



The parenting experiences of homeless adolescent mothers and mothers-to-be: Perspectives from a shelter sample[☆]

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ABSTRACT

This qualitative study explores the parenting experiences of 27 homeless youth who were pregnant, parenting or both. All were current or former residents of a shelter for adolescent mothers and mothers-to-be. Data from semi-structured interviews were used to examine their ideas about what it means to be a parent, the major challenges they face and how becoming a parent has changed their lives. Implications for policy and practice are discussed.

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1. Introduction

A review of the literature on homeless youth shows that many young women who are homeless are also pregnant and/or parenting (Halcon & Lifson, 2004; Johnson & Graf, 2005; Wagner, Carlin, Cauce, & Tenner, 2001).¹ Although pregnant or parenting homeless youth have been the focus of several studies (e.g., Crawford, Trotter, Hartshorn, & Whitbeck, 2011; Haley, Roy, Leclerc, Boudreau, & Boivin, 2004; Meadows-Oliver, 2006; Saewyc, 2003; Thompson, Bender, Lewis, & Watkins, 2008), significant gaps in the literature remain. One of those gaps relates to their experiences as parents. What does being a parent mean to homeless adolescent mothers? What are the major challenges that homeless adolescent mothers face? And how has becoming an adolescent mother changed their lives? These are some of the questions this qualitative study seeks to address.

1.1. Review of relevant literature

No one really knows the number of homeless adolescents who are pregnant or parenting. However, several studies have found higher lifetime rates of pregnancy among young women who are homeless than among demographically similar young women who are housed (Berry, Shillington, Peak, & Hohman, 2000; Greene & Ringwalt, 1998; Levin, Bax, McKean, & Schoggen, 2005; Wagner et al., 2001).

Two factors probably contribute to this situation. One is that some young women leave or are kicked out of their home after pregnancy causes an already dysfunctional or abusive family situation to become worse (Borgford-Parnell, Hope, & Deisher, 1994; Cochran, Stewart, Ginzler, & Cauce, 2002; Finkelhor, Hammer, & Sedlak, 2002; Noell, Rohde, Seeley, & Ochs, 2001; Ryan, Kilmer, Cauce, Watanabe, & Hoyt, 2000; Thompson, Zittel-Palamara, & Maccio, 2004).

The other is that homeless youth engage in risky sexual behaviors (e.g., sexual activity at an early age, with multiple partners, and without consistent use of condoms and contraception) at higher rates than their housed peers (Carlson, Sugano, Millstein, & Auerswald, 2006; Gelberg et al., 2002; Halcon & Lifson, 2004; Haley et al., 2004; Hathazi, Lankenau, Sanders, & Jackson Bloom, 2009; Wagner et al., 2001; Zerger, Strehlow, & Gundlapalli, 2008) that put young women who are homeless are at high risk of becoming pregnant. Sometimes these behaviors are part of a survival strategy (Levin et al., 2005; Saewyc, Magee, & Pettingell, 2004).

The high rate of pregnancy among young women who are homeless is concerning not only because pregnant teens are at an increased risk for a variety of negative outcomes including premature birth and low birth-weight babies (Chen et al., 2007; Kirby, 2001; Klein, 2005), but also because that risk is even higher when the pregnant teens are homeless (Salomonsen-Sautel et al., 2008). Compared to their housed

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¹ We use the term homeless youth to refer broadly to young people who are living on their own without the supervision of a parent or guardian. This would include *run-aways*, who have left home without parental permission, *throwaways*, who have been locked out of or forced to leave home by their parents, *street youth*, who have spent at least some time living on the streets, and *systems youth*, who become homeless after aging out of foster care or exiting the juvenile justice system.

peers, homeless pregnant teens are less likely to receive regular prenatal care (Borgford-Parnell et al., 1994; Ensign & Gittelsohn, 1998) and more likely to experience pregnancy complications (Baer, Ginzler, & Peterson, 2003; Berry et al., 2000; Ginzler, Garrett, Baer, & Peterson, 2007; Johnson, Whitbeck, & Hoyt, 2005; Salomonsen-Sautel et al., 2008; Schwartz, Sorensen, Ammerman & Bard, 2008; Thompson et al., 2004; Zerger et al., 2008; Zweig, Phillips, & Lindberg, 2002).

Similarly, teenage childbearing is associated with an increased risk of negative outcomes not only for young mothers (Hoffman & Maynard, 2008; Kaye & Chadwick, 2006; Perper, Peterson, & Manlove, 2010) but also for their children (Hoffman & Maynard, 2008; Nord, Moore, Morrison, Brown, & Myers, 1992). However, those risks are even greater when teenage childbearing is combined with homelessness. This stems from the fact that homeless adolescent mothers are more likely to be living in unstable, if not dangerous situations (Rhule-Louie, Bowen, Baer, & Peterson, 2008), less likely to have relationships with supportive adults whom they can turn to for advice, and more likely to have unmet basic needs (Dail, 1990) than adolescent mothers who are housed.

Providing developmentally appropriate services that address the needs of homeless adolescent mothers and their children requires a better understanding of this population and the challenges they face (Boxhill & Beaty, 1990). Toward this end, a number of qualitative studies have focused on homeless adolescent mothers or mothers-to-be (e.g., Hanna, 2001; Johnson, 1999; Leppard, 1991; Levin & Helfrich, 2004; Omolade, 1997; Saewyc, 2003). Although sample sizes have typically been very small (i.e., $N \leq 10$), these studies have contributed to our understanding of their needs. One meta-synthesis of this research revealed several common themes. These included (1) prior housing instability, homelessness and foster care placement; (2) histories of physical abuse and emotional neglect; (3) a sense of having had to grow up fast and miss out on adolescence; (4) needing but not always receiving support to help cope with the stress of juggling multiple roles; (5) pregnancy and childbirth as opportunities for reinvention; and (6) visions of a better future (Meadows-Oliver, 2006).

The adolescent mothers who participated in at least two of these qualitative studies were current or former shelter residents. In one case, the shelter in question served homeless youth (Levin & Helfrich, 2004), and in the other case, it served homeless families (Johnson, 1999). By contrast, the present study is based on interviews conducted with current and former residents of a shelter for homeless youth who are pregnant or parenting. Although the interviews covered a wide range of topics, our focus is on parenting. More specifically, we address the following questions:

- How do homeless adolescent mothers define their parenting responsibilities?
- How did they learn to parent?
- How do they assess their parenting skills?
- How has becoming a parent changed their lives?
- What are the major challenges they face as adolescent mothers?
- What is the nature of the relationship adolescent mothers have with their child(ren)?
- What, if any, help with parenting do they receive from their child(ren)'s father?

2. Methodology

Study participants were 27 current or former residents of The Night Ministry's Open Door Youth Shelter, a short-term shelter in Chicago's Lakeview neighborhood (henceforth ODS-Lakeview). ODS-Lakeview provides temporary housing, case management and other services homeless youth who are (1) female, (2) 14 to 19 years old, and (3) pregnant or parenting. The 8-bed, 8-crib shelter accepts residents on a first come, first served basis. Although 18 and 19 year olds can stay at

the shelter for up to 120 days, youth under age 18 can stay for no more than 21. Residents participate in the Response-Ability Pregnant and Parenting Program (RAPPP). This program uses a Family Life and Parenting curriculum to (1) help youth exit to safe and stable housing; (2) strengthen relationships between youth and their families; and (3) improve their life and parenting skills.

Youth workers maintain a homelike environment, serve as positive role models, provide emotional support and enforce shelter rules. Case managers provide counseling, conduct support groups, make referrals, facilitate family reunification, help residents develop an individualized education plan and monitor progress toward both short-term goals (e.g., enroll in WIC; obtain legal identification) and long-term goals (e.g., complete education; secure employment). Residents are required to perform chores, abide by a curfew, and participate in groups. Once youth leave the shelter, they are eligible for aftercare services, including case management, home visits and family counseling, to help them maintain stable living arrangements.

Much of the shelter's funding comes from the Basic Center Program (BCP), which is administered by the Family and Youth Services Bureau (FYSB) within the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services (HHS). Like other BCPs, ODS-Lakeview provides temporary shelter (i.e., up to 21 days), crisis intervention and counseling as well as family unification and after care services to runaway and homeless youth under age 18 (or an older maximum age if permitted by state or local law or regulation) who are not receiving services from either the child welfare or juvenile justice system. Although BCP grantees can and do provide services to homeless youth who are pregnant or parenting, only ODS-Lakeview specifically targets this population.

Study recruitment began in July 2010. Youth were eligible to participate in the study if they had (1) entered the shelter between February 2008 and September 2010 and (2) stayed at the shelter for at least five days (in order to exclude youth with only limited program experience). Shelter staff attempted to contact each of the 115 youth who met those criteria.² Former residents could also learn about the study from their case manager if they were receiving aftercare services from The Night Ministry's community-based program or other current or former shelter residents.

Semi-structured interviews were conducted at the shelter by an African-American female from the University of Illinois at Chicago and digitally recorded. Written informed consent was obtained from youth who were at least 18 years and from the legal guardian of youth who were under age 18. The latter provided written assent. Digital recordings of the interviews were transcribed and those transcripts provided the data for our analysis.

The transcripts were read multiple times by both authors who individually coded them for common themes. The authors then met to discuss the themes that each had identified. Once agreement was reached about the common themes, the results were reviewed by service providers who work with homeless pregnant and parenting adolescents as a check on credibility.

The 27 young women who completed semi-structured interviews ranged in age from 16 to 20 years old (mean = 18.4 years old). All but one was African American. Three of the young women were pregnant, 13 were parents, and seven were both pregnant and parenting. Fourteen of the mothers had one child; the other six had two children. Seven of the young women were current shelter residents, and all of these current residents had stayed at the shelter before. Nine of the 20 former residents had stayed at the shelter more than once.

² The University of Illinois at Chicago's Institutional Review Board (IRB) approved the original protocol for the study. More than a year after the data had been collected, de-identified transcripts of the interviews were provided to the first author in accordance with a new protocol that was approved by IRB's at both the UIC and the University of Chicago.

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