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NO RUSH TO MOTHERHOOD: THE LIVED EXPERIENCE OF AFRICAN AMERICAN
NEVER PREGNANT SEXUALLY ACTIVE FEMALE TEENS

by

Monique Jenkins, MA, MS, RN-BC, FNP-BC

A dissertation submitted to the Graduate faculty in Nursing in partial fulfillment of the requirements for the degree of Doctor of Philosophy. The City University of New York

2015

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This manuscript has been read and accepted for the
Graduate Faculty in Nursing in satisfaction of the
dissertation requirement for the degree of Doctor of Philosophy

Carol Roye, EdD

Date

Chair of Examining Committee

Donna M. Nickitas, PhD

Date

Executive Officer

Keville Frederickson, EdD

Heidi Jones, PhD

Alicia Georges, EdD

Ingrid Walker, MD

Supervisory Committee

THE CITY UNIVERSITY OF NEW YORK

Abstract

NO RUSH TO MOTHERHOOD: THE LIVED EXPERIENCE OF AFRICAN AMERICAN NEVER PREGNANT SEXUALLY ACTIVE FEMALE TEENS

by

Monique Jenkins

Advisor: Carol Roye, EdD

The purpose of this study was to explore the experiences of sexually active never pregnant African American female adolescents living in an underserved neighborhood including discussions on their thoughts about ways other teens can similarly avoid pregnancy. The study was conducted using a Hermeneutic phenomenological qualitative approach as described and outlined by Merleau-Ponty as well as the van Manen technique to analyze data obtained in this study. This study contributes to the nursing literature and was conducted to understand the essence and meaning of pregnancy avoidance as experienced by sexually active, never pregnant African American female teens within the context of positive deviance.

This phenomenological study examined the lived experiences of seven African American female teens who were sexually active and reported having never been pregnant. The teens were recruited from a community health care center in the underserved neighborhood in which they lived. They each answered a demographic questionnaire and underwent a one on one in depth interview.

An interpretation of the text of each participant's life story revealed six essential themes:

1. Sense of Emotional Safety
2. Sense of being free from a potential pregnancy

3. Feeling supported by family and friends
4. Connections built on trust and communication
5. Regard for self through self esteem and self confidence
6. Sense of having goals

After further reflection upon the six essential themes, an interpretive statement was developed “These teenagers experienced a sense of emotional safety, support by family and friends, trust and connection with family, friends and healthcare providers, and self-confidence resulting in the opportunity to develop life goals and feel strongly motivated to be free from pregnancy.” The Theory of Planned Behavior was found to be consistent with the essential themes and interpretive statement, which were derived from the participants’ narratives.

Acknowledgements

I would not have been able to complete my dissertation without the guidance of my committee members, faculty, help from friends and familial support.

To my advisor, Dr. Carol Roye who exemplifies the high quality scholarship to which I aspire. She provided timely comments and evaluation during every step of this process. Her knowledge of and commitment to the adolescent population has inspired me to continue research in this area. I thank you so much for every second you spent reading my work!!

I am deeply grateful to the members of my dissertation committee. Dr. Keville Frederickson, your expertise in the area of phenomenology is to be commended. Thank you for inspiring me and for being the expert that you are. Dr. Heidi Jones, thank you for your Public Health insight. It was truly a pleasure having you as part of my committee! Dr. Alicia Georges, you enlightened me on health disparities from the very beginning of my doctoral studies. I thank you so much for that. Thank you also for helping me fit that information into my dissertation. Dr. Ingrid Walker, your knowledge and love of the Pediatric patient is amazing!! Thank you for your solid input throughout this process!

Many thanks to the faculty of the CUNY Graduate Center Nursing program who shared their knowledge and continue to help me as I began my role as nurse researcher. Thank you to Dr. Lunney, Dr. Malinski, Dr. Nickitas and Dr. Jeffries for not only teaching me how to write, but for making it enjoyable as well. To Dr. Gigliotti, thank you for helping me gain a better understanding of statistics. Thank you Dr. Martha Whetsell for helping me realize that I wanted to do a qualitative study. To Dr. DiCicco-Bloom, thank you for teaching me how to be an

effective interviewer. Thank you to the Nursing Department staff, most especially Sheren Brunson and Melanie Donovan.

To my friend, Regina Cardaci, thank you for the many semesters of support and laughter. May we continue to have a lifelong friendship. We did it!

To my dear friend, Heather Gibson, you have truly been an inspiration. Thank you so much for your continued support.

Many thanks to Mr. Daryl Johnson, Director of the community health clinic, for supporting and welcoming my research.

I am forever indebted to the seven participants of this study. Thank you for sharing your most intimate stories with me. You are truly an inspiration to other young ladies. Thank you, thank you, and thank you!!

Dedication

It is with my genuine gratefulness and warmest regard that I dedicate this work to a number of people for without them this work would not have been possible.

To my mother, Elizabeth Johnson, who has been a major source of inspiration and encouragement since the beginning of my existence. You have always told and shown me how important it was to be an educated woman. Thank you for nurturing and supporting me throughout my life and for instilling the importance of hard work. I hope this piece of work makes you proud!

To my dear husband, Bernard, who has been my rock for the past 18 years. Thank you for supporting my decision to return to school and for being there for me as some of life's challenging moments took place.

To my children, Mariah and Marcus, for being the best children anyone could ask for. Everyday I learn as you learn. Your innocence and eagerness to make yourself better is to be commended. You both make mommy very proud. I hope that when you read my contribution to the world I make you proud as well.

I love you all more than you can ever imagine!

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Chapter I

Aim of the Study

The silver subway train, with a large, white letter A on the front, quickly pulls into a station. The force of the wind as it approaches causes a slight loss of balance. Once the train stops and the doors open, passengers get on. The seats in the train car are orange and yellow, and the car is fairly empty with only three other people sitting on the train. We are all sitting in orange seats. I focus on the young girl sitting across from me and to my right. She appears to be in her second trimester of pregnancy. She has a trigonometry textbook on her lap and is reading Baby Talk Magazine. This young girl is wearing a pair of tightly fitted denim pants and a black tee shirt that has a white heart on the front. Her pregnant abdomen is exposed as the length of her shirt does not reach her waist. The doors close and the train moves quickly in the dark tunnel with a yellow light seen every few seconds out of the windows. The train slows down as it enters the next station stop. Another young girl gets on with a baby in a stroller. She sits next to the other young girl and they kiss each other on the cheek. The baby looks to be a few months old and appears to be observing his or her surroundings. The second young girl says to the first “Oh Tayja, I see you not studying for the trig test?” Tayja replies “I was studying before you got on. How about you?” The young girl with the baby in stroller says “I ain’t had no time for that. The baby been crying a lot at night. I think she teething or got the colic. If she don’t get better by the end of the week, Imma take her to the clinic.” When she mentions taking the baby to clinic, I immediately say to myself “Is she bringing the baby to our clinic? Am I going to see the baby?” The two are quiet for a couple of station stops with Tayja reading her magazine and the other looking at her phone. Shortly before the train pulls into the next station stop, the young girl says to Tayja “Alright girl, I’m getting off. I gotta get stuff with my WIC checks. See you in school.” Tayja says “Okay” as she rubs her stomach. She and her baby get

off of the train and are standing on the platform as the train pulls out of the station. Tayja resumes reading her magazine occasionally rubbing her abdomen as she turns the pages. The train picks up speed again and jerks as it moves through the tunnel to the next stop. After exiting the train, many questions go through my mind. What will happen with the trigonometry test? What will happen with Tayja's pregnancy and baby? What is going through the mind of Tayja as she goes through this pregnancy? How does she feel about this pregnancy and what factors in her life led to this? Additionally, I asked myself how would a girl around their same age who had never been pregnant view the same scene. What would be going through her mind?

Introduction

The rate of teenage pregnancy in the United States (US) is the highest in comparison to other developed countries. (World Health Organization, 2011) Nearly 750,000 teens aged 15-19 years old become pregnant each year in the US (The Guttmacher Institute, 2011), and approximately 400,000 give birth yearly (CDC, 2012); however in 2012, the teen birth rate decreased to 305,388 among girls aged 15-19 years (CDC, 2014). The U.S. teen pregnancy, birth, sexually transmitted infection (STI), and abortion rates are substantially higher than those of other Western industrialized nations (CDC, 2012). Despite the decrease in teen pregnancy since 1991, approximately one in three adolescents become pregnant before reaching the age of twenty (MacKay, 2011). The teen pregnancy rate in the US is nearly ten times higher than that of Japan and the Netherlands and twice as high as many other developed countries (Parks, 2012).

Teen pregnancy rates peaked in the US in 2006 but have been showing a steady decrease since then, while still remaining higher than other countries. The birth rate for teens in the US increased 5% from 2005 to 2007 and most of this increase occurred in 2006 (CDC, 2009) when 750,000 women younger than 20 years became pregnant. The pregnancy rate was 71.5

pregnancies per 1,000 women aged 15–19, and pregnancies occurred among about 7% of women in this age-group. The teen birthrates among 15-19year old females have decreased about 6% from 2011 (31.3 per 1000) to 2012 (29.4 per 1000) (CDC, 2014). While birth rates decrease, the exact reason is not clear. The data suggest that teens may not be having sex as frequently and those who are sexually active may be using contraception more than in previous years (CDC, 2014; Domenico & Jones, 2007). The U.S. teenage pregnancy rate in 2006 increased for the first time in more than a decade, rising 3% (Guttmacher Institute, 2010). Since that time, the teen pregnancy rate has steadily decreased to 57.4 per 1000 for girls aged 15-19 years (Kost & Henshaw, 2014). Pregnancy rates for Black and Hispanic teens continue to be well above the national average at 99.5 and 83.5 per 1000 in 2010 (Kost & Henshaw, 2014).

The trend of teen pregnancy rates in the US is reflected in New York City (NYC), although NYC has higher rates than the national average. For example, in 2005, the teen pregnancy rate among adolescents in NYC aged 15-19 years was 85.4 per 1,000 females, while the US rate among the same group was 70.6 per 1,000 females. There is no clear reason as to why the rate is so high in NYC (New York City Department of Health and Hygiene, 2009; CDC, 2011). Although there was a drop in the teen pregnancy rate in NYC to 81.1 per 1000 females in 2009, this rate is still above the national average (New York City Department of Health and Hygiene, 2011). Additionally, the rates in 2011 fell to 69.2 per 1000 in NYC which was a dramatic decrease (New York City Department of Health and Hygiene, 2013). National and NYC data also showed that Non-Hispanic Blacks and Hispanics have had higher teen pregnancy rates than White Non-Hispanics and Asian & Pacific Islanders from 1997 – 2007. In 2007, the pregnancy rates for Non-Hispanic Blacks, Hispanics, White Non-Hispanics, and Asian & Pacific Islanders were 122.1, 113.9, 25, and 20.8 per 1000 females respectively (New York City

Department of Health and Hygiene, 2009). The teen pregnancy rate in Brooklyn, among females aged 15-19 years, rose to 85.9 per 1000 females in 2009 from 81.7 in 2008 (New York City Department of Health and Hygiene, 2011).

Within NYC, Brooklyn and the underserved neighborhood under study have the highest rates. The teen pregnancy rate of girls aged 15-19 in the underserved neighborhood under study was at its highest in 2001 with a rate of 148 per 1000 females (New York City Department of Health and Mental Hygiene 2011). There was a steady decline until 2009 when the rate was 142.4 per 1000 females. At that time the teen pregnancy rate in this neighborhood was the highest among the five boroughs (New York City Department of Health and Mental Hygiene 2011).

From 2007-2009, Brooklyn ranked second to the Bronx for adolescent pregnancy rates among this city's residents. However, the underserved neighborhood under study was shown to have the highest adolescent pregnancy rate among all NYC neighborhoods with a rate of 134.7 in 2007 and up to 142.4 per 1000 females in 2009 (New York City Department of Health and Hygiene, 2009 & 2011). This neighborhood is one of the most impoverished neighborhoods in the nation with over 30% of the residents living below the federal poverty level (New York City Department of Health and Hygiene, 2009). The percentage of people living below the poverty line in this same neighborhood is greater than the percentage living below poverty in both Brooklyn overall and NYC. More than 19% of adult residents in this community are uninsured. (New York City Department of Health and Hygiene, 2009) Consequently, the residents of this community are at risk of not getting needed health care, leading to poor health outcomes (Kaplan, Madden, Mijanovich and Purcaro, 2012). This is especially true for the youth of this community who make up more than 30% of its population.

The literature suggests that factors associated with adolescent pregnancy include low socio-economic status, being raised by a single parent, being a child of an adolescent parent, poor school performance, low aspirations, and being part of a large family (Herman, 2006; Lawlor & Shaw, 2002; Kegler, et al, 2011).

Aim of the Study

The aim of this phenomenological qualitative research was to gain a deeper understanding of the lived experiences of sexually active never-pregnant African American adolescent females living in a poor urban underserved neighborhood. These teens were seen as positive deviants as they have deviated from a common health concern – a teen pregnancy.

The study sought to listen to the stories of never pregnant African American female adolescents and to illuminate the meaning of sexual activity and avoiding pregnancy. Additionally, the study sought to help nurses better understand the context of pregnancy avoidance as verbalized by the participants. This group was chosen because they exhibited behavior considered to be positively deviant, which is being sexually active females who have never been pregnant. The main goal was to encourage these teens to share their intimate experiences so nurses can understand what it is like for them; what these experiences mean and identify common themes that can explain their positive behaviors. This aim was to contextualize the experience of pregnancy avoidance among teens who live in a high-risk area and gain insight into the interactions that support positive deviance with this vulnerable population. The question guiding this phenomenological study was:

1. What is the lived experience of pregnancy avoidance in sexually active never pregnant African American female teen residing in a poor urban neighborhood?

By identifying themes from the experiences of the adolescents with regards to teen pregnancy and its avoidance, this study directly addressed the United States Centers for Disease Control and Prevention's (CDC's) Healthy People 2020 objectives to: a. improve the healthy development, health, safety, and well-being of adolescents and young adults and b. improve pregnancy planning and spacing, and prevent unintended pregnancy. (Healthy People 2020, 2011) Themes derived from the interviews have the potential to provide insights into the lived experiences of these never pregnant teens who are sexually active.

Phenomenon of Interest

This phenomenological inquiry focused on the experience of what it is like to be an African American sexually active female teen who has never been pregnant, in a neighborhood with a very high teen pregnancy rate. To understand this phenomenon, the data were the stories as told by the teens about intimacy. For the purpose of this study, sexually active teens who were females aged 15-19 years of age who have engaged in penile-vaginal sexual intercourse and had never been pregnant were interviewed.

The current research examined more closely this group of teens and what it meant to them to avoid a pregnancy. Phenomenological in depth qualitative interviews were conducted because of their unique ability to broaden our understanding of human experiences and their meaning.

Justification for Study of the Phenomenon of Choice

Adolescent childbearing confers adverse consequences on the adolescent, the baby and society (Gilbert, Jandial, Field, Bigelow, and Danielsen, 2004). For example, adolescents living in poverty who have babies are very likely to remain living in poverty for years. Adolescent mothers are less likely to become high school graduates, and are more likely to require public

assistance for themselves and the baby, than their peers who delay childbearing (Parks, 2012; Holmlund, 2005). Children of adolescent mothers are more likely to be born at low birth weight, to have health and developmental problems, and to be abused and/or neglected (Gilbert, Jandial, Field, Bigelow & Danielsen, 2004). This has a direct impact on the public cost of adolescent pregnancy which amounts to an estimated \$1.29 billion annually in lost tax revenues, public assistance, health care, and other costs (MacKay, 2011). With minimal education and little, if any, workplace experience, adolescents are not equipped to succeed and support a family. This leads to serious financial burdens on society (MacKay, 2011). Furthermore, children of adolescent mothers are more likely to have negative social outcomes including becoming pregnant as adolescents, and having lower academic achievement. (CDC, 2012)

A good way to understand this phenomenon of pregnancy avoidance is to talk with teens who have been able to avoid getting pregnant. They are the ideal informational source to initially understand what is going on in their world. The current study, through interviews with sexually active never pregnant adolescents, aimed to 1. Allow the teens to tell their unique stories and 2. Illuminate the meaning of their pregnancy avoidance thus far.

Phenomenon Discussed Within A Context

The setting in which pregnancy avoidance was examined is nursing practice within an urban family health center setting that is part of a larger network of health care centers. This network of healthcare centers is located in different communities where many of the patients are uninsured. In addition, there is a large number of patients who are considered working poor. Over 75% of the patients served have incomes that are below the federal poverty level. Although the family health centers provide comprehensive care, a large part of their services

provided in this neighborhood centers on sexual health care including family planning services and prenatal care.

The population of this poor underserved neighborhood in Brooklyn are younger than the population of the borough and city overall. Seventy-five percent of the people living in Neighborhood X are ages 0-44 years. Of these, 45% are 24 years old or younger. This percentage is higher than the 37% of people living in Brooklyn who are in that age range. In addition, 34% of the overall city population is 24 years old or younger. African Americans make up 50% of Neighborhood X's residents. In comparison, African Americans make up 34% of Brooklyn residents and only 24% of the overall city population. Additionally, only 8% of residents in Neighborhood X aged 25 years and older have college degrees. Over 20% of the population aged 25 years and older have college degrees in this borough and city. More than 30% of all Neighborhood X residents live below the poverty level. Again, these numbers are higher than those in Brooklyn (25%) and New York City overall (21%) (NYC Department of Health and Mental Hygiene, 2006; 2010)

Poverty can be viewed as a determinant of teenage pregnancy (Oke, 2004). Neighborhoods where many of the residents live below the poverty level can be seen as a breeding ground for teen pregnancy because poverty tends to create an environment that lacks resources and support. Additionally, some female teens may perceive a pregnancy as a way of bringing meaning to their life (Oke, 2004). Adolescent perceptions about teen pregnancy will be further discussed in Chapter 2.

Teen pregnancy is an epidemic that has impacted youth throughout the boroughs and neighborhoods of NYC. The justification for examining pregnancy avoidance in nursing

practice is the need to understand how sexually active female teens have avoided a pregnancy while living in a neighborhood that has a high pregnancy rate. By adapting the practices of these teens within this community, the hope is that new interventions can be developed to decrease the teen pregnancy rate in this area.

Justification for Using Qualitative Research

The current study used the phenomenological approach as phenomenological research is designed to explore the phenomenon as lived by the participant. The participant is viewed as the expert (van Manen, 1990). The concerns about adolescent pregnancy rates and their negative outcomes have led to attention in the media as well as numerous studies on this topic. Quantitative studies have collected numerical data from which researchers have been able to draw conclusions about ways to prevent adolescent pregnancy. Although quantitative research provides a great deal of information about the subject at hand, it does not provide an in depth or nuanced understanding of the perspectives and experiences of adolescents who are experts in this area. Furthermore, quantitative research is limited to questions the researchers ask and the hypothesis they propose to test. It does not allow investigators to tap into other cogent issues that may be at the heart of participants' experience but are not recognized by the researcher.

There is limited research investigating the perspective of sexually active female adolescents about experiences that may contribute to their opinions on pregnancy prevention and other factors related to their successful avoidance of pregnancy. Additionally, there has been no research on pregnancy avoidance among sexually active, never pregnant African American females residing in a poor urban area from their perspective. Using a phenomenological qualitative approach, this study aimed to provide a beginning understanding of never pregnant sexually active African American female adolescents living in such a poor urban community.

This study was designed to illuminate the phenomenon of African American teens that are sexually active and not pregnant while living in this poor underserved neighborhood.

Biases and Assumptions

A researcher's assumptions play an important role in the research process. It is important that assumptions and biases be identified prior to the start of the research. I have not had experiences living in a neighborhood where almost half of the residents live below the federal poverty level nor did I experience being a pregnant teenager. I do, however, remember my mother being extremely protective during my teenage years. I recall hearing about a particular neighborhood that my mother said was off limits to me. It was considered unsafe at the time; however a friend from my block would frequent that area often. My friend would always tell me that she liked hanging out in that area because "there are more people who look like us there". This was at a time when our neighborhood was becoming predominantly White. My mother raised me to be a leader and not a follower. Her words "Don't follow people; some people will steer you in the wrong direction" have stayed with me and I now pass those same words to my teenaged daughter. My friend, who chose to hang out in this area, subsequently had two children before her 19th birthday.

Being an African American teenager is a challenge that can be easily compounded by living in a poor neighborhood. Though most teens do not want to get pregnant, some do and some are ambivalent. My bias is that all teenagers, regardless of their race, ethnicity or socioeconomic background will take adequate measures to prevent a pregnancy given proper access to and education about contraceptives.

Relevance to Nursing

Further insight into pregnancy avoidance is not only relevant to those nurses in clinical practice, but for all nurses who interact with youth. It may affect how nurses interact with, teach and prepare their teenaged patients when it comes to their sexual health. This insight can, therefore, affect how nurses shape the relationship they have with their adolescent patients. In community health care clinics where nurses are employed, it is the nurse who often is most likely to see these teens. With the knowledge gained from this phenomenological study, nurses and other healthcare providers will be better prepared to actively listen to the voices of this vulnerable group and understand their experiences. With the utilization of a holistic approach such as phenomenology, information was gained about all aspects of the teen's experiences. Nurses are in a position of trust and teens may be more willing to share their stories and be more receptive to health teaching with nurses than with other health care professionals (Minnick & Shandler, 2011). Furthermore, the data obtained will help nurses and other health professionals understand the experiences of these young girls living in an underserved neighborhood and how these teens have been able to avoid a pregnancy.

Chapter Summary

The chapter began with an introduction to the problem of teen pregnancy among African American teens and those in the neighborhood where the data were collected. Teen pregnancy, while a health concern in the US, is an even more significant concern in this neighborhood. Teen pregnancy brings with it some negative health and social outcomes for young women and their children. This study aimed to explore and gain a deeper understanding of the experiences of never pregnant sexually active African American female teens about pregnancy avoidance. In addition, the researcher has stated the assumptions and biases of the study.

CHAPTER II

Evolution of the Study

Historical Context

This chapter will present a review of the literature on adolescent pregnancy in the United States. It will begin with a brief history of teen pregnancy in the US. This history is followed by a short description of adolescent development according to different theorists, a discussion of the literature addressing outcomes of adolescent pregnancy and perceptions of teens about adolescent pregnancy.

History of Teen Pregnancy in the US

Teenage pregnancy has been an increasing concern for the past thirty years, but for more than three centuries, teen pregnancy and the issues surrounding it have been a societal concern in the US (Domenico & Jones, 2007). It was not unusual in Puritan communities for female teens to be wives and mothers. Farber (2003) contended that in the 19th century there was a decrease in premarital pregnancies partially attributed to increased self-control due to church participation.

It was during the 1960s when teen pregnancy became a real social trend. This was a time when teens began having sex at an early age and the girls did not want to get married to legitimize the birth of the child (Domenico & Jones, 2007). There was an overall 50% increase in the adolescent birth rate in the 1960s. In addition, the number of births by girls aged 15-19 quadrupled from 1960-1992 (Domenico & Jones, 2007). The researchers did not distinguish between teen pregnancy rates per se and teen pregnancy rates amongst unwed girls.

Poverty and Teen Pregnancy

Teens living in impoverished neighborhoods are more at risk of becoming pregnant during their adolescent years than other teens (Domenico & Jones, 2007). Many unmarried adolescent mothers live in impoverished neighborhoods and the likelihood that their children will grow up in poverty is high (Domenico & Jones, 2007). For some African American female teens, becoming pregnant is a way to become a woman when they are faced with few educational and job opportunities (Winters & Winters, 2012). In addition, teen pregnancy is more likely to be peer accepted in poor neighborhoods (Winters & Winters, 2012).

Adolescent Development

In the following section, the definition of adolescence put forth by several major developmental theorists will be described. The World Health Organization (WHO) (2012) identifies adolescence as the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19. It represents one of the critical transitions in the life span and is characterized by a tremendous increase in the pace of growth and change that is second only to that of infancy. Many adolescents face pressures to use alcohol, cigarettes, or other drugs and to initiate sexual relationships at earlier ages than previously, putting them at high risk for intentional and unintentional injuries, unintended pregnancies, and infection from sexually transmitted infections (STIs) (WHO, 2012)

Erickson - Identity vs. Role Confusion

Adolescence, which is defined by Erikson (1964/1986/1993) as occurring between the ages of 12-19 years, is the transition from childhood to adulthood. This stage of development

can be the most challenging. During adolescence, youth are faced with a rapidly growing body and the anticipation of adult tasks in the future.

They “are now primarily concerned with what they appear to be in the eyes of others as compared with what they feel they are, and with the question of how to connect the roles and skills cultivated earlier...” (Erikson, 1964/1986/1993 p. 261)

Piaget - Formal Operations Stage

According to Piaget, in the final stage of cognitive development (from age 12 and beyond), children begin to develop a more abstract view of the world. Thoughts during this time become logical and abstract. During this stage of formal operations, children are able to generate and evaluate outcomes based on their experience (Miller, 2011).

Freud - Genital Stage

The final stage of psychosexual development begins at the start of puberty when sexual urges are once again awakened after latency. According to Freud, through the lessons learned during the previous stages, adolescents direct their sexual urges onto opposite sex peers; with the primary focus of mutual gratification (Nye, 2000). It is at this stage that teen pregnancy becomes an issue.

Disparities Related to Adolescent Pregnancy

A health disparity, according to Healthy People 2020, is defined as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability;

sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion” (U.S. Department of Health and Human Services, 2013)

Teen birth rates declined for all races including Non-Hispanic African American youth in 2010 (CDC, 2012). While exact reasons for the declines are not clear, it appears that it could be related to the fact that fewer teens are sexually active, and more of those who are sexually active appear are using contraception, including long-acting contraception, than in previous years (CDC, 2012). Despite these declines, substantial disparities persist in teen birth rates, and teen pregnancy and childbearing continue to carry significant social and economic costs (CDC, 2012). In addition, the literature does not indicate definitive factors that have influenced the teen birth rate decline. Therefore, it is now more than ever important to understand the experiences of teens who are not getting pregnant.

Non-Hispanic Black youth, Hispanic/Latino youth, American Indian/Alaska Native youth, and socioeconomically disadvantaged youth of any race or ethnicity experience the highest rates of teen pregnancy and childbirth. US teen birth rates in 2010 were 55.7 and 51.5 (per 1000 girls aged 15-19 years) among Hispanics and African Americans respectively compared to 23.5 among Whites (Martin, Hamilton, Ventura, Osterman, Wilson and Mathews, 2012).

Access to care may also have a role in poor outcomes for sexually active teens. Access to healthcare includes factors such as barriers and facilitators to care, availability of care, patient satisfaction and quality of care (Parrish et al, 2008). The researchers found that Blacks are more likely than Whites to be diagnosed with sexually transmitted infections at a clinic or an emergency room (Parrish et al, 2008). Because of the high diagnosis rate at clinics, researchers

suggest that Blacks are more likely to receive regular care at a clinic or emergency room rather than a private medical office than their White counterparts (Parrish et al, 2008). Parrish et al. (2008) further divided barriers to healthcare access into individual level barriers and barriers related to the health system. Individual level barriers include poverty, lack of a regular healthcare provider, and the health seeking behaviors of the individual. Health system barriers include lack of minority providers in minority communities, lack of provider availability, perceived actual mistreatment of patients, and lack of cultural competence. (Parrish et al, 2008; Harden, A., Brunton, G., Fletcher, A., and Oakley, A. 2009). Black adolescents and Hispanic youth are more likely to lack a primary care provider; thus they use emergency rooms as a form of primary care (Healthy States, 2007). The use of an emergency room for primary care diminishes the possibility of having a trusting relationship with their health care provider (Healthy States, 2007).

Maternal and Child Outcomes of Teen Pregnancy

Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children. Teen pregnancy accounts for nearly \$9-11 billion per year in costs to U.S. taxpayers for increased health care and foster care, increased incarceration rates among children of teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers (CDC, 2011) In New York State, adolescent childbearing costs taxpayers an estimated \$421 million yearly in state and city dollars. Many adolescent mothers have a difficult time finding adequate work to support themselves and their child and they are more likely to obtain a low wage job (Domenico & Jones, 2007; CDC, 2011). Furthermore, they are less likely to attend college so that they can obtain a professional job in the future (Domenico & Jones, 2007). This lack of education leads

to a high rate of teen unemployment (Domenico & Jones, 2007; CDC, 2011). Disadvantaged adolescent mothers are more likely to find themselves on public assistance when compared to adolescents in similar socioeconomic situations who delay childbearing (CDC, 2011).

Pregnancy and birth are significant contributors to high school dropout rates among girls. Only about 50% of teen mothers receive a high school diploma by 22 years of age, versus approximately 90% of women who had not given birth during adolescence (CDC, 2011). The children of teenage mothers are more likely to have lower school achievement and drop out of high school, give birth as a teenager, and live in poverty as a young adult (Basch, 2011; Hotz, McElroy & Sanders, 2005). In addition, children of adolescents are more likely to have poor educational aspirations, have lower academic performance and are less likely to complete high school than their counterparts who are born to older parents (Young, Turner, Denny & Young, 2004). These effects remain for the teen mother and her child even after adjusting for those factors that increased the teenager's risk for pregnancy; such as, growing up in poverty, having parents with low levels of education, growing up in a single-parent family, and having low attachment to and performance in school (CDC, 2012).

Furthermore, children of teen parents are more at risk for becoming criminals and committing more violent crimes (Young et al, 2004). In terms of health problems associated with adolescent childbearing, the children of adolescent mothers are more likely to be born with low birth weights related to prematurity (Gilbert et al, 2004; Rosengard, Pollock, Weitzen, Meers, & Phipps, 2006). Because of this, these infants have an increased risk of respiratory immaturity, mental retardation and infant mortality (Gilbert et al, 2004; Rosengard, Pollock, Weitzen, Meers, & Phipps, 2006).

Adolescent Perceptions about Teen Pregnancy

The steady increase in teen pregnancy and birth rates until 1992, has stimulated researchers to ascertain teen's perceptions about the issue. Herman & Waterhouse (2011) did a large descriptive quantitative study of teens' attitudes about teen pregnancy. The sample consisted of 695 teens ranging in age from 14-19 years in a Mid-Atlantic state. The sample was comprised of both male and female teens who identified as White, African-American, Hispanic, Asian, American Indian and students who identified as mixed race. The majority of the sample was White females. The researchers used The Thoughts on Teen Parenting Survey (TTPS) developed from previous qualitative studies regarding teens' thoughts about the impact of adolescent births on their lives in the areas of work and relationships. The participants in the study were not asked their parenting or pregnancy status. The results suggest that youth of lower income had more positive perceptions about teen pregnancy as compared to teens from higher income families. In addition, adolescents who had a parent or sibling who were teen parents also had positive perceptions of adolescent parenting. Furthermore, African American and Hispanic teens were found to have more positive perceptions than their White and Asian counterparts. From the results of the research, family structures that can lead to positive teen pregnancy perceptions were identified. These family structures include teens with parents and siblings who were adolescent parents and those who came from a single parent household. Consequently, identifying these individuals may allow for targeted interventions to prevent adolescent pregnancy.

Another study that focused on adolescent perceptions of teen pregnancy looked at the effects of a one session intervention on teens' perceptions about pregnancy. Minnick & Shandler (2011) did a study of 126 high school students, grades 9-12, from four public schools in

Washington County, Maryland. The mean age of the participants was 15.5 years. The majority of the participants were White (85.7%) and 14.3% non-White. There was no breakdown with regards to the race of the non-White students. Males made up 51.6% of the group, while females made up 48.4%. The goal of this pre-test/posttest design study was twofold. First, the researchers aimed to determine whether or not changes in adolescent perceptions of pregnancy were possible after a one-session intervention program. Second, they aimed to determine whether or not males and females experienced the intervention program differently. The primary speakers of the program were two teenaged mothers. The researchers hypothesized that the teens would have improved understanding of health risks associated with teen pregnancy and labor, would have an improved understanding that having a baby does not hold a relationship together and lastly, that teens would have an improved understanding that having a baby as a teen does not alleviate feelings of loneliness and isolation (Minnick & Shandler , 2011).

Prior to hearing the teen mothers talk about their experience, the participants were asked to complete a pretest. The pretest asked three questions and the students were asked how much they agreed with the three statements. The three statements were as follows:

1. “Pregnancy and labor are easier for teenagers than adults because they are young and healthy”.
2. “Having a baby with your partner will keep your relationship together”.
3. “Becoming a parent helps the loneliness and isolation so many teens feel” (Minnick & Shandler, 2011 p. 244).

Immediately following the talk by the teen mothers, the students were asked how much they agreed with the same three pretest statements. Data analysis showed that each of the three hypotheses was supported. The perception of the adolescent changed in all three areas. After the one session intervention, the males appeared to have more of a change in their perceptions than girls. This could have been due to the fact that the male participants started the study with

greater misconceptions about teen pregnancy than their female counterparts. (Minnick & Shandler, 2011). A huge limitation of this study is the use of immediate post-tests and no long term follow up.

Herman (2008) conducted a qualitative focus group based study of 120 high risk teens aged 12-19 years in the state of Delaware. Teens were considered high risk for pregnancy either by self report, demographics or referral. The participants were mostly female (n=78) and 68% were African American. During the focus group sessions, teens were asked to share information about their lives and stresses and about costs and rewards of teen births including potential interventions to prevent teen pregnancy. Four of the 10 focus group questions pertained to pregnancy prevention. The data revealed that teens reflected on the costs and rewards of teen births from personal perspectives and from the lives of their peers. Although teens had some positive perceptions with regards to teen births costs and rewards, they were outweighed by the negative perceptions.

Experiential Context

The source of this area of interest comes from both personal and professional experiences. Personal experiences include growing up with girls who were sexually active and became teen mothers. Subsequently, their daughters became teen mothers as well. The care of the pediatric and adolescent population has always been my focus. Since becoming a Registered Nurse in 1995, I have always taken care of this population of patients.

Professional experiences that deepened my passion for teen pregnancy began in 2000. At this time, I began my career as a Family Nurse Practitioner and provided care part time in a clinic in an underserved neighborhood. The majority of the caseload was adolescent girls

seeking sexual healthcare i.e. pregnancy tests, birth control and occasionally routine physical exams. When I provided prenatal coverage for a period of one year, I noted that the majority of the patients were unmarried teenagers. Currently, I work very closely with the teen population educating them about safe sex practices, providing treatment for Sexually Transmitted Infections (STIs), educating about and providing family planning services and referring for prenatal care. I am fascinated by their openness regarding their sexual experiences and behaviors. By conducting this phenomenological research, my aim was to understand and illuminate the experience of the never pregnant African American female teen in an urban underserved area and better understand the context of teen pregnancy avoidance. Additionally, the research may help develop steps that might be helpful in decreasing the currently high rates of teen pregnancy.

Chapter Summary

This chapter described the developmental stage of adolescence and the historical context of adolescent pregnancy avoidance. The negative sequelae of adolescent pregnancy were discussed. The experiential context of the researcher was also discussed in that there is a preexisting interest and current clinical practice in the area of teenage sexual health.

CHAPTER III

PHENOMENOLOGICAL METHODOLOGY

Introduction to the Phenomenological Method

This study explored the meaning of the experience of never pregnant, sexually active African American female teen living in an underserved area. This chapter will describe the phenomenological approach and the van Manen method for data analysis.

Phenomenology is a movement that began in Germany just before World War I and it can be considered both a research method and a philosophy (Dowling, 2007). This philosophical method of inquiry focuses on consciousness, and the experience of humans; that is what is it like for the human to live the experience (Connelly, 2010). According to van Manen, phenomenology “is a project of sober reflection on the lived experience of human existence – sober, in the sense that reflecting on experience must be thoughtful, and as much as possible, free from theoretical, prejudicial and suppositional intoxications” (van Manen, 2007 p. 11). Finlay (2009, p.474) asserts that “the central concern of phenomenological research is a return to embodied, experiential meaning, to seek fresh, complex, vivid descriptions of a ‘phenomenon’ (a human experience in all its complexity) as it is concretely lived.” There are two main approaches to phenomenological research: descriptive and interpretive (also called Hermeneutics) (Connelly, 2010).

Edmund Husserl (1859 –1938) was a German philosopher and mathematician and is considered the founder and father of the 20th century philosophical school of phenomenology. Husserl believed that consciousness was the condition of all human experience therefore he defined phenomenology as the science of human consciousness (Husserl, 1999) This school is

considered the first school of phenomenology and it is called descriptive or Husserlian phenomenology (Dowling, 2007). According to Husserl, human experiences should be examined as they had value for scientific study (Lopez & Willis, 2004). Husserl further contended that this scientific method of study was essential to bring out the lived experiences of humans (Lopez & Willis, 2004). A key component of Husserlian phenomenology is the necessity for the researcher to shed all prior knowledge about the lived experience under study.

Bracketing, also called phenomenological reduction, is a major component of descriptive phenomenology. The basis for bracketing is to allow the researcher to maintain some type of objectivity and be able to reach original awareness (Dowling, 2007) and occurs when the researcher is asked to put aside all of his or her own biases and beliefs regarding the particular phenomenon that is being studied (Wojnar & Swanson, 2007). On the other hand, with interpretive phenomenology, researchers do not bracket. They do identify their assumptions and biases and write about their experiential context. The researcher must be aware of these biases and any effects they can potentially have on the study (Connelly, 2010). Since this study used interpretive phenomenology, biases and assumptions were discussed in detail as well as experiential context and notations made in a journal following each interview.

Heidegger (1889-1976) was a successor of Husserl. Heidegger's school of phenomenology was called Hermeneutics (from the Greek god Hermes who was responsible for interpreting messages between the gods) or interpretive phenomenology (Lopez & Willis, 2004). Heidegger believed that studying and understanding the human being went beyond concepts and essences (Wojnar & Swanson, 2007). He also believed that human beings are interpretive and are able to find meaning in their own lives. Hermeneutics goes beyond the descriptive

phenomenology of Husserl to looking for meanings that are embedded in the human experience (Lopez & Willis, 2004) Looking for meanings can not be done, however, if we separate them from the contexts that influence their choices in life (Dowling, 2007)

Heidegger disagreed with Husserl's belief in the importance of bracketing. Heidegger believed that it was important for the researcher to actually reflect on his or her own past experiences rather than try to consciously set aside biases and preconceptions (Wojnar & Swanson, 2007). Heidegger felt that beliefs and or biases should not be eliminated and that the emphasis was primarily on understanding the phenomena. He believed that prior understanding helped with interpretation of the phenomenon (McConnell-Henry, Chapman and Francis, 2009). Husserl actually wanted to describe the phenomenon where as Heidegger in addition to describing wanted to interpret the phenomenon that was being studied. Heidegger's focus was on illuminating and interpreting the details of the lived experiences of the human (Lavery, 2003)

van Manen and Merleau-Ponty were successors of Husserl and his school of phenomenology. Merleau-Ponty built on the works of both Husserl and Heidegger. He believed that phenomenological researchers must be aware of their assumptions and biases rather than attempting to bracket them out completely. Like Heidegger, Merleau-Ponty believed that in order to truly understand a phenomenon, we must not only describe but interpret the human experience (Dowling, 2007).

Merleau-Ponty defined phenomenology as "the study of essences; and according to it, all problems amount to finding definitions of essences" (Merleau-Ponty, 1945/1962 p. vii). True philosophy according to Merleau-Ponty is "relearning to see the world" (Thomas, 2005 p. 65). He encourages us to view the world with opened eyes; thus being able to re-experience the

world. Phenomenological inquiry, according to Merleau-Ponty was a way of getting to the true nature of the lived experience. Merleau-Ponty further asserted that phenomenology is an attempt to describe a phenomenon as it is and not a causal explanation. It is through lived experience that we find true meaning and understanding of life (Merleau-Ponty, 1945/1962). He believed in the benefits of humans connecting with other people.

Merleau-Ponty asserted that people are connected through “knots of relations”. These relations include all people in the world that we come in contact with throughout our lives (Thomas, 2005). It is through the experiences with this world that humans learn about themselves. Humans are believed to travel together in their journey of life and the paths of humans intersect like a knot along this journey (Merleau-Ponty, 1945/1962).

Merleau-Ponty’s philosophical belief is beneficial to this study in that it sought to illuminate the meaning of the experience of never pregnant, sexually active African-American female teen. My goal was to understand their experience as they live it. Merleau-Ponty’s methodology and van Manen’s method of phenomenological research guided and facilitated this process.

van Manen’s Method of Phenomenological Research

The research method used for this study was based on van Manen’s (1990) techniques. These techniques are based on Merleau-Ponty’s phenomenological framework. According to van Manen (1990), there is not a set procedure to analyze phenomenological data. Instead there is interplay of six research activities:

1. turning to a phenomenon which seriously interests us and commits us to the world
2. investigating experience as we live it rather than as we conceptualize it

3. reflecting on the essential themes which characterize the phenomenon
4. describing the phenomenon through the art of writing and rewriting
5. maintaining a strong and oriented pedagogical relation to the phenomenon
6. balancing the research context by considering parts and whole (p. 30-31)

The first step was turning to a phenomenon that seriously interests us and commits us to the world. This has to do with the deep questioning of a particular phenomenon. In the case of the current study, the researcher was interested in learning about the experiences and perceptions of never pregnant African American female teens residing in this underserved area with regards to pregnancy avoidance.

The second step, investigating experience as we live it rather than as we conceptualize it means that the researcher must understand that the personal experience of the participant is the starting point. We, as researchers, must be aware of what the participant considers to be her world. In the current study, the researcher attempted to understand the world of never pregnant teens as it relates to the avoidance of pregnancy.

van Manen (1990) describes the third step as characterizing the phenomenon using themes. According to Van Manen (1990, p. 87) a theme “is the experience of focus, of meaning, of point...is the form of capturing the phenomenon one tries to understand”. Van Manen (1990) offers three ways of isolating themes from phenomenological data:

- a. Wholistic approach - the researcher seeks to obtain an overall meaning of the data
- b. Selective approach - the researcher looks at phrases or sentences that stand out in the data.
- c. Line by line approach – the researcher does a thorough line by line examination of the data.

This step of identifying themes leads the researcher to the next step of writing and rewriting.

The fourth step as discussed by van Manen (1990) requires the researcher to attempt to describe the phenomenon being studied through the art of writing and rewriting. This process of writing allowed the researcher to bring to life the words of the participant. In this current study, it was the role of the researcher to bring to life the words of these never pregnant female adolescents.

The fifth step of manipulating a strong and oriented pedagogical relation to the phenomenon, means that the researcher will remain focused and have an ongoing awareness of the phenomenon being studied. In the sixth and final step, the researcher's focus was on balancing the research context by considering parts and the whole.

For this study, I attempted to reduce the effects of biases and preconceptions about teen pregnancy and pregnancy avoidance to allow me to view each participant's story as unique. To assist in this process, I have addressed my assumptions and biases and also used a journal during the data collection phase. The journal was used to document ideas, responses or feelings that emerged during the interviewing process. The van Manen method of analyzing phenomenological data provided the structure needed to identify themes and elements that are critical to the phenomenon as experienced by the participants of this study.

Chapter Summary

This chapter presented the definition of phenomenology. Phenomenology as described by Husserl, Heidegger and Merleau-Ponty was also presented. A description of van Manen's method of phenomenological research was also presented.

Chapter IV

METHODOLOGY APPLIED

This chapter will discuss the application of the phenomenological research method that was used in this phenomenological study. The aim of this study was to explore the meaning of the lived experience of sexually active, never pregnant African American female adolescents living in an urban underserved neighborhood through the use of interviews where they tell their story. This chapter includes a detailed review of the sample, gaining access and data collection. In addition, a detailed review of the process of data collection and the formation of themes, essential themes and the integrated statement based on van Manen's research method will be presented.

Description of the Method

Sample

For this study, the selection of the participants followed the perspective of the positive deviance (PD) approach (Fowles, 2006). The PD approach contends that the resolutions to some community problems may actually exist within the community (Fowles, 2006). Utilizing this approach, it is the goal of the researcher to identify what behaviors some at-risk individuals engage in that allow them to have better outcomes than their equally at risk counterparts (Fowles, 2006). The PD approach first emerged in the 1960's and was originally used in the area of nutrition and has since been effective in the area of adolescent obesity as well (Fowles, 2006).

Fowles (2006) proposes six steps of the PD approach 1. Define the problem, perceived causes, and community norms; 2. Identify individuals in the community who already exhibit the desired behavior; 3. Discover the unique practices/behaviors that enable those positive deviants to find better solutions to the problem than do other people in the community; 4. Design and implement interventions that enable others in the community

to access and practice new behaviors; 5. Determine the effectiveness of the intervention; and 6. Disseminate the intervention more widely.

The current study used step two of the PD approach to obtain study participants. It looked at pregnancy avoidance from the perspective of never pregnant sexually active African American female adolescents. Purposive sampling was used because the participants were young women who were best able to provide information about the phenomenon being studied because they have experienced the phenomenon. The target population for this study was sexually active never pregnant African American females aged 15-19 years old. This age group was chosen as it aligns with how data are reported for teen pregnancy by national and local organizations. Participants were recruited from a community health center in the neighborhood under study. Flyers were posted in the community health center by the Teen Social Worker to recruit the participants. There was no need to use the snowball technique because a sufficient number of prospective participants responded to the flyer.

Setting

The community health center is a not-for-profit health center providing medical, pediatric, geriatric, prenatal care, postnatal care and supportive services to residents and nonresidents of this urban neighborhood. The clinic is opened Monday through Friday from 9am to 5pm. Saturday hours are 9am to 4pm and there are no clinic hours on Sunday. The clinic's population is predominantly African American congruent with the predominantly African American community in which it is located. The majority of the patients seen at the clinic have Medicaid as their insurance.

Eligible participants for this study met the following inclusion criteria:

1. African American

2. Sexually active as an adolescent - have engaged in penile-vaginal sexual intercourse
3. Self-reported as never pregnant and living in this underserved neighborhood
4. Accessing health care in this underserved neighborhood
5. Females aged 15-19 years old
6. Able to speak and read English

Gaining Access and Participant Recruitment

A flyer (Appendix B) describing the study was posted on the Teen News bulletin board of the community health center. The center's social worker directed the teens to the board and the flyer. This social worker interviews all teens who come to the clinic for a family planning visit. The flyer provided the inclusion criteria for the study, an email address (mjenkins1@gc.cuny.edu) and phone number (347) 460-1097 for prospective participants to utilize to obtain more information about the study. The flyer included the fact that study compensation of a \$20 gift card would be provided. The center's social worker directed interested teens to call the number listed on the flyer. The researcher obtained a voicemail number for use during the recruitment process.

If the teen sent an email, the researcher emailed her back asking for a functioning telephone number to reach the prospective participant. Via telephone, the researcher provided more information about the study and determined whether or not the teen met eligibility criteria. Eligible females scheduled an appointment to meet with the researcher. Eligible participants, who agreed to participate, were informed that the interview would be tape-recorded and that a signed consent for taping would be necessary. After the researcher determined that the eligible participants agreed to participate in the study, a meeting was arranged to further discuss the study

and obtain consents (Appendix E). All participants were offered the opportunity to meet at the clinic in the conference room or a private place that both the researcher and participant agreed upon. One day prior to the meeting, the researcher gave the eligible participants a reminder telephone call.

Research Setting

The research setting for this study was a community health center in an underserved area of Brooklyn. Participants were recruited from this site, but the interviews occurred in a location outside of the clinic that was agreed upon by the researcher and the participants. Each participant chose convenient days and times for the interviews. These were convenient for both the participants and the researcher. The interviews took place over a four month period. All participants chose the name of a precious gem as a pseudonym. In addition all names of friends and family were changed to provide anonymity. Any data that might reveal the identity of a participant was modified to avoid any potential identification of the participants. A total of seven persons participated in this study; after the sixth interview saturation was reached and an additional participant was interviewed to verify that saturation was reached.

Data Collection

Consents were obtained from the participants prior to study participation. A demographic questionnaire (Appendix C) was administered prior to the in-depth interview. This questionnaire consisted of 17 questions, including educational level, current employment status and insurance. The demographic questionnaire was completed in less than fifteen minutes. The participants were asked basic demographic questions and other questions about themselves. The demographic questionnaire was developed by the researcher to confirm the participant's status as

a sexually active African American female teen living in the underserved area of Brooklyn. The questionnaire included a question about pregnancy status to ensure that the participant had never been pregnant and was not currently pregnant. The in-depth interview took place following completion of the questionnaire. Interviews with open-ended and clarifying questions were conducted on a one-on-one basis at the convenience of both the researcher and the participant.

After introductions and some general small talk, data to illuminate the meaning of the phenomena, sexually active, never pregnant African American adolescents living in an underserved neighborhood, was elicited by asking the introductory question:

Please tell me what it is like when things get intimate. Be as detailed as possible.

I asked the participants to share their story with hopes of obtaining descriptions of a typical day and describe interactions with family and friends; including sexual behaviors. Probing questions were used for clarification for example “tell me more.” According to van Manen, life stories “may be used as a means for exploring and gathering experiential narrative material that may serve as a resource for developing a richer and deeper understanding of a human phenomenon” (van Manen, 1997, p. 66). As I listened to their life stories, I found that in fact, this process was “vehicle to develop a conversational relation with a partner about the meaning of an experience” (van Manen, 1997, p. 66). The partner in this case is the research participant.

The demographic questionnaire and the interview were completed in approximately 90 minutes. Each interview was audiotape-recorded and subsequently transcribed verbatim by the primary researcher. The names of each participant were changed to that of one of the twelve birthstones. The sampling ceased when saturation was reached, which occurred after 7

interviews. I knew I reached saturation when no new information was emerging from the interviews of the participants.

Human Subjects Considerations

The Director of the community health center provided verbal and written permission for the study to be conducted there. In addition, the Institutional Review Board at City University of New York (CUNY) The Graduate Center and the community health center provided approval for the proposed study. Study participants were provided adequate time to ask questions regarding the study and consent process. Consistent with New York State law and the recommendations of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research parental consent was not required. Therefore, consent was sought from the study participants and not from parents. According to New York State Law, adolescents can receive reproductive health care without the knowledge or consent of their parents. The laws are: NY Civ. Prac.L.&R. § 4504(a) (McKinney 1997 Supp.); NY Comp. Codes R. & Regs. Tit. 8 § 29.1 (1995); and N.Y. Educ. Law § 6511 (McKinney 1985). In addition, in virtually every state, minors are authorized to consent to diagnosis and treatment for sexually transmitted diseases. In New York State the law is: N.Y. Pub. Health Law § 2306 (McKinney 1993). Further, the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research suggested that it is not reasonable to require parental permission if the research is designed to identify factors related to certain conditions in adolescents for which they may legally receive treatment without parental consent. Participants were informed that if they would like their parents to know about the study, flyers would be provided for the parents. There were no requests from parents.

The participants were also provided with information regarding the purpose of study, study procedures, risks and benefits of the study, study costs, participant compensation, voluntary participation and withdrawal and participant confidentiality. Participants were informed that if they became very upset or appeared to be unable to handle information disclosed, they would be referred to the social worker onsite or a qualified counselor for immediate evaluation. A listing of local counselors and/or mental health providers was also offered. Participants were also informed that they would be provided with a \$20 gift card even if they chose to stop participating in the study before the interview was complete.

Confidentiality

When the consents were signed, by the participants, they were assigned a name utilizing the list of the twelve birthstones (diamond, ruby, sapphire, opal, pearl, amethyst, turquoise, emerald, topaz, peridot, garnet and aquamarine). During the interview, the teens were addressed by their gem name so that their real names were not used. In addition, any names of friends or family members that were used by the participants were changed during the transcription process to protect the identity of all. We met at a mutually agreed upon place such as a private room at the local library. Each of the participants declined usage of the community health center for the interview stating that they did not want the staff to know that they were participating in the study. All materials related to the study including consent forms, questionnaires, recordings and transcripts were kept in a locked safe in the researcher's home and the safe's combination is known only by the researcher. Upon verifying each transcription, the recordings were destroyed and hard copies of each interview secured, maintaining participant confidentiality. Upon study completion, all materials will be retained for three years. After the three years, all of the materials from the safe will be shredded.

Chapter Summary

This chapter described the van Manen methodology that was used to conduct research exploring the lived experience of never pregnant sexually active African American female teens' living in an urban underserved neighborhood and their opinions on ways other teens can also avoid pregnancy. Furthermore, this chapter discussed research questions and the rationale for the research design chosen. The population, sampling procedure and identification of the way in which data were collected and stored was discussed. Additionally, the researcher discussed human subject considerations and confidentiality for the participants. The data analysis and theme development process is discussed in the following chapter.

Chapter V

FINDINGS OF THE STUDY

The purpose of this study was to uncover the lived experience of sexually active never pregnant African American female teens living in an underserved neighborhood. Seven female teenagers were interviewed for the study. The interviews were each transcribed and analyzed by the investigator using van Manen's methodology of phenomenology. Each participant was asked "tell me what it is like when things get intimate. Be as detailed as possible." During these interviews, the life stories of each participant unfolded and I interpreted them and transformed the interpretations into meaningful text.

Each interview was transcribed by the researcher who then reflected upon the transcribed narratives while listening to the recordings multiple times in order to understand the narratives and interpret the meaning for each participant. Holistic reading of the transcripts was the first approach used to obtain the overall meaning of the participants' lived experience. In order to ensure that I would be able to capture the context of each participant's experience, I also read the noted observations about the interview in my journal. In addition, I wrote about my thoughts and feelings after each interview. For example, I remember crying on my way home after hearing one of the participants discuss her rape experience. This journaling allowed me to document my responses during and after the interviews.

After reflecting upon and interpreting the experiences of these young girls, I organized them by meaning units and then into initial themes. After further reflection, I synthesized the initial themes into essential themes by reading and rereading the transcripts and pondering the relationship among the themes. Finally, I formulated an interpretive thematic statement based on the linkages among the essential themes. The final interpretive statement represents my view

from the participants' narratives of the lived experience of sexually active never pregnant African American female teens living in this underserved area.

As I reviewed the life stories of these participants, I noted individual meaning phrases that captured the fundamental meaning of pregnancy avoidance among these teenaged girls. I also reflected on them for saturation. Secondly, I reviewed and reflected upon the entire transcript for saturation of fundamental meanings, thematic statements and then reflected on the initial themes from the meaning units. Subsequently, I was able to derive essential themes from the initial themes which had emerged. Finally I developed the interpretive thematic statement that described the lived experience of sexually active never pregnant African American female teens by linking the essential themes together into a statement.

Study Participants

Flyers were posted at the community health center and 13 potential participants responded to the posted flyer. After telephone screening, seven met study criteria which included being African American, females aged 15-19 years old currently sexually active - have engaged in penile-vaginal sexual intercourse, never pregnant and living in neighborhood X, accessing health care in the same area and able to speak and read English. Six teens who did not live in the neighborhood under study were not eligible. The study participants ranged in age from 15 to 19 years of age. All participants were currently in school either in high school or in college. In addition, all of the participants had more than two lifetime sexual partners. The overall demographics of the teens who participated in the study are presented below in Table 1.

Table 1: Demographics of Participants

| Name | Descent | Age in years | Being Raised by | Grade | Total # of Partners | Contraception used |
|----------|-----------|--------------|---|---------|--|---|
| Diamond | Southern | 15 | mother | 10 | >2 | Condoms and cervical discharge method |
| Sapphire | Southern | 18 | mother | College | >2 | Condoms, oral contraceptive pills, Plan B |
| Opal | Caribbean | 19 | Both parents | College | 3 | condoms |
| Ruby | Southern | 15 | Lives with mother, but father is involved | 9 | 4 <ul style="list-style-type: none"> Raped at age 13 years old | Condoms and withdrawal |
| Pearl | Southern | 16 | Both parents | 10 | 3 | condoms |
| Emerald | Southern | 17 | Mother | 12 | 3 | condoms |
| Topaz | Southern | 16 | Mother | 10 | 3 | condoms |

Study Findings

Participant Experiences

Diamond

Diamond is a 15 year old who is currently in the 10th grade. She is African American of Southern United States (US) descent. Diamond is being raised solely by her mother. She has had more than two male sexual partners and uses condoms inconsistently and uses the cervical discharge method as her means of contraception.

Diamond and I met in a coffee shop near closing time. There were only two other people besides us inside. To ensure privacy, we sat in the back in a corner. The two other patrons left shortly into our interview leaving us alone in the shop for the duration of the interview.

Diamond appeared a bit shy at first, a little hesitant with her answers and didn't make much eye contact. She became more comfortable and made more eye contact as she began to reflect on her most recent sexual experience and sharing her relationship with her friends. Her voice volume fluctuated as she told her story.

Diamond described her most recent sexual experience as a "quickie" as she needed to get back home.

Well it was Saturday afternoon. It was actually a quickie because I needed to get home before my mother got in from work. She works a second job on the weekends. Usually we have some time for foreplay and stuff but that day there wasn't much time for that. We were both kind of horny so we met up.

She also mentioned that she had to remind her boyfriend to put on a condom that day.

"He got on top and tried to put it in. I reminded him to put a condom on cause I wasn't trying to get pregnant. He put it on then he put his thing in me."

Further into the interview, Diamond remarked that she tells her friends about her sexual experiences and has not shared with her mother that she is sexually active. She verbalizes that her mother would be disappointed if she knew she was having sex.

Oh yeah so I only talk to my close friends about my sex stuff. Really I only tell one person EVERYTHING. The other two I tell them some stuff. You know you don't want too many people in your business. People tend to start rumors about you and I don't want to be a part of that. I have a really good friend Janae who I tell all my stuff to. Me and her share all of our stories with each other. She is the only one. She knows all of my stuff. I mean ALL of my stuff. She is very trustworthy. I have told her things and have not heard it come back to me from someone else. She knows that I trust her and I assume she trusts me too.

She (my mom) would be so disappointed to know that I was having sex. She always tells me that I should save my virginity for that special someone. She told me that I could get diseases if I have sex and also get pregnant. So, I am not saying a word to her. I want to sometimes, but then I say no to myself. I get scared. I just don't want to let her down and I know if she finds out, she is going to be let down.

Sapphire

Sapphire is an 18 year old who is currently in college. She is African American of Southern US descent. Sapphire is being raised solely by her mother. She has had more than two male sexual partners and currently uses condoms (mainly with those she has no feelings for), oral contraceptive pills (OCPs) and occasionally Plan B as her means of contraception. We met in a meeting room at the library. The room had a glass window near the door opening. Sapphire sat with her back to the door while I faced her and the glass window during the interview.

Upon entering the library meeting room, Sapphire sat down very comfortably at the table. She was very quick with her responses and willing to give information. She was very talkative and open. Sapphire talked about who she shares her information with regarding her sexual experience:

Well, there are two types of ways I get intimate. The most common way for me involves no feelings no connections, no kissing or cuddling. It's just vaginal intercourse and

occasional oral sex. (Pause) This type of intimacy **always** occurs with a condom and I'm on birth control pills. This type is quick and for the sole purpose of pleasure. I walk in the room almost knowing what's going to occur, it's mostly planned on my part. There is only enough foreplay to get me wet and him hard. Nothing extra. I have nothing to lose if we don't like the experience...we just won't hook up again. (Pause) The second way I get intimate is when I actually have feelings for the person. I like the person. It's not fast nor too slow. We kiss and cuddle. There's lots of foreplay involved. Sometimes we don't use any condoms but I am still on birth control pills. It almost always occurs with a person I claim as my significant other. It's messy, there's oral sex involved. It's the best feeling.

When asked who she shares her information with regarding her sexual experiences,

Sapphire remarked

I usually tell my closest friends about some of my sexual experiences. Sometimes they're funny or just random or good and I want to share the stories with them. It's similar to a good joke, no one wants to keep that to themselves. I usually only tell the sexual experiences that occur with guys I have no feelings with. My experiences between me and my boyfriend are between us. No one else knows, well now you know. I don't want anyone to know our business. That's private.

Sapphire also considers herself to be very cautious and aware of her body. She attributes this to part of why she has not gotten pregnant thus far. She says

I haven't gotten pregnant so far because I am very cautious and aware of my body and contraceptives. I am well informed about birth control methods and take care of my body. If I have unprotected sex, I often take plan B afterwards. I make sure to visit the clinic every other month and get tested. If I'm at school I go to Planned Parenthood or the school clinic. When I'm home I come to this clinic. I have no desire to be pregnant right now. I mean that I have done research and I listen to the people at the clinics. I hear what they have to say about the normal things about your body. I know the signs of diseases and I pay attention to my body. I don't want diseases or kids. I don't listen to my friends when it comes to that. They don't know anything more than me.

Opal

Opal is a 19 year old who is currently in college. She is African American of Caribbean descent. Opal is being raised by both her mother and father. She has had three male sexual partners and uses condoms as her means of contraception. We had our interview in a side room

at her friend's beauty shop. This was Opal's only free day and it was going to be quiet at the beauty shop since the interview was taking place before business hours.

Initially, Opal seemed to hesitate a bit with her answers, but once we began to talk about her sexual experience, she opened up.

It was a weekend home visit from school. I was stressed out from my class load and needed downtime. We went out and had fun then decided to go back to his place. From there we talked for a while and progressively with touching one another. The touching led to other things and us having sex. There is always foreplay. It wouldn't be complete if there was no foreplay. We always touch and caress each other. There is also oral sex involved. Usually he starts it and then we end up doing it to each other at the same time. Sometimes I come before he puts his penis in then I come again once he goes in. He usually doesn't come till he goes inside plus I don't allow him to come in my mouth. He can come anywhere else but not my mouth. The oral sex leads to penetration of course.

When asked who she talks to about her sexual experiences, she reflected

I usually talk to one of my best friends. She started before I did and I feel that she will understand my standpoint and would not judge. I also tell some stuff to my female cousins. I talk to my mom too, but I don't tell her any details. I tell those people because I feel as though I can trust them and also that they won't judge me.

Ruby

Ruby is a 15 year old who is currently in the 9th grade. She mentioned that she had gotten left back in the 7th grade. She mentions that in addition to her current 9th grade work, she is also doing some 10th grade work. Ruby lives with her mother, but states that her parents raise her together.

Ruby and I met at a local library in a private meeting room. The door of the room remained closed throughout the entire meeting to ensure privacy. Ruby sat directly across from me and immediately sat back in the chair. She seemed relaxed and anxious to tell her story.

Ruby made eye contact with me for the most part. There were occasional times when she would

look up at the ceiling as she was getting a thought together. She appeared to have to search for the appropriate words to talk about her experiences.

Ruby candidly described her intimate moments and most recent sexual experience with her boyfriend. She reflected on her most recent sexual experience recalling that she made the call to initiate the experience. In her words, “my most recent experience was a couple of days ago. It was just before my period came. I get really horny when my period is near. So I called my boyfriend and told him that I wanted to see him that day. He immediately said “oh you must be getting your period.” While reflecting on her recent sexual experience, Ruby began to recall her rape experience.

Ruby openly told the story about her rape and what she remembered:

We live in a big building you know and like I said I had a quite a few friends. They all lived in the building with me so we would go to each other’s house and things. So one day my mom tells me to go to my friends house to get some rice cause she ran out. I left the house and was waiting for the elevator but it was taking too long. She only lived 3 floors up so I figured I would just run up the stairs cause it would be faster than waiting for the elevator. So I ran up two flights and was going up the third. Out of nowhere I was knocked to the ground and he pulled up my skirt ripped my panties and did his business. When I think back I wonder why I didn’t scream. I was just in shock and couldn’t believe it was happening I guess. When he finished he just left me and ran down the stairs. He didn’t go all the way down cause I heard a door close. I just got up and went to my friend’s house. I was scared that he was gonna come back with friends to do a railroad on me. I don’t remember too much after getting to my friends house. I remember I was bleeding and I remember my mom saying it was going to be ok. I remember being in the hospital and all these people coming to talk to me. The cops, the nurses and doctors. I remember when they told me that they got the guy and he admitted to it. So there was no court or nothing. He just went to jail. I remember them giving me medicine just in case he gave me a STD or something.

Ruby talked about her inconsistent use of contraception saying “We sometimes use condoms and we sometimes do pull out. Nothing major”. She stated “Hmmm...lucky I guess. I

guess it hasn't been my time" when asked why she thought she had not gotten pregnant thus far.

Ruby's other reasons for not being pregnant were

I think it's cause I'm strong. I been through a lot and God has a plan for me. He knows I deserve better. I'm not suppose to get pregnant now. God and I have plans for me. I been doing better in school so I can get out just a year later than normal. I wanna go to a good college. I'm good with science so maybe something in health. But also since I got raped when I was young, I want to help other people who went through what I did or something like it. You know like a Psycho doctor. They do therapy. A psychotherapist. That's what I want to be.

Ruby further reflected on the influence her parents have on whether or not you do or don't get pregnant during your teen years. She described their co parenting skills.

My mom has a lot of influence. She would not be happy if I got pregnant. She would be so disappointed. Oh my God. It would be like her world crumbling down if I got pregnant now. First a rape then me get pregnant. No that's not gonna work. She works long hard hours so that we can have a decent place to live. And she went to the school and talked to them. So now I'm going to be getting some 10th grade work along with my 9th grade work. I can't let her down and get pregnant. But I'm still not going to use any hormone things. I will just keep taking condoms from the clinic. The ones from there don't make me itch, but the ones my boyfriend gets do. He (her father) and my mom aren't together. I mean they were never married or anything but they have raised me together in two different households. We all don't live together, but they get along and raise me together.

Pearl

Pearl is a 16 year old who is currently in the 10th grade. She is African American of Southern US descent. Pearl is being raised by both of her parents. She has had three sexual partners and uses condoms as her means of contraception. Pearl and I met in the library meeting room on a cool day. Pearl walked in bundled and seemed a bit rushed as she was a few minutes late for the meeting. She was able to settle in and reflect on her experiences.

We usually go out somewhere together like the movies, a place to eat or just walk around. We usually end up back at his house. That's usually where we have sex. It usually doesn't happen at my house. Either one of my parents or my cousin are always home.

My boyfriend usually comes over to the house but we never have sex there. That happens at his house. He lives in an apartment with his mom. She works a lot so she is hardly home. We can basically go to his house anytime as long as I can get out of the house. My parents are kind of strict, so sometimes it's hard for me to get out of the house. I have to be home right after school. So sometimes I go to his house during my frees and we have sex then I go back to school. He goes to a different school and gets out of school earlier than me.

When asked why do you think you have not gotten pregnant thus far, Pearl remarked

Besides the fact that I make sure we use condoms, I think it's because I take precautions to prevent from getting pregnant. I make sure we use condoms cause I don't want any babies. My parents would kill me and I would lose their trust forever. They expect so much from me and I expect a lot from myself. I want to finish school and go to college and be something. I use condoms all the time. No exceptions. My cousin has this saying and I use it too. No glove, no love. Also, I do my research and I have people to talk to. My mom and aunt always talked to me and my cousin about caring for ourselves and making sure we make the right decisions in life. They always talked to us about boys and sex as we got older. So I always felt comfortable asking questions if I had any about boys and stuff.

Pearl recalled that the Nurse Practitioner and other staff members the clinic taught her about contraception.

She stated "I mean they told me all about the condoms and dental dams and things. The Nurse Practitioner there always talks to me about not doing something that I don't want to do when it comes to sex. Making sure that I am in control of my body and things. They teach you about life too not just about protection. You know what I mean? I know that the protection stuff they tell me is really important to know cause I don't want to get pregnant right now. I'm in no position for that. That can't happen.

Emerald

Emerald is a 17 year old who is currently in the 12th grade. She is African American of Southern US descent. Emerald is being raised solely by her mother. She has had three male sexual partners and uses condoms as her means of contraception. We met in a local library meeting room. Emerald arrive early so was sitting outside of the private meeting rooms when I arrived.

Emerald was relaxed and appeared to be very comfortable throughout the interview. She described how she and her boyfriend hang out and have sex mostly on the weekends.

Sometime we take the train down to the Promenade and walk on there. In the summer we go to Coney Island a lot. Even if we don't have money to go on the rides and things we just walk around and watch other people. After we go out, we come back and go to his house. Well more like his mom's apartment. We go straight into his room and listen to music and watch TV. We start kissing and touching each other. The next thing you know we are all over each other.

We have sex at his place for the most part. And we do it on weekends only. We are both busy during the week so we only see each other on the weekends. We talk to each other every day for hours at night but we don't see each other till the weekends. My mom likes him and his mom likes me so that is pretty good. There is no tension there you know?

Emerald further explains that she and her boyfriend are both busy during the week because of school obligations for her and work obligations for him. She also talks about wanting to do well in school and wanting to please her mother.

It works fine for me and he has not complained about it. He works after school at McDonald's and I am busy during the week with school. My mom is strict and expects a lot so I have to make sure that I get my school work done. For the most part I come home right after school unless I do my volunteer work that day. When I get home I do my homework and study. My mom wants me to do good in school and so do I. She always told me that I didn't have to work like my friends do because getting a good education was my job. And she said that as long as I keep doing good in school that I could do other things like go out with friends and stuff. I'm fine with that because I know it's tough raising me by herself. It can't be easy. I want mom to stay pleased with me. I do good in school and I don't cause any trouble. People are always telling her what a good kid I am. A lot of girls my age are into the wrong stuff and I just can't be bothered with that crowd. Mom and I are really close too.

When Emerald was asked about her contraception use during oral and vaginal sex she said:

We don't use anything when we do oral sex. We use condoms though for sexual intercourse. We tried the dams before cause I got them free from the clinic but I didn't like the feeling. Actually there was not much feeling so I said forget it. And the same for the condoms when I do oral sex on him. I know it protects from diseases and stuff but we get tested every 3 months or so just to be safe. We go to the clinic together and get tested together. We have always been good.

Emerald recalls that there were many people at the clinic who taught her things that have helped her avoid a pregnancy.

There are so many people. Everybody you see talks to you a little about staying safe and stuff. The nurse gets you to ask you why you are at the clinic that day. She asks you all about your sexlife and asks you if you are having protected or unprotected sex. She gives you a paper all about protection and she gives you condoms and lots of other things like dental dams and lube. Oh yeah and the female condoms too. I see the Social Worker too and on my first visit she showed me how to put on a condom. She had a dildo in her office and she also had a plastic vagina. It was kind of weird but it showed how to make sure a condom was on right. They show and tell you everything at the clinic so teenagers really shouldn't be getting pregnant if they pay attention. But they do anyway. I don't want that to happen to me so I make sure we have condoms and he puts it on.

Topaz

Topaz is a 16 year old who is currently in the 10th grade. She is African American of Southern US descent. Topaz is being raised by her mother. She has had three male sexual partners and uses condoms as her means of contraception. Topaz and I met at the local library also. She knew one of the librarians who allowed us to use the children's room which was not reserved for the next few hours. Topaz sat very confidently in her chair and maintained very good eye contact throughout. She spoke a lot with her hands as well. When I asked her if she were having sex with her boyfriend, she answered with a very strong "yes I am". After that, she had no problem reflecting on experiences. She reflected on her most recent sexual experience with her boyfriend and recalled that she had to remind him to use a condom.

"I reminded him to put a condom on cause I wasn't trying to get pregnant. He put it on then he put his thing in me. He knows I don't want to get pregnant."

Topaz was asked if there was anything else she worried about if she and her boyfriend didn't use a condom.

I used to worry about diseases when we first started doing it. But now I don't worry about that as much. For one I know he is not cheating on me. And two you can treat or

cure a disease. Pregnancy doesn't go away. I wouldn't get an abortion either. So I better not get pregnant. You can hide having a disease. No one will ever know until you tell them. A pregnant belly is really hard to hide. People will look at me funny. Well no everybody.... Mostly my mom's friends and stuff. They all know how hard she works so they would look at both of us funny. Me for getting pregnant at my age and her wondering how she let me get pregnant. So because I have no intentions of getting pregnant I don't have sex a lot. Also cause I'm busy a lot. I take dance classes and stuff so I don't have that much time to hang out with him. We hardly see each other but when we do we do it.

Thematic Analysis

After I transcribed the interviews, I reviewed each of the transcripts again while listening to the audiotape. This was to make sure that the transcriptions were accurate and to remind me of incidents that were particularly poignant and/or emotional. Once the initial review of the transcripts was complete, I attempted to contact the participants via telephone to set up another meeting so that they could read the transcripts for accuracy. The numbers used were those from the initial telephone screening. Of the seven participants, I left two voicemail messages and the participants did not call back. When a second attempt was made days later, the numbers were no longer accepting messages. Three of the participants agreed to another face to face interview and two I interviewed via telephone. No new information was obtained and all verified accuracy of the interviews.

Each transcript was read a second time using a holistic approach and I searched for the fundamental meaning of the text (van Manen, 1997). I made notations in the margins of the transcripts to identify the fundamental meaning groups for the seven adolescent girls. Each fundamental meaning group was assigned a specific highlighter color. The fundamental meaning groups were identified as: 1) safety, 2) communication, 3) contraception, 4) relationships, 5) connecting, 6) listening, 7) having goals, 8) lack of desire to get pregnant, 9) regard for self.

Subsequently, each transcript was read a third time using the selective reading approach. I identified phrases that reflected the fundamental meanings (van Manen, 1997) and then highlighted them in the color that corresponded to the fundamental meanings. I reflected carefully on these phrases and grouped them by their corresponding fundamental meanings. The raw data of the fundamental meaning groups and phrases are in Appendix G.

The line by line approach was then used to reflect upon each phrase. Each transcript was read for a fourth time. I asked “what does this sentence reveal about the phenomenon?” (van Manen, 1997 p. 93) then the phrases were clustered according to the associated fundamental meanings. I reflected on these clustered groups and looked for any redundancy, saturation and overlap. After each analysis of the transcripts, I wrote about my impression of themes in my journal. Finally each clustered group was reduced to initial themes. The raw data of the meaning phrases and the initial themes are in Appendix H.

After identifying the initial themes derived from the teenage girls, I examined and compared them for any overlapping ideas. Again using the line by line approach, I was able to exclude incidental themes. The themes of pregnancy avoidance derived from these teens were grouped with the corresponding fundamental meanings as depicted in Table 2.

Table 2: Grouped Fundamental Meanings and Initial Themes

| Meanings Units | Initial Theme |
|---|--|
| <p>“All teens should have a place to go where people will listen to them and take care of them”.</p> <p>“All teens should have a place to go where people will listen to them and take care of them”.</p> <p>“...I learned how to look at my discharge and check to see if I’m fertile.”</p> <p>“If they don’t have anybody at home, then they can get hooked up at clinic or Planned Parenthood.”</p> <p>“Visit a local clinic...”</p> <p>“Since they are having sex, they need to make sure that they visit Ob/GYN or clinic on a regular basis.”</p> <p>“I think all teens ...need to find someone at a clinic or Planned Parenthood or something.”</p> <p>“There should be more clinics in the neighborhood.”</p> <p>“We go to the clinic together.”</p> <p>“I was the first one to get hooked up at the clinic.”</p> <p>“Nurse ... gives you a paper about protection..”</p> <p>“Social worker...showed me how to put on a condom.”</p> <p>“I think there should be more places for teens to go.”</p> <p>“I got to the clinic to see the nurse and doctors.”</p> <p>“I get the condoms from the clinic.”</p> | <ol style="list-style-type: none"> 1. Having a place that offers help without judgment 2. Having a facility where you feel comfortable and there are professional resources providing contraceptive resources: teaching and supplies |

Table 2: Grouped Fundamental Meanings and Initial Themes (continued)

| | |
|--|---|
| <p>“I only talk to my close friends about my sex stuff.”</p> <p>“I usually tell my closest friends about some of my sexual experiences.”</p> <p>“I usually talk to one of my best friends.”</p> <p>“I also tell some stuff to my female cousins.”</p> <p>“I talk to my mom too but I don’t tell her any details.”</p> <p>“I think every girl ... needs to have someone to talk to.”</p> <p>“Whatever I had a question about, I could always ask my mom or older cousins or something.”</p> <p>“I do my research and I have people to talk to.”</p> <p>“My mom and aunt always talked to me and my cousin about caring for ourselves...”</p> <p>“They always talked to us about boys and sex...”</p> <p>“I always felt comfortable asking questions...”</p> <p>“We (she and mom) talk about anything and everything.”</p> <p>“She is a cool mom.”</p> <p>“Make sure you have someone to talk to about sex.”</p> <p>“Mom and I are really close too.”</p> <p>“I talk to my friends and my mom of course.”</p> <p>“I have three great close friends that I talk to about everything.”</p> <p>“I tell my best friend Nicole everything.”</p> <p>“Mom and I talk about stuff, but no details of the sex.”</p> | <p>3. Communication with family and friends who I feel comfortable with</p> |
|--|---|

Table 2: Grouped Fundamental Meanings and Initial Themes (continued)

| | |
|---|--|
| <p>“I reminded him to put a condom on cause I wasn’t trying to get pregnant.”</p> <p>“We use condoms for the most part.”</p> <p>“Like I know teens want to have sex and all, but you have to be smart and protect yourself.”</p> <p>“Sometimes we don’t use any condoms, but I’m still on birth control pills.”</p> <p>“...sometimes I miss an occasional pill.”</p> <p>“If I have unprotected sex, I often take a Plan B afterwards.”</p> <p>“...I use condoms. I’m not on the pills but use condoms most times.”</p> <p>“I have prepared myself and take precautions to prevent from getting pregnant.”</p> <p>“We sometimes use condoms and sometimes we do pull out.”</p> <p>“I’m not putting nothing unnatural in my body.”</p> <p>“I think I’m allergic to some condoms.”</p> <p>“They (clinic) been telling me to use condoms ALL the time.”</p> | <p>4. Protection (Contraception use) – condoms, cervical discharge method, Plan B and oral contraceptive pills (OCP)</p> |
|---|--|

Table 2: Grouped Fundamental Meanings and Initial Themes (continued)

| | |
|---|--|
| <p>“I only tell friends about my sex stuff...”</p> <p>“Mom and I are helping each other get through school. We need each other.”</p> <p>“..lots of females in my life who talked to me...”</p> <p>“my mom and aunts and female cousins always talked to me...”</p> <p>“ lots of females who talked to me about caring for my body...”</p> <p>“ I feel comfortable going to them to ask questions if I have any.”</p> <p>“My mom has a lot of influence.”</p> <p>My parents are kind of strict”</p> <p>“I usually talk to my two best friends.”</p> <p>“I have a female cousin that I tell some stuff to”</p> <p>“I talk to my mom too...”</p> <p>“I’m close to my mom so we can talk about practically anything.”</p> | <p>5. Family who encourage me to care for myself</p> <p>6. Partner support</p> |
| <p>“(Provider) told me all about condoms and dental dams and things.”</p> <p>“The NP there always talks to me...”</p> <p>“They (the clinic staff) teach you about life too...”</p> | <p>7. A place where you feel connected</p> <p>8. Having a person who you feel connected to and you can talk to about sex (best friend, mom, aunt, female cousins and provider)</p> |

Table 2: Grouped Fundamental Meanings and Initial Themes (continued)

| | |
|--|--|
| <p>“All teens should have a place to go where people will listen to them and take care of them”.</p> <p>“...I listen to the people at the clinic.”</p> <p>“I don’t listen to my friends when it comes to that.”</p> <p>“Teens want to be listened to.”</p> <p>“Teens need people who will listen.”</p> <p>“I listened to them..”</p> <p>“Teens need to have a place to go where adults listen to us”</p> <p>“...be able to talk to someone who knows what they are talking about.”</p> <p>“They (clinic staff) are pretty good listeners.”</p> <p>“The docs at the clinic listen to what I have to say.”</p> <p>“They listen to me at the clinic.”</p> | <p>9. Wanting someone to listen to you</p> |
|--|--|

Table 2: Grouped Fundamental Meanings and Initial Themes (continued)

| | |
|--|---|
| <p>“I like school and I think I want to go to college.”</p> <p>“He wants to go to college too.”</p> <p>“I want to finish college and be something.”</p> <p>“I’m in college and want to do something with my life.”</p> <p>“I don’t want to be stuck in this neighborhood.”</p> <p>“You have to sacrifice your plans and your current way of life...”</p> <p>“I been doing better in school so I can get out just a year later than normal.”</p> <p>“I wanna go to a good college.”</p> <p>“I’m good with science so maybe do something in health.”</p> <p>“We are the future and we have to do better.”</p> <p>“I’m in high school and I want to finish, go to college and do something with my life.”</p> <p>“My mom wants me to do good in school and so do I.”</p> <p>“We want to make something of ourselves you know “I want to finish school and go to college and my boyfriend wants to do the same.”</p> <p>“My boyfriend and I both want to do something with our life”</p> <p>“I need to finish school and I don’t just mean high school.”</p> | <p>10. Desire to complete high school</p> <p>11. Wanting to go to college</p> <p>12. Wanting to have a career</p> |
|--|---|

Table 2: Grouped Fundamental Meanings and Initial Themes (continued)

| | |
|--|--|
| <p>“...I wasn’t trying to get pregnant.”</p> <p>“Besides my mother killing me, I don’t want to get pregnant.”</p> <p>“A kid is not in the plan right now.”</p> <p>“I like him but I don’t want any babies.”</p> <p>“I know I don’t want to get pregnant any time soon.”</p> <p>“ I don’t want babies right now.”</p> <p>“I have no desire to be pregnant right now.”</p> <p>“Everyone has their own agenda and pregnancy and a baby are not on my agenda.”</p> <p>“No pregnancies for me right now.”</p> <p>“Every girl should want to be successful and not get pregnant right now.”</p> <p>“I know I don’t want to get pregnant right now”</p> <p>“I make sure we use condoms cause I don’t want any babies.”</p> <p>“I don’t want to be stuck with a baby right now.”</p> <p>“I’m going to get married before I have kids.”</p> <p>“I don’t want any babies right now and neither does Jordan.”</p> <p>“I don’t want any kids now.”</p> | <p>13. No desire to get pregnant</p> <p>14. Not the right time for a pregnancy</p> |
|--|--|

Table 2: Grouped Fundamental Meanings and Initial Themes (continued)

| | |
|---|--|
| <p>“We don’t have time for having babies.”</p> <p>“I need to be able to go out when I want...”</p> <p>“I can’t see myself stuck with a kid.”</p> <p>“I need to take care of me. I don’t have time to take care of a baby.”</p> <p>“Maybe I’m too selfish to have a baby right now. But that’s ok I will be selfish.”</p> <p>“She (mother) is very into herself. No grandkids for her right now.”</p> <p>“I can’t do that with a kid.”</p> <p>“I can’t imagine not being able to do things when I want to do it because of a baby.”</p> <p>Not getting my beauty sleep at night cause the baby is keeping me up. “</p> <p>“I need my rest.”</p> <p>”I need to be able to spend my little money on me.”</p> <p>“I don’t have time for that (having a baby).”</p> <p>“I won’t be able to do the things that I want...I won’t be able to go shopping for me.”</p> | <p>15. Recognition of positive self</p> <p>16. Awareness of what change a baby would bring to their life</p> |
|---|--|

The themes were shared with the participants so that they could validate this summary of the pregnancy avoidance experience. The 5 participants who provided follow up validated this summary and had nothing further to add to the themes. Topaz stated “I like how you were able to come up with safety and the connection stuff. I do think the clinic, my family and friends make me feel safe in some way”. Opal remarked “my goal of being something is the ultimate for me”.

Essential Themes

Determining Essential Themes

To determine the essential themes, van Manen (1997 p. 107) suggests that the researcher “discover aspects or qualities that makes a phenomenon what it is and without which the phenomenon could not be what it is”.

To do this, I used the free imaginative process. van Manen (1997 p. 107) suggests that the researcher asks “is the phenomenon still the same if we imaginatively change or delete these themes from the phenomenon”. I reflected on each of the 16 initial themes using the free imaginative process (van Manen, 1997) as if these themes were changed or deleted from the teen pregnancy avoidance phenomenon. After the 16 initial themes were reflected upon with an expert phenomenological nursing researcher, we determined that themes 1 and 2 could be collapsed into one; themes 3, 5 and 6 could also be collapsed into one theme; theme 4 stands alone; themes 7, 8 and 9 could be collapsed into one; themes 10-14 were collapsed together; themes 15 and 16 could also be collapsed into one theme.

As a result of this process, the following emerged as the themes:

1. Having a place where they feel safe talking about sexual behaviors
2. Free from pregnancy

3. Being supported by family (mostly maternal) and friends.
4. Maintaining connections of trust and enhanced communication.
5. Having a regard for self manifested as self-esteem and self-confidence.
6. Having goals.

These six themes were reviewed with the expert nursing researcher again to determine if refinement of these interpreted themes was needed. After further reflection on these themes with the expert, the themes were re-written to broaden their meaning. This yielded 6 essential themes. The six themes and essential themes are in Table 3.

Table 3: Themes

| Themes | Essential Themes |
|--|----------------------------------|
| <p>The participants felt safe with the clinic staff.</p> <p>Initial Themes:</p> <p>Having a place that offers help without judgment</p> <p>Having a facility where you feel comfortable and there are professional resources providing contraceptive resources (teaching and supplies)</p> | <p>Sense of emotional safety</p> |

Table 3: Themes (continued)

| Themes | Essential Themes |
|---|--|
| <p>The participants felt free from pregnancy.</p> <p>Initial theme:</p> <p style="padding-left: 40px;">Protection (Contraception use) – condoms, cervical discharge method, Plan B and oral contraceptive pills (OCP)</p> | <p>Sense of being free from a potential pregnancy</p> |
| <p>The participants felt supported by family and friends.</p> <p>Initial themes:</p> <p style="padding-left: 40px;">Communication with family and friends who I feel comfortable with</p> <p style="padding-left: 40px;">Family who encourage me to care for myself</p> <p style="padding-left: 40px;">Partner support</p> | <p>Feeling supported by family (mostly maternal) and friends</p> |
| <p>The participants were able to maintain connections of trust and enhanced communication.</p> <p>Initial Themes:</p> <p style="padding-left: 40px;">A place where you feel connected</p> <p style="padding-left: 40px;">Having a person who you feel connected to and you can talk to about sex (best friend, mom, aunt, female cousins)</p> | <p>Connections built on trust and communication</p> |

Table 3: Themes (continued)

| Themes | Essential Themes |
|--|--|
| <p>The participants had a regard for self- manifested as self-esteem and self- confidence.</p> <p>Initial themes:</p> <ul style="list-style-type: none">Recognition of potential selfAwareness of what change a baby would bring to their life | <p>Regard for self through self-esteem and self confidence</p> |
| <p>The participants had goals</p> <p>Initial themes:</p> <ul style="list-style-type: none">Desire to complete high schoolWanting to go to collegeWanting to have a careerNo desire to get pregnantNot the right time for a pregnancy | <p>Sense of having life goals</p> |

Step five of van Manen (1997) methodology states that the written text should be both rich in dialogue to capture the experience of the participant and deep in description that will explore the meaning of the phenomenon. For each of the essential themes, I have provided examples of the phenomenon as experienced by the teenaged participants and the meaning of their experience.

Essential Theme 1: Sense of Emotional Safety

Initial theme 1 “having a place that offers help without judgment”, and 2 “having a facility where you feel comfortable and there are professional resources providing contraceptive resources: teaching and supplies” were condensed and became the essential theme: sense of emotional safety. This essential theme emerged from the fundamental meanings of “safety” and “contraception.” Each participant identified this theme repeatedly in her experiences.

Diamond described her clinic experience stating “the Nurse Practitioner at the clinic taught me how to look at my discharge and check to see if I’m fertile. So far it has been working. It’s pretty cool. Sexually active teens need to know their bodies and they need to know that they should protect themselves. Not only that they should protect themselves but they need to know how to protect themselves. All teens need to have a place to go where people will listen to them and take care of them too”.

Opal remarked “Sexually active females need easy access to get help and to talk to someone. They need to have the right people to talk to who are not going to judge them and people they can trust”. Ruby stated “I think every girl whether they are having sex or not needs to have someone to talk to. Whether we listen to their advice or not, we all want somebody to talk to. And a lot of teens can’t talk to their parents so they need someone like at the clinic. I think all teens whether they are having sex or not need to find someone at a clinic or Planned

Parenthood or something. Somebody they can talk to about whatever and not feel judged. And then if they chose to use stuff other than condoms like pills or something then go to a place they feel comfortable”.

With regards to her clinic experience, Emerald reflected and stated “Everybody you see (at the clinic) talks to you a little about staying safe and stuff. The nurse gets you to ask you why you are at the clinic that day. She asks you all about your sex life and asks you if you are having protected or unprotected sex. She gives you a paper all about protection and she gives you condoms and lots of other things like dental dams and lube. Oh yeah and the female condoms too. I see the Social Worker too and on my first visit she showed me how to put on a condom. She had a dildo in her office and she also had a plastic vagina. It was kind of weird but it showed me how to make sure a condom was on right. They show and tell you everything at the clinic so teenagers really shouldn’t be getting pregnant if they pay attention. But they do anyway. I don’t want that to happen to me so I make sure we have condoms and he puts it on”.

Essential Theme 2: Sense of being free from a potential pregnancy

Initial theme 4 “Protection (Contraception use) – condoms, cervical discharge method, Plan B and oral contraceptive pills (OCP)” was condensed and became the essential theme: sense of being free from a potential pregnancy. This essential theme emerged from the fundamental meanings of “contraception.” Each participant identified this theme repeatedly in her experiences.

Diamond remarked that she reminds her boyfriend to put condom on. “I reminded him to put a condom on cause I wasn’t trying to get pregnant. He put it on then he put his thing in me. I don’t use pills or any kind of chemicals or anything. We use condoms for the most part. I know we should use them all the time but sometimes we forget. You know we kind of get caught

up in stuff and he doesn't put it on and I don't tell him to put it on. I know teens want to have sex and all, but you have to be smart about it and protect yourself. I know. I shouldn't talk cause I don't protect myself all the time. But I know it's what I should be doing."

Sapphire stated "I don't use a condom with my boyfriend cause I'm on the pill. I'm not getting pregnant and I'm not concerned about getting a disease with him. With the other dudes, I wear a condom cause I don't know who else they call for a booty call. You know what I mean? I'm still using a condom. I don't want any diseases or any babies. If I have unprotected sex, I often take plan B afterwards. I make sure to visit the clinic every other month and get tested. If I'm at school I go to Planned Parenthood or the school clinic. When I'm home I come to this clinic. I listen to the people at the clinics. I hear what they have to say about the normal things about your body. I know the signs of diseases and I pay attention to my body. I don't want diseases or kids. I don't listen to my friends when it comes to that. They don't know anything more than me".

Pearl described to me her contraceptive usage "Besides the fact that I make sure we use condoms, I think it's because I take precautions to prevent from getting pregnant. I make sure we use condoms cause I don't want any babies. I'm afraid of needles so that means no Depo for me. For now the condoms are fine. They have been working great so far".

Emerald reflected on her contraceptive decisions "We use condoms all the time. We don't use anything when we do oral sex. We use condoms though for sexual intercourse. We tried the dams before cause I got them free from the clinic but I didn't like the feeling. Actually there was not much feeling so I said forget it. And the same for the condoms when I do oral sex on him. I know it protects from diseases and stuff but we get tested every 3 months or so just to be safe. We go to the clinic together and get tested together. We have always been good".

Essential Theme 3: Feeling Supported by Family and Friends

Initial theme 3 “communication with family and friends who I feel comfortable with”, 5 “family who encourage me to care for myself” and 6 “partner support” were condensed and became the essential theme: Feeling Supported by Family and Friends. This essential theme emerged from the fundamental meanings of “communication” and “relationships.”

Diamond reflected and remarked “I only tell my friends about my sex stuff and now you obviously. I don’t have many friends so it’s not like I have lots of people knowing my business. The people who know about me are around my age or a little older. You know I think you are the first adult that I’m telling about my sex stuff. That’s kind of funny”.

Opal recalled “My mom and aunts and female cousins always talked honestly to me about boys and sex as I got older. I felt comfortable going to them to ask questions if I had any. And as far as me taking precautions, I use condoms. I’m not on the pills but use condoms most times”. When Opal was asked about the important female friends in her life she states “Well there’s my mom of course, my two aunts and my older female cousins. We are a pretty close family of women.” “They always told me to value myself and know that I was important. My mom told me to do the very best in everything. She told me that I was special and I needed to remember that especially when it came to boys. She told me that if I didn’t respect myself it would be hard to demand respect from boys. And if you begin your dating life not demanding respect, it will be hard to get it as you get older. So I listened and I demand respect.

Ruby simply stated “My mom has a lot of influence”. Pearl reflected on her family influence and stated “My mom and aunt always talked to me and my cousin about caring for ourselves and making sure we make the right decisions in life. They always talked to us about boys and sex as we got older. So I always felt comfortable asking questions if I had any about

boys and sex (she and her mother) talk about anything and everything. I actually mentioned to her that I was curious about sex before I actually had sex with the guy. It was great because she made sure I had condoms. It was weird because she knew what I was going to do and the person I was going to do it with. I think my parents have given me values that I need to cherish.

Emerald: (Relationship with mother) means everything to me. She knows that I'm sexually active, and I share everything with her. When I wanted to have sex, I told her about it and she told me to make sure we used condoms. I don't think she was that happy that I wanted to start having sex, but she was happy that I told her before I did it".

Topaz remarked saying "I tell my best friend Nicole everything. I'm close to my mom so we can talk about practically anything. Mom and I talk about stuff, but no details of the sex."

Essential Theme 4: Connections Built on Trust and Communication

Initial theme 7 "a place where you feel connected", 8 "having a person who you feel connected to and you can talk to about sex (best friend, mom, aunt, female condoms)" and 9 "wanting someone to listen to you" were condensed and became the essential theme: Connections built on trust and communication. This essential theme emerged from the fundamental meanings of "connecting" and "listening."

Diamond describes her connections by recalling "Oh yeah so I only talk to my close friends about my sex stuff. Really I only tell one person EVERYTHING. The other two I tell them some stuff. You know you don't want too many people in your business. People tend to start rumors about you and I don't want to be a part of that. I have a really good friend Janae who I tell all my stuff to. Me and her share all of our stories with each other. She is the only one. She knows all of my stuff. I mean ALL of my stuff. She is very trustworthy. I have told her things and have not heard it come back to me from someone else. She knows that I trust her

and I assume she trusts me too. I also think that teens should get hooked up with this clinic because they have a lot of people who are there for us. They help make being a teenager easier.

I would also tell them not to be scared to go to a clinic for tests and condoms and stuff. The clinic people won't tell your parents. I'm so glad that my friend told me to come here. I was scared too. They have some really good people there to teach you stuff you think you already know".

Sapphire remarked "I usually tell my closest friends about some of my sexual experiences. Sometimes they're funny or just random or good and I want to share the stories with them. It's similar to a good joke, no one wants to keep that to themselves. I usually only tell the sexual experiences that occur with guys I have no feelings with".

Opal recalled "I usually talk to one of my best friends. She started before I did and I feel that she will understand my standpoint and would not judge. I also tell some stuff to my female cousins. I talk to my mom too, but I don't tell her any details. I tell those people because I feel as though I can trust them and also that they won't judge me. Well my friends and female cousins get the nitty gritty details including what happened and how things happen. I wouldn't dare tell my mom the details of what I do sexually. I don't think any parent wants to know what their child does in the bedroom just like no child wants to know what their parents do in the bedroom. Oh gosh.no way".

Ruby had an issue with trust after her rape. She stated "I don't really tell anybody my business. I keep my stuff to myself. Whatever happens between me and a boy stays between us. Well at least on my end anyway. I don't know what he tells his friends. He says he doesn't tell about us, but you never know."

When asked what she would tell other teenage girls, she said I would say don't trust too many people. Keep your circle small. That helps keep the drama to a minimum.

Pearl reflected on her connections and stated "I usually talk to my two best friends. I mean I tell them everything...everything. One of them started having sex before I did so I kinda feel like she knows better. I tell both of my friends everything because I know they will understand me and would not judge me based on what I do or don't do. I also have a female cousin that I tell some stuff. I talk to my mom too, but I don't give her any details. That would be embarrassing. I know I trust the people I tell. Also I know that they won't judge me. I don't tell my cousin or my mom the details. I really love my cousin, but she and her mom are close and my mom and her mom are close. Somehow the information will get back to my mom. She doesn't need the details. She knows I'm having sex and that is enough. She doesn't need any details. No need for her to know how things happen, she already knows that it happens".

With regards to connections, Emerald stated "I talk to my friends and my mom of course. I don't have a lot of friends and I like it that way. I have three great close friends that I talk to about everything. We tell each other everything about everything. Both of them started having sex before me but I was the first one to get hooked up at the clinic so I told them about it. Now we all go there. I tell my friends everything because I know I can trust them. They won't have my business in the street and they know they can trust me too. I also know that they are not going to judge me based on what I do or did. I talk to my mom because she is my mom. I don't tell her all the stuff that happens during sex, but she knows that I am having sex".

Essential Theme 5: Regard for Self through Self Esteem and Self Confidence

Initial theme 15 "recognition of potential self" and 16 "awareness of what change in their life would be with a baby" were condensed and became the essential theme: Regard for self

manifested as self-esteem and self-confidence. This essential theme emerged from the fundamental meaning of “regard for self and unborn child.”

Diamond reflected and recalled “I see the girls in this neighborhood struggling when they have these babies. Either they don’t finish school and end up on welfare living in the projects or they take the baby to school with them. That’s if they go to a school that has a babysitting program. I don’t have time for that. Maybe I’m too selfish to have a baby right now. But that’s ok I will be selfish. And I know my mother does not want to be a grandma ANY TIME soon. She is not the grandma type. She is very into herself. No grandkids for her right now (laughing)”.

Opal reflected as well and stated “I see so many young people pregnant or pushing baby strollers and I don’t want to be like that. It’s not like their lives are over, but you are no longer the focus. The focus becomes that baby. I’m too young for that. I can’t imagine how difficult it must be to raise a kid when you are a kid yourself. I mean I still call my parents for stuff and I don’t even have kids. I can’t imagine not being able to do things when I want to do it because of a baby. Not getting my beauty sleep at night cause the baby is keeping me up. I need my rest. I need to be able to spend my little money on me. I am not in the space right now where I can sacrifice all that. You have to sacrifice your plans and your current way of life to be able to take care of a baby. Most times you’re not married so the father isn’t helping you all the time – only when it’s good for him. It’s weird because you can’t tell a teen dad but you can always tell a teen mom. The mom always has the kid in a stroller or something and the dad’s have their arms just swinging. The dad’s can still go out when they want to hang out with friends but the mom is stuck in the house or has to bring the baby with her wherever she goes. I don’t need that drama”.

Pearl remarked “I don’t want to be stuck with a baby right now. I don’t have time for that. I wouldn’t be able to do the things that I want to do because I would have to take care of the baby. I won’t be able to go shopping for me. I would have to shop for the baby. My life would basically be over and my mom would kill me. A lot of girls I see who had babies around my age are didn’t finish high school and can’t go to college. They are either not working or working in McDonald’s or something. I don’t want to be a statistic. So yeah for me getting pregnant now would be a bad thing. And did I mention my parents would kill me?”

Emerald insisted “I need to be able to go out when I want and you can’t do that with a kid. I don’t want the pressure of having to take care of somebody and focus on finishing high school”.

Essential Theme 6: Sense of Having Life Goals

Initial theme 10 “desire to complete high school”, 11 “wanting to go to college” 12 “wanting to have a career” 13 “no desire to get pregnant” and 14 “not the right time for a pregnancy” were condensed and became the essential theme: Sense of having goals. This essential theme emerged from the fundamental meanings of “having goals (she and boyfriend)” and “lack of desire to get pregnant.”

Diamond stated “I don’t want to get pregnant cause I want to finish high school. I know I want to finish school and other teens should want to do the same thing. I know finishing high school is not the end but at least I could say that I graduated and didn’t get a GED or anything. I like school and I think I want to go to college. A kid is not part of the plan right now. I’m not ready for that at all. My boyfriend doesn’t want to have a kid either. He wants to go to college too. We see our parents busting their asses everyday at work to make things right for us. It would not be right to disappoint them like that”.

Sapphire remarked “I want to finish college and be something. Mom works so hard and she goes to school too. She is in a NA or MA program and I want to be a Nurse one day”. Opal described her goals “I’m in college and want to do something with my life. I don’t want to be stuck in this neighborhood. Most of the girls my age are either HS dropouts and not working, barely doing well in HS, or HS dropouts and working at a fast food place. And not to mention the ones who are pregnant or already have a kid. There aren’t many like me and I don’t want to be like them. Everyone has their own agenda and pregnancy and a baby are not on my agenda”.

When asked why she thinks she has not gotten pregnant thus far, Ruby stated “I think it’s cause I’m strong. I been through a lot and God has a plan for me. He knows I deserve better. I’m not suppose to get pregnant now. God and I have plans for me. I been doing better in school so I can get out just a year later than normal. I wanna go to a good college. I’m good with science so maybe something in health. But also since I got raped when I was young, I want to help other people who went through what I did or something like it. You know like a Psycho doctor. They do therapy. A psychotherapist. That’s what I want to be. I know I don’t want to get pregnant right now, but I also know that I don’t want any unnatural stuff in my body. I guess I will have to be better with using the condoms and really do better with that”.

Pearl remarked “I want to finish school and go to college and be something. I’m in high school and I want to finish, go to college and do something with my life. No one in my family has had a baby as a teen and I have no intentions of starting the trend (laughs). I’m okay right now not being pregnant. I need to focus on school not on changing diapers”.

Emerald stated “My mom wants me to do good in school and so do I. I don’t want any babies right now and neither does Jordan. We are not stupid. We want to make something of ourselves you know. Jordan wants to be an EMT and I want to be a Child Social Worker. So we

don't have time for having babies. I don't want any kids right now. I want to finish school and go to college and my boyfriend wants to do the same thing. We don't want to have a baby at least not now. My boyfriend and I both want to do something with our life. We are not going to mess it up by having a baby right now. I can't see myself being stuck with a kid. And I don't want to get married now so it's not happening". Topaz reflected and simply said "I need to finish school and I don't just mean high school. I don't want any kids now".

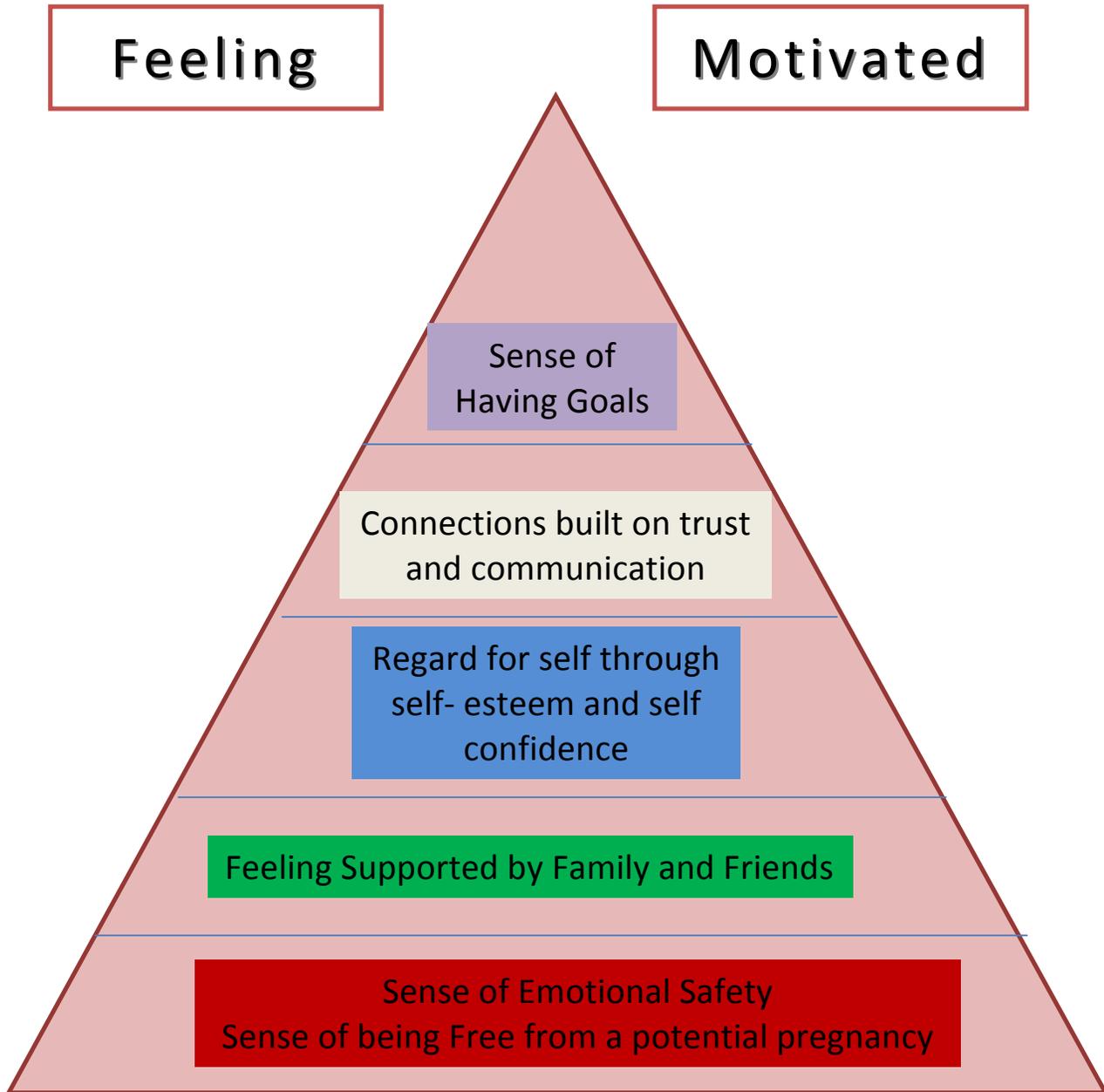
Establishing Rigor

For this study, teenage participants were interviewed until it was determined that no new knowledge could be obtained. A total of six participants were interviewed when saturation was achieved. One additional participant was interviewed to validate that saturation had been achieved. Each transcript was read and re read for accuracy and validated by both participants and the researcher. Data was analyzed by reading the transcripts multiple times and at different levels. Subsequently the transcripts were coded and reflected on to derive essential themes from the initial themes. A second person was asked to review the transcripts, review the meaning units, then the initial themes and essential themes and finally the interpretive statement.

Interpretive Statement

The essential themes led to the formation of the final thematic interpretive statement of the lived experience of sexually active never pregnant African American female teens aged 15-19 years. The thematic statement reflects the synthesis of the six essential themes and is stated as: These teenagers experienced a sense of emotional safety, support by family and friends, trust and connection with family, friends and healthcare providers, and self-confidence resulting in the opportunity to develop life goals and feel strongly motivated to be free from pregnancy.

Figure 1: Thematic model of the Lived Experience of Pregnancy Avoidance



Chapter Summary

This chapter discussed the findings of the lived experience of sexually active never pregnant African American female teens aged 15-19 years using van Manen's phenomenological methodology. The sample was described in order to put the reader in the context of each participant's world. Each participant's experience was captured through a life story as told by the participants. The life stories were transcribed into written word and then reflected upon for meanings and themes.

I reflected on the meaning phrases and fundamental meanings of sexually active African American female teenagers to derive themes and their meanings that emerged from the experiences of these teens. Each of the participant's transcripts were reflected upon for saturation and overlap. Sixteen initial themes emerged from this reflection. Additional reflection upon these 16 initial themes yielded 6 fully interpreted themes that were then constructed to the essential themes. Finally a final thematic statement was created of the phenomenon of pregnancy avoidance.

CHAPTER VI

REFLECTIONS ON THE FINDINGS

This study examined the experience of sexually active never pregnant African-American teens on pregnancy avoidance. This chapter will present an overview of the study, apply a theory to the findings, present a comparison with the recent literature and discuss the implications and recommendations for nursing practice, education, and research.

The purpose of the study was to understand the lived experience of sexually active never pregnant African-American teens on pregnancy avoidance using a phenomenological methodology. Phenomenology was chosen as the research method for this study because it allowed for discovery of meanings within the context of pregnancy avoidance from the perspective of the teen participants. This qualitative study used a purposeful sample of seven African-American teens who live in an underserved neighborhood. Audiotaped interviews were used to explore the experience of these teens.

Themes from transcript analysis provided the basis for describing the live experience of these African-American teens. This study illuminated six essential themes of pregnancy avoidance in the sexually active never pregnant African-American teen phenomenon and an interpretive statement that described the experience.

Comparison with Recent Literature

Martyn, Darling-Fisher, Smrtka, Fernandez and Martyn (2006) conducted a descriptive study to ascertain information regarding how Latina adolescents living in the US have avoided pregnancy. The sample included 10 Latina participants ages 15-19 years of age with an average family income below \$30,000. Seven of the study participants reported that they had never had sex. Three reported having vaginal intercourse. The participants reported that pregnancy was

avoided because of “the honor of the family” (Martyn, et al, 2006). The setting of the study was not mentioned so it is unclear as to whether or not the participants were from an urban vs rural environment. Data showed that these teens had a great deal of family support, connected to and supported one another, respected family, self & boyfriend, chose virginity and chose education & career (Martyn, et al, 2006).

Although this study was done with Latina participants, the results were similar to those in the present study. African American teens in this study had a strong family support system, feeling of connection and had respect for themselves and family. In addition, all of the participants in the current study had goals with regards to their education and career.

Kogan et al (2013) conducted a longitudinal study that included youth recruited at age 11 years. Participants were followed until they were 19 years old. The total number of participants was 889. There were 422 youth from Georgia and 467 youth from Iowa. All of the participants were from a diverse non-urban neighborhood in either Georgia or Iowa. The researchers hypothesized that “a health promoting environment in preadolescence to support nurturant-responsive parenting, which will promote avoidance of pregnancy by age 19 years by increasing conventional future orientations and deterring risky sexual behavior at age 16” (Kogan et al, 2013)

Data were collected at baseline, five years later and then again at 8 years from baseline. Data collection included interviews, self-report questionnaires and a videotaped interaction task among the primary caregiver and the youth participant. The researchers’ hypothesis was supported by the data collected. Although the current study was not longitudinal in nature, there were some similarities between the two. Both studies had African American female youth as participants. Both studies’ participants came from poor neighborhoods. Furthermore, results

from both studies suggest that participants credited responsive parenting that included good caregiver relationships and a strong listener as well as conventional future orientation. This included educational and career goals. Further differences were that the participants in the current study were age 15-19 years and from an urban neighborhood.

Martyn and Hutchinson (2001) used the grounded theory approach recruiting from a purposive sample of low income African American females aged 19-26 years. The sample of 17 females was from a metropolitan area in North Central Georgia, South Georgia or the Midwest. None of the participants had become pregnant before the age of 19 years. Five of these girls revealed that they had unintentionally avoided pregnancy. Data collection was through audio taped focus groups and individual interviews. Findings suggested that this group of females credited their pregnancy avoidance to having a strong sense of self and self worth, having protected sex, wanting a better life and future and having high self esteem. Similar to the current study, Martyn and Hutchinson (2001) were African American females coming from a low income metropolitan area. Similar findings of protection, strong sense of self and high self esteem were found. Using the five girls from the 2001 study, Martyn, Hutchinson and Martin did a descriptive, qualitative study.

Martyn, Hutchinson and Martin (2001) focused on the girls from the previous study who reported that they were lucky because they unintentionally avoided a pregnancy during adolescence. Of the 17 girls from the previous study, five of them had considered themselves to be lucky. These women were 20-26 years old when they were interviewed regarding their unintentional avoidance of pregnancy. All came from metropolitan cities. The average family income was \$12, 580 and the average family size was five. Although these girls had considered themselves lucky, they all use contraceptives. Data were collected via two hour semi-structured

interviews that focused on communication, sexual activity, relationships and contraception. Results showed that these girls were externally motivated by other people to avoid a pregnancy. Their decisions to initiate sexual activity and to use contraception were because of compliance to significant others or their partners. These girls were externally motivated by the authoritative communication of parents and grandparents.

Eagle et al (2008) conducted a quantitative study with 351 racially mixed youth. The majority of the teens were either Hispanic (55%) or Black (25%). White teens comprised 19% of the sample. These youth were sexually active females who were inadequate contraceptive users. Participants were obtained from three urban adolescent clinics in the Southwest, US. Participants were eligible for study participation if they had sexual intercourse, were less than 20 years of age, were never pregnant, and had used no contraception or had been using an unreliable means of contraception i.e. withdrawal, rhythm or douching. Data were collected via a self-administered questionnaire that asked questions related to goal status and pregnancy avoidance measures.

The researchers hypothesized that 1. “some women with conventional educational and vocational goals do not believe that becoming pregnant during adolescence would make it more difficult to achieve their goals and 2. women’s belief that pregnancy would make it more difficult to achieve goals accounts for any positive association between educational and vocational and vocational goals and the intent to avoid adolescent pregnancy” (Eagle et al, 2008). Results from this study suggested that teenagers who had goals were more likely to use contraceptives than those who were without goals. Race and ethnicity was not significant in this finding. Similarly, the teenagers in the current study discussed having educational and lifetime goals as well. These goals played a role in each of their decision to avoid pregnancy at this time.

Other researchers conducted a quantitative study with a sample of 1083 youth ages 13-17 years. The mean age of the participants was 15 years (Aspy, Vesely, Oman, Rodine, Marshall and McLeroy, 2007). The youth were 51% girls and 49% (n=535) White. Of the 1083 youth, 237 were African American and 201 were Hispanic. The youth self-administered the Youth Asset Survey and the youth along with one of their parents were interviewed. Questions were asked regarding family communication in general, family communication about sexual relationships and sexuality and also sexual education being taught in the home. The researchers found that older youth who lived with only one parent were more likely, than those youth whose household income was high, to have had sexual intercourse. They also found that those youth who were taught to say no at home were less likely to have had sexual intercourse as compared to those youth who had not been taught to say no (Aspy et al, 2007). Unlike the current study, Aspy et al (2007) obtained both male and female participants and the majority of the sample was White females whose household income was above \$35,000 annually. In addition, the researcher of current study did not interview the parents of the youth. Similar to the current study, the majority of the youth came from single parent homes and lived in an urban environment.

Teitelman, Ratcliffe and Cederbaum (2008) conducted a quantitative study with 118 African American and Hispanic girls aged 15-19 years. The participants were low income youth from urban Michigan and were recruited from health clinics in the area. The purpose of this study was to examine the relationship between parent-adolescent communication about sexual peer pressure and consistent STI/HIV prevention practices. Pregnancy status of the participants was not mentioned, but one of the criteria for eligibility was having never given birth. Participants in were interviewed for one hour and asked to complete the Parent-Teen Sexual Risk Communication Scale version 3 to assess sexual risks. Results suggest that teens who had

communicated with their mothers regarding peer pressure were more likely than their counterparts to practice abstinence or consistent condom use. Multiple studies suggest that positive parental communication and a desire to pursue educational goals can decrease teen's chances of engaging in risky behaviors that can lead to a pregnancy. The participants of this current study reported that they were able to communicate very well with their mothers. They also wanted to complete their education prior to having a baby.

Application of Theory

The aim of this study was to describe the lived experience of pregnancy avoidance among sexually active never pregnant African American female teens not to develop a conceptual model of pregnancy avoidance. Six themes emerged from this study, that were interpreted into the following statement: These teenagers experienced a sense of emotional safety, support by family and friends, trust and connection with family, friends and healthcare providers, and self-confidence resulting in the opportunity to develop life goals and feel strongly motivated to be free from pregnancy. The interpretive statement (these teen-agers experienced a sense of emotional safety, support by family and friends, trust and connection with family, friends and healthcare providers, and self-confidence resulting in the opportunity to develop life goals and feel strongly motivated to be free from pregnancy) suggests that the teens are motivated to avoid pregnancy. In reflecting on pregnancy avoidance as a motivator, the Theory of Planned Behavior (TPB) (Ajzen, 1991) seemed to align with the teen's experiences and stories.

The TPB theory was designed specifically to predict and explain human behavior as it relates to specific contexts (Ajzen, 1991) The TPB was developed as an extension of the Theory of Reasoned Action. The central factor in the TPB is the person's intention or motivation to perform a behavior (Ajzen, 1991). The individual can decide at will either to perform or not to

perform the behavior. Some behaviors may also depend on non-motivational factors such as time, skills and appropriate finances (Ajzen, 1991). The behavior of the individual is guided by the behavioral intentions. The behavioral intentions are a function of the individual's attitude toward the behavior and any subjective norms that surround the performance of the behavior (Ajzen, 1991). Behavioral intentions of the individual are influenced largely by the individual's attitude toward the behavior, social norms regarding the performance of the behavior, and the individual's perceived control over the behavior (Cameron et al, 2012).

Major Concepts of TPB

Attitude toward the behavior – This is the individual's favorable or unfavorable feelings about performing the behavior. An individual determines this by assessing one's beliefs regarding the potential consequences of the behavior and evaluating whether or not one wants to experience these consequences (Ajzen, 1991). Subjective Norms – This predictor of intention is a social factor and refers to the individual's perception of whether or not people who are important to him believe the behavior should be performed (Ajzen, 1991). According to TPB, intentions are viewed as the individual's motivation or conscious plan to engage in a particular behavior (Connor and Armitage, 1998). Perceived behavioral control – refers to the individual's perceived ease or difficulty in performing the behavior. This perception is a reflection of past experiences (Ajzen, 1991).

In this phenomenological study which centered on the lived experiences of sexually active, never pregnant African American female teens, I drew from the major concepts of the TPB to gain further understanding of their pregnancy avoidance. Data showed that the participants in this current study were motivated to avoid pregnancy. Main concepts of TPB as

related to the participants are: 1.their attitude towards a pregnancy, 2.Perceived norms, 3. Personal control, 4. Perceived consequences, and 5. Perceived support.

These sexually active, never pregnant African American female teens were influenced strongly by the five forces of TPB that revealed an overall meaning of the experience. According to the data, these participants had no desire to get pregnant right now as a teen. Each participant expressed her belief that her parents would be disappointed if she became pregnant as a teen. Each participant described her contraceptive use in order to prevent a pregnancy (i.e. condoms, oral contraceptives or cervical discharge method). Other important factors were that all participants verbalized that there would be consequences to having a pregnancy at this time (i.e. potentially not finishing school, not having personal time, etc. Finally, all participants verbalized support from their family, friends and from the clinic staff.

In summary, the participants' sense of emotional safety, support by family and friends, trust and connection with family, friends and healthcare providers, and self-confidence resulted in the opportunity to develop life goals. This has led to them feeling strongly motivated to avoid a pregnancy. TPB has helped provide a basis to better understand the experience of pregnancy avoidance among this group.

Limitations of the Study

Several limitations of this study were identified. The first limitation was the population. The findings of this study are the lived experiences of seven African American female teens. Therefore other races such as White, Hispanics, American Indian and Asian Pacific Islanders were not represented. Although this was an appropriate size for a phenomenological study, it is possible that these seven girls may not be a true representation of all sexually active never pregnant African American female teens. Furthermore, all participants are from an urban

underserved area who received their care at the same community health center. In addition, the findings of the lived experiences of sexually active never pregnant female teens is my interpretation of the data as stories were told to me. Another researcher may have interpreted the data differently. However, the data were reviewed with another researcher who concurred with the interpretation. The current study focused on a specific group of female teens. The age of the participants was 15-19 years. While there are younger teens who are sexually active and have never been pregnant, the researcher did not include those younger than 15 years because national and local data present data as such.

Purposive sampling was chosen because participants were easily accessible by the researcher. The participants were representative of only one neighborhood in this urban area. Adolescent females who do not attend the community health center were not represented in this study.

Implications for Nursing Practice, Education and Research

This study, which explored and provided a deeper understanding of the meaning of pregnancy avoidance for sexually active never pregnant female teens, has many implications for nursing. Healthcare providers, primarily nurses, can use this information to improve their interactions with sexually active never pregnant female teens. An understanding of what this experience is like for these teens may help nurses dispel any of their prior assumptions or biases about this group. In addition, understanding this experience may encourage nurses to design individual health education on pregnancy prevention for teens as well as design larger interventions.

Nursing Practice

The findings of this study have implications for nursing practice. The seven female teen participants reported that the healthcare providers at the clinic were supportive. Nurses play a very important role in the experience of sexually active never pregnant adolescent girls avoiding pregnancy. Therefore, an understanding of these teens' perspective has the potential to improve the way nurses provide care to this particular population. Female teenagers interact with nurses in many different settings. This includes school, clinics/medical facilities and for some camp. Within these settings, nurses have the opportunity to listen to and educate these teens. Findings of this study indicate that these teens found it very helpful when healthcare providers educated them about contraception including demonstrating proper usage of condoms and dental dams. Participants also reported that the healthcare staff listened to them. Nurses should ask sexually active teens about their experience in order to gain a better understanding of how to tailor education based on their individual needs.

Nurses need to connect with female teens by directing questions to them and being attentive listeners to the responses. Nurses can play a vital role in encouraging sexually active teens to develop an open and honest relationship with their parents. Nurses can help teens and parents understand the importance of good effective open communication between the two. Prior to doing this, nurses must do an assessment to see the level of parental/caregiver involvement. The findings of this study suggest that these teens who have avoided pregnancy had strong relationships with their parents/caregivers. Therefore, it is an area that could warrant attention by nurses as they work to educate teenagers.

Nurses are in a position to teach female teens how and why to remain safe and avoid an unintended pregnancy. Teen girls need to be educated on safer sex issues. Nurses need to assess

the individual teen's experience to find out what she knows, what she needs to know and the best way to provide the information to her. Although the participants reported that the staff, including nurses, was doing a great job at this clinic, this is only one clinic.

Nursing Education

The findings of this study have implications for nursing education. Education is provided by nurses on so many levels. Nursing professors can share the findings of this study with other faculty members and students. It is important to educate students about and encourage good listening skills. It is also imperative that nurse educators teach good assessment skills with regards to the sexually active adolescent female. The findings of this study can be integrated into the curriculum used by nurse educators as well. Nursing faculty and students need more information on dealing with cultural diversity with young sexually active females.

Nurses also should be taught how to determine what level of parental involvement is warranted for patients on an individual basis. The findings of this study should also be shared with school nurses and other healthcare providers. Education is the key way in which the findings of this study can become transferred into nursing practice.

Nursing Research and Recommendations for Future Research

The findings of this study have implications for nursing research. This study suggests that by using an interpretive method such as van Manen's methodology with adolescents who are at risk for pregnancy, a better understanding of a phenomenon can be revealed. There is a need in nursing research to study pregnancy avoidance amongst sexually active never pregnant teenagers. It is quite discouraging that there is such little research on this topic. The majority of the research done is focused on teen pregnancy prevention from the perspective of teen mothers

or those teens that may have been pregnant in the past but are not teen mothers. Future research should be done to:

1. gain a greater understanding of pregnancy avoidance among teen males
2. look at differences between teen males and females regarding pregnancy avoidance
3. gain a deeper understanding of sexually active male teens who receive care at the community health center
4. study adolescents who do not receive care at the community health center or receive care at other clinics
5. look at participants from other neighborhoods and various socioeconomic and cultural backgrounds

Several qualitative questions that remain unanswered from this study:

1. What is the lived experience of pregnancy avoidance among sexually active never pregnant female teens across races?
2. What is the lived experience of pregnancy avoidance among sexually active never pregnant female teens who do not go to a community health center for sexual health care?
3. What is the lived experience of pregnancy avoidance among sexually active never pregnant female teens who do not live in an underserved neighborhood?
4. What is the lived experience of pregnancy avoidance among sexually active never pregnant female teens who live in a rural area?

Alternative qualitative methods of research that include mixed methods, grounded theory and ethnography can also be used to study sexually active never pregnant teenagers. Focus

groups can be used as a form of data collection in order to encourage them to share their experiences with each other. A teen may find what has worked for another teen worth trying themselves.

Personal Reflections

Using a qualitative approach for this study provided me with the opportunity to hear the stories of these teens in a manner that I would not have experienced otherwise. Although I am comfortable talking to teens, I was a bit nervous about the initial interviews. I wondered if these female teens would open up the way I hoped they would. I wondered if the information I received from them would be good enough as well. The girls had no problems opening up to speak with me about their experiences and this put me at ease as well.

I was excited that I was able to find teens that were anxious to tell their stories as I was anxious to hear their stories. Listening to the participants' stories without my personal thoughts being expressed proved to be challenging. I used my journal to help keep my thoughts and feelings together. The emotions that were expressed by these teens were extraordinary and I'm not sure I was fully prepared for the emotions that were stirred up within me at times. Ruby's discussion of her rape was heartbreaking. As she told her story, I thought of my then, 15 year old daughter. As a mother, I couldn't help but imagine what her mother felt to have to go through such an ordeal with a young girl. Ruby's ability to move on from that experience, perform well in school and have life goals is commendable.

Sapphire's verbalization that she lost her virginity "for the sake of losing it" because no one listened to her or believed that she was a virgin was upsetting to me. It validated for me how important it is to listen to these teenagers whether they be your own teenager or a teenager you are providing care to.

I am grateful that the teens felt comfortable enough to share these stories with me. Not one of them seemed to view me as a nosey researcher trying to get into their world. Each of the girls welcomed me and willingly shared their experiences. During the research process, I often asked myself why these teenagers were so willing to tell me their story? I am so appreciative of the fact that they did trust me to tell me their stories, but I still wondered why they did. Was there something special about me? Was there something special about the topic? Have the girls in this neighborhood ever been given the opportunity to tell their stories before? Whatever the answers are, I am happy that I had this opportunity and happy that I was able to give these girls the opportunity to have their voices heard. I do believe however that being a young appearing African American female worked to my advantage and helped in the comfort level of these teens allowing me to be able to obtain such rich data.

The use of van Manen's methodology was a challenge. This methodology allowed me to reflect on the lived experience of the teen participants and find meaning in them. In order to fully reflect and derive meaning from the life stories of the participants, I had to fully open up and absorb the stories. Conducting this study improved my understanding of the experience of sexually active never pregnant African American female teens.

Summary

This phenomenological study described the lived experience of pregnancy avoidance among sexually active never pregnant African American female teens living in an urban underserved neighborhood. Pregnancy avoidance was looked at as a phenomenon separate from any other. I reflected on each participants life stories for meanings and then for essential themes. An interpretation of the text of each participant's life story revealed six essential themes:

1. Sense of Emotional Safety

2. Sense of being free from a potential pregnancy
3. Feeling supported by family and friends
4. Connections built on trust and communication
5. Regard for self through self esteem and self confidence
6. Sense of having goals

After further reflection upon the six essential themes, an interpretive statement was developed “These teen-agers experienced a sense of emotional safety, support by family and friends, trust and connection with family, friends and healthcare providers, and self-confidence resulting in the opportunity to develop life goals and feel strongly motivated to be free from pregnancy.” The essential themes and interpretive statement were reflected upon using the theory of Theory of Planned Behavior because it was based on motivation each participant had to avoid a teenage pregnancy.

This study has implications for nursing practice, nursing education and nursing research. Implications for nursing practice include nurses being able to tailor education based on the teens’ individual needs, being attentive listeners and helping teens and parents understand the importance of good effective communication between the two. Implications for nursing education include nursing faculty educating students about and encouraging good listening skills and providing more information on dealing with cultural diversity with young sexually active females. Implications for nursing research include utilizing additional qualitative and quantitative means to further explore and develop the phenomenon of pregnancy avoidance. Future research on pregnancy avoidance is recommended to further expand the phenomenon. In addition, I have posed some possible research questions.

APPENDICES

APPENDIX A

Hunter College and CHN IRB Approval letters



Human Research Protections Program

Hunter College (CUNY) HRPP Office

DATE: November 25, 2013

TO: Monique Jenkins, RN
FROM: Hunter College (CUNY) HRPP Office

PROJECT TITLE: [493476-2] THE LIFE AND TIMES OF THE AFRICAN AMERICAN TEEN IN EAST NEW YORK

SUBMISSION TYPE: Revision to New Project

ACTION: APPROVED
APPROVAL DATE: November 23, 2013
EXPIRATION DATE: November 22, 2014
RISK LEVEL: Minimal Risk

REVIEW TYPE: Expedited Review
REVIEW CATEGORY: Expedited review category # 6, 7

Thank you for your submission of Revision materials for this project. The University Integrated IRB has APPROVED your research. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. Additionally, the IRB determined the research with children does not involve greater than minimal risk (per§46.404). All research must be conducted in accordance with this approved submission.

Please remember that informed consent is a process beginning with a description of the project and assurance of the participant's understanding, followed by a signed consent form(s). Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document. The IRB determined parental permission can be waived per 45 CFR 46.408(b).

The University Integrated IRB has determined that a waiver of documentation of consent has been approved for the screening portion of this research, under 45 CFR 46.117.

Please note that any modifications/changes to the approved materials must be **approved by this IRB prior to implementation**. Please use the appropriate modification submission form for this request.

All **UNANTICIPATED PROBLEMS (UPS)** involving risks to subjects or others, **NON-COMPLIANCE** issues, and **SUBJECT COMPLAINTS** must be reported promptly to this office. All sponsor reporting requirements must also be followed. Please use the appropriate submission form for this report.

This research **must receive continuing review and final IRB approval** before the expiration date of November 22, 2014. Your documentation for continuing review must be received with sufficient time for the IRB to conduct its review and obtain final IRB approval by that expiration date. Please use the appropriate continuation submission forms for this procedure. PLEASE NOTE: The regulations do **not** allow for any grace period or extension of approvals.

If you have any questions, please contact the HRPP Office at (212) 650-3053 or hrpp@hunter.cuny.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within the City University of New York's records.



November 25th 2013

Monique Jenkins City University of New York (CUNY)

Re: IRB Approval Letter **Title:** No rush to motherhood: the experiences of African American never pregnant sexually active female teens living in an impoverished neighborhood.

Approval Date: November 25th, 2013 **Expiration Date:** November 24th, 2014

Dear Ms. Jenkins,

On November 25th, 2013 the Community Health Network (CHN) IRB approved your study by expedited review. The following documents are now approved for use:

- Advertisement - Invitation to Participate in the Study
- Demographic Questionnaire
- Interview Question
- Youth Assent/Informed Consent Form
- Telephone Screening Script During the approval period, all subjects enrolled must not only provide voluntary informed consent to participate in the study, but also must sign a copy of the appropriate stamped consent document(s). A copy of the consent document(s) must be given to the subjects for their record. Any planned changes or modifications to your study must be submitted to the IRB for review and approval before they may be implemented, unless such a change is necessary to avoid immediate harm to the subjects. Additionally, any unanticipated problems involving risks to subjects or others must be reported promptly to the CHN IRB. If you plan to continue this study beyond expiration date, you should submit an application for continuing review at least 60 days before the expiration date of this study. If you do not Failure to obtain renewal of your study prior to the expiration date will require discontinuance of all research activities for this study, including enrollment of new subjects. You must inform the IRB in writing when your study has been completed. Sincerely, Matthew A. Weissman, MD, MBA, FAAP Chief Medical Officer/VP of Medical Affairs Community Health Network c: IRB File

Institutional Review Board 60 Madison Ave, 5th Floor New York, NY 10010

APPENDIX B

(STUDY FLYER)

THE LIFE AND TIMES OF THE AFRICAN AMERICAN TEEN IN EAST NEW YORK

Invitation to Participate in a Study

The purpose of the study is to get a better understanding of teenage girls in East New York, with the goal of helping them stay healthy and achieve their goals. Your participation can help other girls your age stay healthy.

In order to participate in this study you must be.....

- An African American female
- Living in East New York, Brooklyn
- Aged 15-19 years old
- Able to speak and read English

What does this mean for you?

- You will be given a brief questionnaire to see if you are eligible for the study

If you are eligible, and participate in the study:

- All information that you provide to the researcher will be kept confidential
- You will be required to complete a brief questionnaire and take part in an interview
- After participating, you will receive a \$20 gift card to thank you for your time and participation in the study.

Please call or email the investigator Monique Jenkins at (347) 460-1097
pregnancyperceptions@gmail.com for more information and to find out how to participate.

APPENDIX C
Demographic Questionnaire

1. Do you consider yourself to be:
 - A. African American of Southern decent
 - B. African American of Caribbean decent
 - C. Other (Please describe) _____

2. How old are you today? _____

3. Are you currently legally married?
 - a. Yes
 - b. No

4. What language do you speak at home? _____

5. Are you **currently** pregnant?
 - a. Yes
 - b. No

6. Have you **ever** been pregnant?
 - a. Yes
 - b. No

7. How long have you been a patient at this facility?
 - a. Less than one year
 - b. About one year
 - c. Greater than one year

8. Do you live in East New York, Brooklyn?
 - a. Yes
 - b. No

9. What is your current level of education?
 - a. Currently attending high school
 - i. What grade are you in? _____
 - b. Not currently attending high school
 - i. What was last grade completed? _____
 - c. Graduated from high school
 - d. Currently attending college

10. What is your current employment status?
 - a. Employed full time
 - b. Employed part time

- c. Self employed
 - d. Not employed
11. If employed, what is your current employment?
-
12. Have you ever had sexual intercourse (penile to vaginal intercourse)?
- a. Yes
 - b. No
13. How many times have you had sexual intercourse (penile to vaginal intercourse)?
- a. Once
 - b. 2-5 times
 - c. more than 5 times
14. How many sexual partners have you had?
- a. One
 - b. Two
 - c. More than 2
15. Do you have health insurance?
- a. Yes
 - b. No
16. If no, how do you pay for medical services received here at the clinic?
-
17. If yes, check all that apply.
- a. _____ Private insurance
 - b. _____ Medicaid
 - c. _____ Other
18. If other, please specify:
-

APPENDIX D

INTERVIEW GUIDE

Please tell me what it is like when things get intimate. Be as detailed as possible.

APPENDIX E

Youth Assent/ Informed Consent Form

Hunter College – Consent to Participate in a Research Study

The purpose of this consent is to provide you with the information you need to consider in deciding whether to participate in this research study.

Study Title: THE LIFE AND TIMES OF THE AFRICAN AMERICAN TEEN IN EAST NEW YORK

IRB Study Number:

Purpose and Background

You are invited to participate in research interested that has the goal in exploring and gaining a deeper understanding of the experiences of the never pregnant African American teenage girls in East New York Brooklyn.

You were selected as a possible participant because you are an African American adolescent female.

Study Procedure

Monique Jenkins, RN, FNP-BC, Doctoral Student at City University of New York – The Graduate Center Department of Nursing is conducting a study to better understand teenage girls in East New York, with the goal of helping them stay healthy and achieve their goals. If you agree to participate in this study, you will be asked first to complete a brief demographic questionnaire, with questions about your age, schooling etc. as well as participate in a one on one interview with the researcher. You are free to skip any questions on the questionnaire. The entire process will take approximately 90 minutes to complete. The questionnaire completion and interview will take place in the private conference room of the Family Health Center or a private place mutually agreed upon by you and researcher. You will be asked about yourself, including your education, friendships and your thoughts about teenage pregnancy. The interview will be audio taped so we can be sure we have an accurate record of what you said..

No names will appear on the questionnaire or in the interview. Only the name of one of the twelve birthstones that you will choose will be used. I expect to enroll between 8-12 teenage girls who will complete the questionnaire and participate in the interview.

The data will be typed by a transcription service and then analyzed by Monique Jenkins, the Principal Investigator. The information will be used to help researchers develop programs to assist teenage girls stay healthy and achieve their goals. The study results may be written up for publication in scientific journals, and presentation at scientific meetings.

Study Risks

The risks associated with participation in this study may include the fact that some of the questions on the questionnaire and in the interview process are of a very personal nature. If you should feel uncomfortable, you can discontinue study participation at any time and/or tell the researcher you would like to speak to a counselor. You can also tell your health care provider here if you feel uncomfortable. The researcher can refer you to a local counselor to discuss this, if you wish. You can choose not to answer any particular question. You may also choose to stop the interview process at any time and you will still receive the \$20 gift card.

Study Benefits

There is no direct benefit of participation to you. A benefit of participation in the study is the potential to increase the understanding of the experiences of teenage girls in East New York, Brooklyn. In addition, your participation in this study will help identify ways that girls your age can remain healthy and achieve their goals.

Alternatives

The alternative to participating in this research study would be for you to decline participation in the study. That would not affect your care in the clinic in any way.

Costs and Compensation

This study will require about 90 minutes of your time. At the completion of the interview, you will receive a \$20 Target gift card to thank you for your time and participation in the study. Even if you do not complete the entire interview, you will still receive the \$20 gift card.

Confidentiality

Monique Jenkins, the principal investigator will tape record the interview with your permission. All information that you provide will be kept completely confidential and kept in a secured safe. No one but the researcher and her faculty advisor will listen to the tapes. Your name will not appear on the transcripts. You will be identified with the name of one of the twelve birthstones. If you wish, you will have the opportunity to review the audiotape once the interview is completed. All materials will be kept in a locked safe in the researcher's home office. Only the researcher will have access to the safe. At the end of the study, all materials will be destroyed after retaining for three years. The information will be used to produce a paper for a graduate research project. All identifying information about you will be disguised or omitted. The researcher is mandated to report to the proper authorities suspected child abuse, and any indications that you are in imminent danger of harming yourself or others.

Participation and Withdrawal

Your participation in this study is completely voluntary. If you choose not to participate, or withdraw from the study before completion, it will have no impact on your care in this clinic. In addition, you may choose to withdraw from the study at any time without penalty.

APPENDIX F

Telephone Screening Script

Over the telephone:

Hello, my name is Monique Jenkins. I am a graduate student at CUNY The Graduate Center in the department of Nursing. I received your voicemail/email and I would like to provide you with some information about the study to see if you are eligible to participate. Do you have a moment to talk with me?

(If no) Can you please provide me with a better time for us to speak on the telephone?

(If yes) I am conducting a study exploring the experiences and thoughts of African American teens living in East New York, Brooklyn. I am looking to interview female teens in order to obtain knowledge about teenage girls. Would you mind answering a few questions to see if you meet eligibility for the study?

(If no) Thank you so much for your time. If you change your mind, feel free to reach out to me and we can go through the eligibility process.

(If yes)

1. Do you self-identify as an African American?
 - A. Yes
 - B. No
2. How old are you?
3. What is your primary language?
4. What language do you speak at home?
5. Are you currently in school? If so, what grade are you in? If no, what was your last grade completed?
6. Do you receive Family Planning care from the Family Health Center?
7. Are you currently sexually active?

8. Have you ever been pregnant?
9. Do you live in East New York?

(If the teen does not meet eligibility requirements) Thank you, but you are not eligible. It has nothing to do with you as a person. There are preset eligibility criteria.

(If the teen meets eligibility requirements) Based on your answers to the questions, you are qualified to be a participant in the study. The process includes completing a questionnaire and participating in a one to one interview. The entire process should take no more than 90 minutes of your time. It can be scheduled at your convenience and will take place at the Family Health Center. Although I will be aware of the teens who are participating in the study, I will not record any names or identifying information. I will disguise your identity in the paper I will be writing for school. I will bring a consent form for you to sign and will audio record the interview for accuracy with your consent. You will be compensated for you time at the end of the interview. Would you be willing to participate in this study?

(If no) Thank you so much for your time.

(If yes) Thank you so much. I appreciate your help. Can we schedule a time for us to meet?

If you have any further questions or need to reach me for any reason regarding the study, call me at (347) 460-1097 or email me at **pregnancyperceptions@gmail.com**

Appendix G: Fundamental Meaning Groups and Meaning Phrases

| Fundamental Meanings | Meaning Phrases |
|----------------------|---|
| Safety | <p>“All teens should have a place to go where people will listen to them and take care of them”.</p> <p>“All teens should have a place to go where people will listen to them and take care of them”.</p> <p>“...I learned how to look at my discharge and check to see if I’m fertile.”</p> <p>“If they don’t have anybody at home, then they can get hooked up at clinic or Planned Parenthood.”</p> <p>“Visit a local clinic...”</p> <p>“Since they are having sex, they need to make sure that they visit Ob/GYN or clinic on a regular basis.”</p> <p>“I think all teens ...need to find someone at a clinic or Planned Parenthood or something.”</p> <p>“There should be more clinics in the neighborhood.”</p> <p>“We go to the clinic together.”</p> <p>“I was the first one to get hooked up at the clinic.”</p> <p>“Nurse ... gives you a paper about protection..”</p> <p>“Social worker...showed me how to put on a condom.”</p> <p>“I think there should be more places for teens to go.”</p> <p>“I got to the clinic to see the nurse and doctors.”</p> <p>“I get the condoms from the clinic.”</p> |

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| <p>Communication</p> | <p>“I only talk to my close friends about my sex stuff.”</p> <p>“I usually tell my closest friends about some of my sexual experiences.”</p> <p>“I usually talk to one of my best friends.”</p> <p>“I also tell some stuff to my female cousins.”</p> <p>“I talk to my mom too but I don’t tell her any details.”</p> <p>“I think every girl ... needs to have someone to talk to.”</p> <p>“Whatever I had a question about, I could always ask my mom or older cousins or something.”</p> <p>“I do my research and I have people to talk to.”</p> <p>“My mom and aunt always talked to me and my cousin about caring for ourselves...”</p> <p>“They always talked to us about boys and sex...”</p> <p>“I always felt comfortable asking questions...”</p> <p>“We (she and mom) talk about anything and everything.”</p> <p>“She is a cool mom.”</p> <p>“Make sure you have someone to talk to about sex.”</p> <p>“Mom and I are really close too.”</p> <p>“I talk to my friends and my mom of course.”</p> <p>“I have three great close friends that I talk to about everything.”</p> <p>“I tell my best friend Nicole everything.”</p> <p>“Mom and I talk about stuff, but no details of the sex.”</p> |
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| <p>Contraception</p> | <p>“I reminded him to put a condom on cause I wasn’t trying to get pregnant.”</p> <p>“We use condoms for the most part.”</p> <p>“Like I know teens want to have sex and all, but you have to be smart and protect yourself.”</p> <p>“Sometimes we don’t use any condoms, but I’m still on birth control pills.”</p> <p>“...sometimes I miss an occasional pill.”</p> <p>“If I have unprotected sex, I often take a Plan B afterwards.”</p> <p>“...I use condoms. I’m not on the pills but use condoms most times.”</p> <p>“I have prepared myself and take precautions to prevent from getting pregnant.”</p> <p>“We sometimes use condoms and sometimes we do pull out.”</p> <p>“I’m not putting nothing unnatural in my body.”</p> <p>“I think I’m allergic to some condoms.”</p> <p>“They (clinic) been telling me to use condoms ALL the time.”</p> |
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| <p>Relationships</p> | <p>“I only tell friends about my sex stuff...”</p> <p>“Mom and I are helping each other get through school. We need each other.”</p> <p>“..lots of females in my life who talked to me...”</p> <p>“my mom and aunts and female cousins always talked to me...”</p> <p>“ lots of females who talked to me about caring for my body...”</p> <p>“I feel comfortable going to them to ask questions if I have any.”</p> <p>“My mom has a lot of influence.”</p> <p>My parents are kind of strict”</p> <p>“I usually talk to my two best friends.”</p> <p>“I have a female cousin that I tell some stuff to”</p> <p>“I talk to my mom too...”</p> <p>“I’m close to my mom so we can talk about practically anything.”</p> |
| <p>Connecting</p> | <p>“(Provider) told me all about condoms and dental dams and things.”</p> <p>“The NP there always talks to me...”</p> <p>“They (the clinic staff) teach you about life too...”</p> |

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| <p>Listening</p> | <p>“All teens should have a place to go where people will listen to them and take care of them”.</p> <p>“...I listen to the people at the clinic.”</p> <p>“I don’t listen to my friends when it comes to that.”</p> <p>“Teens want to be listened to.”</p> <p>“Teens need people who will listen.”</p> <p>“I listened to them..”</p> <p>“Teens need to have a place to go where adults listen to us”</p> <p>“...be able to talk to someone who knows what they are talking about.”</p> <p>“They (clinic staff) are pretty good listeners.”</p> <p>“The docs at the clinic listen to what I have to say.”</p> <p>“They listen to me at the clinic.”</p> |
| <p>Having Goals</p> | <p>“I like school and I think I want to go to college.”</p> <p>“He wants to go to college too.”</p> <p>“I want to finish college and be something.”</p> <p>“I’m in college and want to do something with my life.”</p> <p>“I don’t want to be stuck in this neighborhood.”</p> <p>“You have to sacrifice your plans and your current way of life...”</p> <p>“I been doing better in school so I can get out just a year later than normal.”</p> <p>“I wanna go to a good college.”</p> <p>“I’m good with science so maybe do something in health.”</p> <p>“We are the future and we have to do better.”</p> <p>“I’m in high school and I want to finish, go to</p> |

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| | <p>college and do something with my life.”</p> <p>“My mom wants me to do good in school and so do I.”</p> <p>“We want to make something of ourselves you know “I want to finish school and go to college and my boyfriend wants to do the same.”</p> <p>“My boyfriend and I both want to do something with our life”</p> <p>“I need to finish school and I don’t just mean high school.”</p> |
| <p>Lack of Desire to be pregnant</p> | <p>“...I wasn’t trying to get pregnant.”</p> <p>“Besides my mother killing me, I don’t want to get pregnant.”</p> <p>“A kid is not in the plan right now.”</p> <p>“I like him but I don’t want any babies.”</p> <p>“I know I don’t want to get pregnant any time soon.”</p> <p>“ I don’t want babies right now.”</p> <p>“I have no desire to be pregnant right now.”</p> <p>“Everyone has their own agenda and pregnancy and a baby are not on my agenda.”</p> <p>“No pregnancies for me right now.”</p> <p>“Every girl should want to be successful and not get pregnant right now.”</p> <p>“I know I don’t want to get pregnant right now”</p> <p>“I make sure we use condoms cause I don’t want any babies.”</p> <p>“I don’t want to be stuck with a baby right now.”</p> <p>“I’m going to get married before I have kids.”</p> <p>“I don’t want any babies right now and neither does Jordan.”</p> <p>“I don’t want any kids now.”</p> |

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| <p>Regard for self</p> | <p>“We don’t have time for having babies.”</p> <p>“I need to be able to go out when I want...”</p> <p>“I can’t see myself stuck with a kid.”</p> <p>“I need to take care of me. I don’t have time to take care of a baby.”</p> <p>“Maybe I’m too selfish to have a baby right now. But that’s ok I will be selfish.”</p> <p>“She (mother) is very into herself. No grandkids for her right now.”</p> <p>“I can’t do that with a kid.”</p> <p>“I can’t imagine not being able to do things when I want to do it because of a baby.”</p> <p>Not getting my beauty sleep at night cause the baby is keeping me up. “</p> <p>“I need my rest.”</p> <p>”I need to be able to spend my little money on me.”</p> <p>“I don’t have time for that (having a baby).”</p> <p>“I won’t be able to do the things that I want...I won’t be able to go shopping for me.”</p> |
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APPENDIX H:

Meaning Phrases and Initial Themes

| Meaning Phrases | Initial Themes |
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| <p>“All teens should have a place to go where people will listen to them and take care of them”.</p> <p>“...I learned how to look at my discharge and check to see if I’m fertile.”</p> <p>“If they don’t have anybody at home, then they can get hooked up at clinic or Planned Parenthood.”</p> <p>“Visit a local clinic...”</p> <p>“Since they are having sex, they need to make sure that they visit Ob/GYN or clinic on a regular basis.”</p> <p>“I think all teens ...need to find someone at a clinic or Planned Parenthood or something.”</p> <p>“(Provider) told me all about condoms and dental dams and things.”</p> <p>“The NP there always talks to me...”</p> <p>“They (the clinic staff) teach you about life too...”</p> <p>“There should be more clinics in the neighborhood.”</p> <p>“We go to the clinic together.”</p> <p>“I was the first one to get hooked up at the clinic.”</p> <p>“Nurse ... gives you a paper about protection..”</p> <p>“Social worker...showed me how to put on a condom.”</p> <p>“I think there should be more places for teens to go.”</p> <p>“I got to the clinic to see the nurse and doctors.”</p> <p>“I get the condoms from the clinic.”</p> | <p>Having a place that offers help without judgment</p> <p>Having a place where you feel connected</p> <p>Having a facility where you feel comfortable and there are professional resources providing contraceptive resources: teaching, condoms</p> |

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| <p>“ I only talk to my close friends about my sex stuff.”</p> <p>“ I usually tell my closest friends about some of my sexual experiences.”</p> <p>“I usually talk to one of my best friends.”</p> <p>“I also tell some stuff to my female cousins.”</p> <p>“I talk to my mom too but I don’t tell her any details.”</p> <p>“I think every girl ... needs to have someone to talk to.”</p> <p>“Whatever I had a question about, I could always ask my mom or older cousins or something.”</p> <p>“I do my research and I have people to talk to.”</p> <p>“My mom and aunt always talked to me and my cousin about caring for ourselves...”</p> <p>“They always talked to us about boys and sex...”</p> <p>“I always felt comfortable asking questions...”communication with family and friends</p> <p>“We (she and mom) talk about anything and everything.”</p> <p>“She is a cool mom.”</p> <p>“Make sure you have someone to talk to about sex.”</p> <p>“Mom and I are really close too.”</p> <p>“I talk to my friends and my mom of course.”</p> <p>“I have three great close friends that I talk to about everything.”</p> <p>“I tell my best friend Nicole everything.”</p> <p>“Mom and I talk about stuff, but no details of the sex.”</p> | <p>Having a person who you feel connected to and you can talk about sex: best friends, mom, female cousins, aunt</p> <p>Communication with family and friends who I feel comfortable talking with</p> <p>Family who encourage me to care for myself</p> |
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| <p>“I reminded him to put a condom on cause I wasn’t trying to get pregnant.”</p> <p>“We use condoms for the most part.”</p> <p>“Like I know teens want to have sex and all, but you have to be smart and protect yourself.”</p> <p>“Sometimes we don’t use any condoms, but I’m still on birth control pills.”</p> <p>“...sometimes I miss an occasional pill.”</p> <p>“If I have unprotected sex, I often take a Plan B afterwards.”</p> <p>“...I use condoms. I’m not on the pills but use condoms most times.”</p> <p>“I have prepared myself and take precautions to prevent from getting pregnant.”</p> <p>“We sometimes use condoms and sometimes we do pull out.”</p> <p>“I’m not putting nothing unnatural in my body.”</p> <p>“I think I’m allergic to some condoms.”</p> <p>“They (clinic) been telling me to use condoms ALL the time.”</p> <p>“We use condoms though.”</p> <p>“I make sure we use condoms”</p> <p>“I use condoms all the time. No exceptions.”</p> <p>“For now condoms are fine.”</p> <p>“When we have sex I make sure we use condoms.”</p> <p>“We use condoms all the time.”</p> <p>“Condoms will protect me from getting pregnant and from diseases.”</p> <p>“We use condoms mostly you know”</p> <p>“Sometimes I have to remind him to put the condom on.”</p> | <p>Protection (contraception use) – condoms, cervical discharge method, Plan B and oral contraceptive pills (OCP)</p> |
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| <p>“I like school and I think I want to go to college.”</p> <p>“He wants to go to college too.”</p> <p>“I want to finish college and be something.”</p> <p>“I’m in college and want to do something with my life.”</p> <p>“I don’t want to be stuck in this neighborhood.”</p> <p>“You have to sacrifice your plans and your current way of life...”</p> <p>“I been doing better in school so I can get out just a year later than normal.”</p> <p>“I wanna go to a good college.”</p> <p>“I’m good with science so maybe do something in health.”</p> <p>“We are the future and we have to do better.”</p> <p>“I’m in high school and I want to finish, go to college and do something with my life.”</p> <p>“My mom wants me to do good in school and so do I.”</p> <p>“We want to make something of ourselves you know.”</p> <p>“I want to finish school and go to college and my boyfriend wants to do the same.”</p> <p>“My boyfriend and I both want to do something with our life.”</p> <p>“I need to finish school and I don’t just mean high school.”</p> | <p>Desire to complete HS</p> <p>Wanting to go to college</p> <p>Wanting to have a career</p> |
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| <p>“I only tell friends about my sex stuff...”</p> <p>“Mom and I are helping each other get through school. We need each other.”</p> <p>“..lots of females in my life who talked to me...”</p> <p>“my mom and aunts and female cousins always talked to me...”</p> <p>“ lots of females who talked to me about caring for my body...”</p> <p>“ I feel comfortable going to them to ask questions if I have any.”</p> <p>“My mom has a lot of influence.”</p> <p>My parents are kind of strict”</p> <p>“I usually talk to my two best friends.”</p> <p>“I have a female cousin that I tell some stuff to”</p> <p>“I talk to my mom too...”</p> <p>“I’m close to my mom so we can talk about practically anything.”</p> | <p>Family/Partner support</p> |
| <p>“All teens should have a place to go where people will listen to them and take care of them”.</p> <p>“...I listen to the people at the clinic.”</p> <p>“I don’t listen to my friends when it comes to that.”</p> <p>“Teens want to be listened to.”</p> <p>“Teens need people who will listen.”</p> <p>“I listened to them..”</p> <p>“Teens need to have a place to go where adults listen to us”</p> <p>“...be able to talk to someone who knows what they are talking about.”</p> <p>“They (clinic staff) are pretty good listeners.”</p> <p>“The docs at the clinic listen to what I have to say.”</p> <p>“They listen to me at the clinic.”</p> | <p>Needing someone to listen</p> |

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