                            540-231-5758

                            Casey M. McGregor, B.S., Graduate Student Researcher
                            caseymc@vt.edu
                            814-207-4186

This consent form may contain words that you do not understand. Please ask study staff to explain any words that you do not clearly understand.

Consent form for research participation.
This is a consent form to participate in this research. This form contains valuable information about this study as well as what to expect if you decide to participate.

Your participation is voluntary.
Please read this information carefully. We are required to give you study information so you can decide whether you want to participate. This information is called "Informed Consent" and it explains your rights if you would like to be in the study. If you decide to participate, please sign this form. If you decline to participate, nothing bad will happen to you. If you decide to be in the study, we will ask you again about recording our interview. You may say yes or no. You will receive a copy of this form. Please ask questions at any time.

    I.   **Purpose of this Research & Identification of Investigator**

We are doing a study to learn more about what it is like to be a young mother in rural Appalachia. We are also interested in learning more about how families/kin work together whenever a young person becomes a parent. You are being asked to participate in this research because you had a child before you were 18 years old, and you live in Appalachia. The results from this research will be used for a master's thesis and future publications.

The people conducting and supervising this study are: Casey M. McGregor, Dr. Joyce Arditti, Dr. Carolyn Shivers, and Dr. Megan Dolbin-MacNab. Casey McGregor is a graduate student at Virginia Tech, and Drs. Arditti, Shivers, and Dolbin-MacNab are professors at Virginia Tech. A group of people at Virginia Tech reviewed information about this study to make sure it was ok for people like you to participate.

II. Procedures

If you agree to be in the study, we will ask you some questions about your economic and family situation, and about your experiences as a young mom. When you talk to us, please don't use your real name or the real names of other people. You can make up names for anyone you want to talk about, including yourself. The whole interview should last about 60-90 minutes. After you are done with the interview, you are finished with the study.

III. Risks
The risks of participating in this study are very small. However, you might have some uncomfortable feelings such as sadness or anger when talking about your past experiences. You do not have to answer any questions that make you feel uncomfortable. You can stop the interview at any time.

IV. Benefits
While we cannot promise that you will benefit from being in this study, you might learn more about yourself and your family and social relationships. The information you share may be used to help other families and young mothers in the Appalachian region, and it may help people unfamiliar with the area understand Appalachian families better. As a result, you might feel a sense of personal satisfaction from knowing that you are helping other families and helping to teach others about Appalachian family life.

V. Extent of Anonymity and Confidentiality
Your participation in this study is confidential. This means that no one, except the researchers, will see or hear your answers to the questions. We will not put your name on the interview. After you finish answering the questions, your answers will be separated from all forms that have your name on them. When this happens, your interview will be assigned a code number and it will not be possible to match your name to your answers to the questions. As a reminder, during the interview, we ask that you do not use real names when talking about yourself or others.

All information collected during this study will be stored in a locked file cabinet in Dr. Arditti's locked campus office. Only Dr. Arditti will be able to open the office and file cabinet where the study information is kept. When the study is over, the interviews and other forms will be destroyed. A database containing only your answers to the questions will be kept for future use, but only the research team can use this database.

We will protect your confidentiality unless we learn about current child abuse. Abuse can be physical or sexual abuse. This information must be given to the appropriate government authorities. Also, if we think you are threat to yourself or someone else, we must tell the authorities. These are the only times when your confidentiality would not be protected.

VI. Compensation
Compensation for your participation in this study will be a $20 gift card to Walmart.

VII. Freedom to Withdraw
You do not have to be a part of this study. Once you start answering questions, you can stop at any time. If you stop, there is no penalty and nothing bad will happen.

Should you withdraw or otherwise discontinue participation, you will still receive the gift card.

VIII. IRB Contact Information
This research project has been approved, as required, by the Institutional Review Board for Research Involving Human Subjects at Virginia Tech.

If you have any questions about this research project, please contact the principal investigator, Joyce Arditti, or Casey McGregor.

> Dr. Joyce A. Arditti, PhD
> Professor
> arditti@vt.edu
> 540-231-5758
>
> Casey M. McGregor, B.S.,
> Graduate Student Researcher
> caseymc@vt.edu
> 814-207-4186

If you have questions about your rights as a participant, or if you have any concerns about the study's conduct, please contact:

> David M. Moore.
> Chair, IRB
> Office of Research Compliance
> Research & Graduate Studies
> 540-231-4991
> moored@vt.edu

IX. Summary Statement
To summarize, we are asking you to spend about 1 hour to 1.5 hours participating in our study on young mothers in rural Appalachia. We will be asking you questions about your experiences as a young mother and about your family/kin. Do you have any questions?

X. Agreement to Participate

I have read the Consent Form and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent:

_____ Date _____
Participant signature

_____
Participant printed name

XII. Audiotaping.

Is it OK with you if we record your interview? No one will listen to it but the researchers, and then once we put the information into a computer, we will destroy the recording. You can still be in the study if you don't want the recorder on.

Please answer one:

I choose to be audiotaped for the purpose of this study. I understand I am not to use "real names" in talking about myself or others. _____

I choose not to be audiotaped for the purpose of this study. _____

_____
(Participant Signature)   (Date)

Would you like a summary of the results of the study?

Yes_____ No_____