



YOUNG MOTHERS IN APPALACHIA: THE ROLE OF KIN

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BACKGROUND

Young Parenting Trends

- Overall decrease in teenage pregnancies
 - Large Urban¹- 18.9 births per 1,000
 - Small-Medium Urban¹- 24.3 births per 1,000
 - Rural¹- 30.9 births per 1,000
- Lowest decreases in rural counties¹
- Teen birth rates amongst the highest in Appalachian region²

1. Centers for Disease Control and Prevention. (2016, November). *Teen Birth Rates for Urban and Rural Areas in the United States, 2007–2015* (No. 264). Retrieved from <https://www.cdc.gov/nchs/data/databriefs/db264.pdf>.

2. University of Wisconsin Population Health Institute. (2018). County health rankings key findings 2018. Retrieved from <http://www.countyhealthrankings.org/explore/healthrankings/rankingsreports/2018-county-health-rankings-key-findings-report>

INTERGENERATIONAL SUPPORT

- Instrumental and emotional support¹
- Mixed findings: both negative and positive outcomes
- Rural Appalachian families may employ intergenerational caregiving in response to barriers

1. SmithBattle, L. (1996). Intergenerational ethics of caring for adolescent mothers and their children. *Family Relations*, 45, 56-64.

STUDY CONTEXT: APPALACHIA



Source: Appalachian Regional Commission

- Non-Hispanic white (82.5%)¹
- Poverty¹ & Unemployment²
- High school drop out rates²
- Substance abuse disorder²
- High marriage & homeowner³ rates

1. CDC and Prevention. (2015, May). Increases in hepatitis C virus infection related to injection drug use among persons aged ≤ 30 years-Kentucky, Tennessee, Virginia, and West Virginia, 2006-2012. Morbidity and mortality weekly report, 64(17), 453-458.

2. University of Wisconsin Population Health Institute. (2018). County health rankings key findings 2018.

3. Mather, M. (2004). Households and Families in Appalachia. Retrieved from https://www.arc.gov/assets/research_reports/HouseholdsandFamilies.pdf.

PURPOSE & THEORETICAL BACKGROUND

- examine the lived experience of young mothers within the Appalachian context of young childbearing and intergenerational family support.
- Theoretical Background:
 - Symbolic interactionism
 - Life course perspective
 - Kinscripts framework

What is the nature of young mothers' experiences as it pertains to young childbearing and caregiving support within the family context?

METHODS

- Interpretive Phenomenology Analysis (IPA)
 - lived experience and the process of meaning making around family support
- Semi-structured interviews
 - *“Tell me about a time when you felt good about, or appreciated, the care you were receiving from your family member. Why was it helpful, or how did it help you?”*

SAMPLE

- 9 women between the ages of 18 and 27 (M= 23.3)
 - Most phenomenological studies include 1-9 participants¹
- Between 15 and 18 whenever their first child was born (M = 16.6)
- 8 participants reported being White; 1 participant reported being Biracial
- 78% fell below the poverty threshold

¹ I. Starks, H., & Trinidad, S.B. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative health research*, 17(10), 1372-1380. doi: 10.1177/1049732307307031

ANALYSIS

- Deconstruction of data text
 - essence of each mother's lived experience
- Repeating themes (units of meaning) condensed onto a coding grid
- Units of meaning clustered into overarching themes

FINDINGS

- Contextual information: victimization and substance abuse in Appalachia
 - 6 of the 9 mothers reported physical and/or sexual abuse and/or experiences with substance misuse.
- the meanings of *help* from family
 - Help as a tool for facilitating parental autonomy
 - Support by teaching parenting skills

FINDINGS

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

Amber: “She was supposed to do, I mean in my opinion. I mean if I’m there livin under your roof, and your rules, and you still get to be the boss of everything I do, then I think you should at least be a parent to your teen. Help me be, **help me be** a better person and **a better parent** ...What do I do, you know I need help! ...not havin the support sucked. The support that I needed like instead of just trying to do it yourself, I needed **to learn how** to do it.”

FINDINGS

Deeper meanings ascribed to help are the feelings associated with the self and role of *mother*

- Lack of autonomy = feelings of inadequacy as mothers
- Autonomy = confidence in abilities to parent
- Help = paradox
- Help = love

FINDINGS

Amber: “I mean I was **depressed**, I thought **I wasn’t a good parent** uh, I would cry because I was just like, “I don’t even feel like that’s my kid.”

Ivy: “I kinda felt- I felt like, even though they didn’t make me feel that way, but I felt **like I was their burden**. You know, like I’m their daughter so they felt like they had to do this and they didn’t have to.”

Hannah: “It makes you feel **like you’re not good enough**... like you can’t do this on your own. You’re **not worth enough** to have this child if you can’t take care of it. So why do you need your child?”

DISCUSSION

- Victimization and substance use within families
- Perceptions and meanings of *help*
- Nuanced findings may supplement intergenerational support research
 - Importance of giving power and support to young mothers
 - What types of help are most helpful to young mothers (teaching vs. doing)
 - Intrapersonal processes of needing help but desiring autonomy

QUESTIONS TO CONSIDER

1. In what ways can the findings of this study inform current policy and/or practice regarding young parents and intergenerational families?
2. Researching marginalized populations poses certain challenges. What are some ways we can ensure the “voices of our participants” are “heard” in our research? In other words, in what ways can we give power to our research participants?

