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No Rush to Motherhood: The Lived Experience of African American Never Pregnant Sexually Active Female Teens

Monique Jenkins, PhD, MA, RN, BC-FNP^{a,*},
Carol F. Roye, EdD, RN, CPNP, FAAN^b, Keville Frederickson, EdD, RN, FAAN^c

^a Maimonides Infants and Children's Hospital of Brooklyn, Nurse Practitioner – Division of Pediatric Surgery, 4802 Tenth Avenue Brooklyn, NY 11219, United States

^b College of Health Professions, Pace University, United States

^c Leinhard School of Nursing, Pace University, United States

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ABSTRACT

Purpose: The aim of this study was to gain a deeper understanding of the lived experiences of underserved minority sexually active teenaged girls' successful avoidance of unwanted pregnancy.

Design and Method: Merleau-Ponty's methodology and van Manen's method of doing phenomenological research guided and facilitated the process of the study. 7 participants were eligible and all of them were interviewed for this study.

Results: Six main themes were identified: sense of emotional safety; sense of being free from a potential pregnancy; feeling supported by family and friends; connections built on trust and communication; regard for self through self-esteem and self-confidence; and sense of having life goals.

Conclusion: The interpretive statement of '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' was developed after further reflection upon the study themes.

Practice Implications: Healthcare providers, primarily nurses, can use the findings of this study to improve their interactions with sexually active never pregnant female teens.

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Background

The rate of teenage pregnancy in the United States (US) is the highest among the developed countries (World Health Organization, 2011; US Department of Health and Human Services, 2015). It is nearly ten times higher than that of Japan and the Netherlands and twice as high as many other developed countries (Parks, 2012). Every year approximately 750,000 American teens aged 15–19 years old get pregnant (Guttmacher Institute, 2011); however in 2012, the teen birth rate decreased to 305,388 among girls aged 15–19 years (Center for Disease Control, CDC, 2014). Despite the sharp decline in teen pregnancy since 1991 when approximately one in three adolescents become pregnant before reaching the age of twenty (MacKay, 2011), the rate remains unacceptably high. Furthermore there is a stark racial disparity. The rates in 2011 fell to 69.2 per 1000 in NYC, which was a dramatic decrease (New York City Department of Health and Mental 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 Mental Hygiene, 2009a, 2009b). 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 and Henshaw, 2013).

The exact reason for declining teen birth rates 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 (Center for Disease Control, CDC, 2014; Domenico and Jones, 2007).

Teen pregnancy rates in New York City (NYC) are especially high (New York City Department of Health and Mental Hygiene, 2011). Certain neighborhoods bear a disproportionate burden of teen pregnancy. The neighborhood where this study was conducted has the highest rate, at 142.4/1000 in 2009 (New York City Department of Health and Mental Hygiene, 2011). This impoverished neighborhood in NYC is one of the lowest income neighborhoods in the nation with over 30% of the residents living below the federal poverty level (New York City Department of Health and Mental Hygiene, 2009a, 2009b).

* Corresponding author.

E-mail addresses: mjenkins@maimonidesmed.org, nursemsj@gmail.com (M. Jenkins).

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 and Shaw, 2002; Kegler, Bird, Kyle-Moon, and Rodine, 2011).

The purpose of this study was to gain a deeper understanding of the lived experience of sexually active never-pregnant African American adolescent females living in a poor urban underserved neighborhood. These sexually active teens were seen as *positive deviants* as they have avoided a common health concern — a teen pregnancy. The question guiding this phenomenological study was: What is the lived experience of pregnancy avoidance in sexually active never pregnant African American female teen residing in a poor urban neighborhood?

Philosophical Orientation and Research Design

Phenomenological Approach

Phenomenology is a qualitative method that explores the lived experience of participants focusing on specific phenomena. Unlike quantitative research, phenomenology aims to understand the meaning of a phenomenon. For this study, we are seeking to describe the lived experience and life world of sexually active never-pregnant African American adolescent females living in a poor urban underserved neighborhood.

The philosophical orientation of the study was based on the hermeneutic phenomenological philosophy of Merleau-Ponty (1945/1962) which he described as the process of searching for essences. Merleau-Ponty's (1945/1962) four existential concepts were used to describe the overall focus of the study. In this study, patient's embodiment (corporeality) was the teen girl's sexual body that has effects and meanings on their lifeworld, through their lived others (relationality) with their sexual partner(s), lived space (spatiality) in their neighborhood and community and lived time (temporality) as their teen years. Sexual behavior can be viewed as humans connecting with others, at specific points in their lives and within a context that provides meaning to their lives.

Merleau-Ponty encouraged phenomenological inquiry to view the world with opened eyes as a way of getting to the true nature of the lived experience. It is through understanding lived experience that we find true meaning and grasp the essences of life (Merleau-Ponty, 1945/1962). Merleau-Ponty's philosophical belief is beneficial to this study in that it seeks to illuminate the meaning of the experience of being a never pregnant, sexually active African-American female teen. To capture these essences and consistent with the phenomenological view of Merleau-Ponty, the research method of van Manen (1990) was used. Research methods were not developed by Merleau-Ponty thus, the authors used the specific guidelines of van Manen for the analysis and interpretation of the phenomenon. The goal of this study was to understand their experience as they live it.

Participants

Participants for this study were sexually active never pregnant African American females aged 15–19 years old residing in a neighborhood with a high rate of adolescent pregnancy. This age group was chosen as it aligns with the age group used for reporting teen pregnancy by national and local organizations. Participants were recruited from a well-trusted and accessed 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.

The community health center is a not-for-profit health center providing a range of primary care and supportive services to residents and nonresidents of this urban neighborhood. The clinic predominantly serves an African American community congruent with the population of the neighborhood in which it is located. The majority of the patients

seen at the clinic have Medicaid insurance. Eligible participants for this study met the following inclusion criteria: African American females aged 15–19 years old, sexually active, i.e. have engaged in penile-vaginal sexual intercourse, self-reported as never pregnant and living in this underserved neighborhood, accessing health care in this underserved neighborhood and able to speak and read English. A flyer 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. The flyer provided the inclusion criteria for the study, an email address and phone number for prospective participants to use for more information about the study.

Sampling and Procedure

Thirteen teens responded to the flyer. Of these, six did not live in the targeted neighborhood under study and were thus not eligible. There were seven teens eligible to participate in the study. All participants were currently in school either in high school or in college. In addition, all of the participants had at least two lifetime sexual partners. Eligible females scheduled an appointment to meet with the researcher. After the primary researcher determined that the eligible participants agreed to participate in the study, a meeting was arranged to further discuss the study and obtain consents.

According to van Manen (1990), there is not a set procedure to analyze phenomenological data. Instead there is an interplay of six research activities: turning to a phenomenon which seriously interests us and commits us to the world, investigating experience as we live it rather than as we conceptualize it, reflecting on the essential themes which characterize the phenomenon, describing the phenomenon through the art of writing and rewriting, maintaining a strong and oriented pedagogical relation to the phenomenon and balancing the research context by considering parts and whole. 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 first author (MJ) was knowledgeable about adolescent girls in a family planning/adolescent health clinic where she worked. The question that had been surfacing was how were there adolescent girls who were sexually active but were reportedly never pregnant. As a result, the phenomenon that emerged was gaining insight into the experiences of never pregnant African American female teens. The neighborhood clinic was situated in a notoriously underserved area with exceptionally high-unplanned pregnancies among the African American adolescent female residents.

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 (van Manen, 1990). In the current study, there were a number of factors that allowed the first author (MJ) to understand the teens' experiences including, being African American, familiar with the neighborhood and feeling comfortable talking about sex with adolescents. This was the starting point as they were asked to share their story.

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". As the data were collected, common clusters describing the phenomenon became apparent. It was then possible to synthesize these clusters into themes, while continuing to read and re-read the transcripts. The first author then collaborated with the third author (KF) an expert in qualitative research to validate that the themes reflected the phenomenon of the never pregnant sexually active adolescent girls living in an underserved neighborhood. The process of theme identification went through much iteration, reviewing transcripts followed by discussions with both the second (CR) and third authors (KF).

The fourth step as discussed by van Manen (1990) requires the researcher to attempt to describe the phenomenon being studied through

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