

Adolescent Mothers' Experiences Over Time

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Abstract

Objective: To examine patterns and trajectories for Australian adolescent mothers as they transition into adulthood.

Background: Adolescent mothers have diverse outcomes; some experience multiple negative outcomes for themselves and their children, and others prosper. Little is known about the experience over time for adolescent mothers and what factors affect their trajectories.

Method: Three exemplar women's stories are presented as case studies, showcasing themes identified from in-depth interviews conducted with 10 women who gave birth as adolescents. Interviews were conducted at the time of infant birth, as well as 3 months, 12 months, and 5 years later.

Results: Two themes emerged that captured the nuanced experiences of these adolescent mothers: *stability to chaos* and *I've grown, but I can't reach the stars*. Stability in

the areas of family, relationships, geography, and planning/routine were related to whether young women had sufficient resources to focus on their own growth.

Conclusion: An adolescent mother's functioning is related to the extent to which she experiences stability across a number of key domains, which in turn act to limit or enable growth and development.

Implications: Adolescent mothers are a heterogeneous group. Targeted assessments and interventions are needed that address disadvantage and promote stability.

Keywords: adolescent mothers, longitudinal, protective factors, risk factors.

Adolescent motherhood has received sustained attention from researchers internationally for 30 years. Despite this, little is known about adolescent mothers' experiences of being a mother over time or about how the interplay of factors across a range of domains may alter an adolescent mother's stability and trajectory. Although large-scale studies point to poorer outcomes for adolescent women, mediated by preexisting disadvantage (Bradbury, 2006; Lee & Gramatnev, 2006), little is known about the individual life courses of adolescent mothers and how disadvantage affects daily parenting for young women. The aim of this article is to explore the first 5 years of parenting experiences for Australian adolescent mothers.

Rates of adolescent pregnancy have been declining worldwide since 1990 (World Health Organization, 2014); this is also true in Australia, where rates of adolescent pregnancy are relatively low compared with some developed countries (e.g., the United States, New Zealand, and the United Kingdom) but high compared with others (e.g., Denmark, Sweden; Sedgh, Finer, Bankole, Eilers, & Singh, 2015; UNICEF, 2001).

Bradbury (2006) found that adolescent mothers are one of the most disadvantaged groups in Australian society, having low levels of education and high reliance on income support payments. Long term, Bradbury found adolescent mothers were less likely to be partnered and less likely to own their own home, and, if partnered, their partner was more likely to have low income. Further, Australian adolescent mothers are also highly mobile, with instability in relationships, housing, and employment creating additional challenges that often interfere with the tasks of daily living (Quinlivan, Box, & Evans, 2003; Quinlivan, Petersen, & Gurrin, 1999). Although Lee and Gramotnev (2006) found that adolescent mothers in Australia experience socioeconomic disadvantages and unhealthy lifestyles, the problems experienced by adolescent mothers were relatively minor after controlling for preexisting disadvantages. Thus, they argued that adolescent motherhood is not the

precipitator of longer term unhealthy lifestyles, low education, or ill health and disadvantage; on the contrary, they concluded that adolescent mothers in Australia tend to cope well emotionally and maintain good health (Lee & Gramatnev, 2006).

The proposition that parenting may be a positive experience for adolescent women is less well researched. However, Barratt, Roach, Morgan, and Colbert (1996) found that adolescent mothers reported higher well-being postpartum than their same-aged peers without children. Adolescent childbearing may be protective for drug use and binge drinking (Fletcher, 2012), may serve as a catalyst for lifestyle changes, and may also be associated with higher self-esteem and sense of identity (Breen, 2014; Hanna, 2001; Larkins et al., 2011; Mulherin & Johnstone, 2015; Seamark & Lings, 2004; Shea, Bryant, & Wendt, 2015; Sheeran, Jones, & Rowe, 2016; SmithBattle & Leonard, 1998). In short, compared with alternative options, the sense of life meaning and direction associated with becoming an adolescent mother may be a protective factor for women from disadvantaged backgrounds (Arai, 2003).

In a qualitative longitudinal work eliciting adolescent mothers' voices and perspectives on motherhood, Smithbattle and Leonard (1998) highlighted how early pregnancy outcomes are socially embedded and argued that all mothers (including adolescent mothers) need stability in their lives. There is also evidence that adolescent mothers' lives often diverge from popular negative stereotypes. For example, in the United States, more than 70% of adolescent mothers graduate from high school. In Australia, 27% of adolescent mothers live in owner households, 66% privately rent, and few live in community- or government-subsidized housing (Bradbury, 2006). These findings suggest adolescent mothers are a heterogeneous group whose experiences are socially embedded and adds to a growing voice demanding that construction of adolescent mothers as a problem detracts from addressing need (Erdmans & Black, 2015; Sheeran, Jones, Farnell, & Rowe, 2016).

To examine the divergent life courses of adolescent mothers, Oxford et al. (2005) followed 227 pregnant adolescents longitudinally and identified three patterns: a problem-prone group (15% of the sample), a psychologically vulnerable group (42%), and a normative group (43%). Only the problem-prone group was found at approximately 30 years of age to have serious problems in all domains (i.e., financial, relational, behavioral, health, and mental health outcomes). The psychologically vulnerable group reported difficulties in specific domains: health, mental health, and relational problems. Risk factors for being problem prone or psychologically vulnerable included criminal behavior, drug and alcohol use, mental health problems, welfare use, stressful life events, intimate partner violence, and risky sexual behavior.

Oxford, Gilchrist, Gillmore, and Lohr (2006) examined adolescent mothers' trajectories based on pre-pregnancy functioning (i.e., history of delinquent behavior, drug use, mental health problems, school problems, and history of running away, as well as cumulative risk). They found both simple summative risk and combinations of individual risk factors were highly predictive of the pattern of transition into adulthood for adolescent mothers. However, their study only included single adolescent mothers who were under 17 years of age, whose experiences may not generalize to the 25% to 50% of adolescent mothers in relationships with the father of the baby (Bunting & McAuley, 2004) and those aged 18 or 19 (who comprise 70% of adolescent mothers; Bradbury, 2006).

Models investigating determinants of parenting functioning have typically highlighted the interactive processes among maternal characteristics (e.g., maternal psychological health, personality), child characteristics (e.g., gender, temperament), and social context (marital relationship, social support, employment; Belsky, 1984), suggesting that an ecological perspective that also incorporates process and time is needed to understand outcomes (Bronfenbrenner, 1995, 1999). For example, Luster, Bates, Vanderbelt, and Nievar (2004)

found that differences in the academic success of children born to adolescent mothers could be explained by interactions between maternal and child characteristics, contextual sources of stress, and supportive relationships. SmithBattle and Leonard (2014) also demonstrated how the nature of the relationship with key support people (i.e., maternal grandmothers) can lead to different trajectories and outcomes. Similarly, there is a growing recognition of the importance of the relationship with the father of the baby for adolescent women (Malette, Futris, Brown, & Oshri, 2015), although more work is needed to understand the interplay of factors that contribute to outcomes for adolescent mothers. One such factor, related to the infant and possibly affecting the parent–child relationship (Borghini et al., 2006), is preterm birth.

Preterm birth is one specific stressor that has been under-researched with adolescent mothers, despite an increased risk of premature birth (Jolly, Sebire, Harris, Robinson, & Regan, 2000). Infants who are born preterm often have difficult temperaments (Hughes, Shults, McGrath, & Medoff-Cooper, 2002), and adult mothers consider preterm birth a highly stressful life event (Whitfield, 2003), which affects maternal functioning, relationships, and outcomes. The limited literature examining adolescents' experiences suggests that the acute period of infant hospitalization exacerbates challenges experienced by all adolescent mothers (e.g., transportation difficulties) and exposes adolescent mothers to perceived negative judgment by hospital staff but does not detract from the joy of being a mother (Sheeran, Jones, & Rowe, 2015). There is some evidence suggesting that the stress, anxiety, and depression associated with a preterm birth may dissipate for adolescent mothers relative to adult mothers (Farnell, Jones, Rowe, & Sheeran, 2012; Field, Widmayer, Stringer, & Ignatoff, 1980; Oswald, McClain, & Melnyk, 2013). However, little is known about the experience of mothering a preterm infant over time and how a preterm birth may interplay with other ecological factors to influence the experience of mothering.

The present research was designed to be an in-depth exploration of the ecological factors influencing adolescent mothers' mothering experiences and how these experiences converge and diverge over time. Interview data were collected over a 6-year period to capture the lived experience of adolescent mothering.

METHOD

Participants

Ten mothers, from an initial sample of 40 recruited at Time 1 (T1), were followed up 5 years post-birth. The remaining mothers were lost to follow-up ($n = 21$), did not give permission to be recontacted ($n = 5$), or accepted but were unable to be contacted for data collection ($n = 4$) at Time 4 (T4). Six mothers had given birth to preterm infants (born <37 weeks' gestation) and four mothers to full-term infants (born ≥ 37 weeks' gestation). Mothers' ages at time of birth (T1) ranged from 17 to 19 years ($M = 17.90$, $SD = 0.73$) and at T4 ranged from 22 to 25 years ($M = 23.90$, $SD = 1.10$). Participants were English-speaking and primarily Anglo Australian ($n = 9$); one mother identified as Aboriginal Australian. Further demographic details are provided in Table 1. There were no statistical differences between those completing T4 data collection and those who did not when compared on age, years of education, living situation, socioeconomic status, or infant birth status. However, the sample at T4 was statistically more likely to have been in a relationship with the father of the baby (FOB) at T1 compared with those not participating. Pseudonyms are used throughout.

Interview Schedule

Semistructured interviews were conducted at each time point, asking the mothers' perceptions of how parenting had affected their lives (e.g., Can you tell me a little about how you think having [child's name] has impacted you?), their daily experiences of parenting (e.g., What is life like for you and [child's name]?), individual characteristics (e.g., What do you see as your strengths? What do you do to get through the tough times?), their sense of

how their experience fit with others' and their own expectations (e.g., Is parenting what you expected it would be? Can you tell me about this?), and thoughts and feelings associated with parenting (e.g., Could you tell me a little about your own experience since becoming a parent?). Mothers of preterm infants were also asked about the impact of preterm birth on motherhood at each time point. The interviewer followed the participant's lead, referring back to the schedule to prompt as needed.

Procedure

Each participant was individually interviewed at four time points over a 6-year period: 1 week before the preterm infant being discharged from the special care nursery or within 1 week post-discharge of a full-term infant (T1), 3 to 4 months post discharge (Time 2: T2), 12 months post-discharge (Time 3: T3), and approximately 5 years later (T4).

Time 1. Following ethical approval by the university and hospital ethics committees, the initial phase of recruitment was carried out in 2008. A total sampling strategy was used, whereby all adolescent mothers meeting the eligibility criteria were invited to participate (i.e., 15–19 years of age, without ongoing maternal health issues or cognitive impairment); 57% of those invited to participate agreed to do so. Participants were recruited from four hospitals in the Greater South East region of Queensland during age-specific antenatal classes and postnatally through contact with special care nurseries and maternity wards. Further details on the initial recruitment strategy and findings from the larger sample are reported elsewhere (Farnell et al., 2012; Sheeran et al., 2015).

Time 2, 3, and 4. All mothers who provided consent to be recontacted at T1 were invited to participate in subsequent phases of data collection using contact details provided in previous phases (own or contact person's telephone numbers, e-mail addresses, and postal addresses). At T4 only, private messages were also sent to participants via Facebook, and

participants were provided with a \$25 gift voucher for their participation. Multiple attempts to contact were made via all mediums over a period of several months.

At each time point, participants completed a semistructured interview that was digitally recorded ($M = 45$ minutes in length, range = 26–65 minutes), followed by the questionnaire booklet containing measures of support, psychological adjustment, and coping/stress appraisal (not reported; see Farnell et al., 2012), and (at T4 only) a video recorded mother–child interaction activity (not reported).

Data Analysis

Recorded interviews were transcribed verbatim and checked for accuracy before coding. Thematic analysis (Braun & Clarke, 2006) was used to identify patterns within the data. This included sentence-by-sentence coding to identify descriptive themes, clustering of common themes based on prevalence, and organization of common or convergent themes into cogent superordinate themes. A comprehensive analysis process was employed in which interviews were double-coded by the first and third authors before being integrated. The second author assessed the veracity of the themes by cross-checking quotes and interpretations against original transcripts. Informal member checking was employed with themes from T1, T2, and T3 shared with participants at T4, with comment and discussion further contributing to the refinement of the themes presented in the present article.

Findings

Two interrelated superordinate themes emerged that encapsulated the experiences of parenting over time for adolescent mothers: *Stability to chaos* and *I've grown, but I can't reach the stars*. It was evident over time that mothers' parenting experiences were described in a continuum of general life experiences, with stability and chaos marking each pole of a continuum. However, there were clusters in the narratives; some mothers' experiences tended to be chaotic, and others tended toward greater stability, and those with more chaos were

limited in their ability to reach the stars. Four areas of experience were reflected in the mothers' narratives: geographic stability, family support, partner/romantic relationships, and planning and routine. These factors were not related to whether the infant was born full-term or preterm. The theme "I've grown, but I can't reach the stars" describes the changes or growth that initially occurred as a result of becoming a mother and how this was facilitated or stunted by stability over time. Three case studies are presented as exemplars to explore the nuances of each of these themes with Holly and Claire marking each pole of the continuum and Jenna showing how the factors can interplay to influence personal growth.

Holly: Instability and Chaos

Holly's case study highlights how pre-pregnancy patterns are brought forward into the parenting domain, influencing and anchoring her ability to grow, change, and ultimately be the parent she hoped to be. This case provides a lived example of how preexisting disadvantage, chaotic family relationships, and environment shape the parenting experience and how these factors overrode any influence the preterm birth of her daughter may have had. Holly's story was representative of the parenting experiences of Laura and Jessica.

Family and partner instability. At the time her preterm daughter, Jayelyn, was born 9 weeks early (weighing about 2 pounds and 3 ounces), Holly (17 years of age) was living with the father of the baby (Lee; 24 years of age) in a small rural town, located about 22 miles from a regional center where her infant was hospitalized. Holly described a disrupted childhood where she and her two older sisters were removed from her mother's care due to drug use and neglect and placed with her father, followed by foster care. Before her pregnancy, Holly had left school after completing Grade 10, was unemployed, and reported issues with binge drinking. Her pregnancy was unplanned, and she had known Lee for 2 weeks; she reported:

I've tried so hard not to get pregnant and then I just meet this one guy and I fall pregnant. . . . I cried a lot, I cried all the time, only because I was scared that I wasn't going to be able to give her a good life, but I've just got to keep trying my hardest to do that for her. . . . I reckon I can do it; I reckon I'm going to be a good mum. (T1)

Holly's relationship with Lee was tumultuous, and 3 months after giving birth, she moved out and into a rental property with her sister: "I moved out of his house 'cause we just kept fighting all the time . . . he abused me all the time" (T2). She went on to state that "fighting with Lee" had been the biggest challenge she had encountered since becoming a mother. At the same time, Holly believed not having a father to support adolescent mothers made parenting much harder, "especially if the young lady don't have the man, the boyfriend there to help her out" (T2), which also justified her decision to stay in a relationship with Lee even after moving out of the residence they shared together: "I stuck with Lee too 'cause he was all I had; I didn't have anyone else" (T2). At 12 months' post-birth, Holly reported being committed to her relationship with Lee despite him being in jail at the time.

I've been seeing him while he is in jail. Yeah I still see him. I don't love anyone else. I only love him. He gets out in 6 weeks. He's been in there for 3 months . . . he breached his parole or something. (T3)

By the time their child (Jayelyn) was 6 years old, Holly and Lee had five children together (including twins also born preterm), and Holly had recently ended the relationship: [Lee's] going back [to jail]. We have only just recently [broken up] when I had [baby #5] 'cause he was with my sister . . . and see I don't even know [whether my sister's baby] might even be Lee's. . . . I was devastated what her and Lee did in my house. Like they hadn't just done it to me once; they done it to me too when I was pregnant with [baby #4]. (T4)

Even in this case, where the father was a destabilizing force, Holly felt she had no choice but to maintain contact or take whatever support was on offer, because “he just comes and helps me. He’s a really good dad with the kids; he’s just not a good [relationship] partner” (T4).

Lee’s mother and father were reportedly alcoholics with severe mental health issues, and, despite living in nearby when Jayelyn was born, provided limited support and increased burden for Holly. Her two older sisters had also been adolescent mothers, and over time both had their children removed by the Department of Child Safety (DOCS). At T4, Holly’s newborn niece (whose father was suspected to be Lee) had been placed in her care by DOCS while her sister was in jail. Although Holly initially reported good family support from both her sisters and mother, over time these relationships appeared to cause greater distress than help: “My mum, she helps, but she’s crazy; they’re all crazy. They don’t help; they just stress me” (T4).

Geographic instability. Holly had neither permanency nor security in her housing. Her interviews over time included descriptions of being evicted or deciding to leave multiple housing situations. Her decision to move often occurred against a background of conflict, as a result of disagreements with relatives, relationship breakdowns, financial difficulty, and safety concerns. For example, Holly returned to a rental property she shared with her parents and partner following an argument to find “they had kicked me out on the street” (T4). Holly continued, “And then I ended up going to [a suburb] from there and then to my [current] house . . . in [another suburb]. I couldn’t even pay my rent in the end ’cause everyone was coming in and taking everything. . . . I had to get away [so] I am glad I went” (T4).

After this, she and her five children spent several months in a refuge for women who had experienced domestic violence before successfully obtaining government-subsidized housing on the outskirts of a city. Geographic instability was often coupled with difficulties associated with losing personal belongings: “I lost everything I owned when I went to [the]

domestic violence [refuge]; within a week of me being gone [my family] sold everything. I had just refurnished all my house and they sold it all” (T4), contributing to a more overarching chaotic life experience, including the stress associated with moving. Despite these challenges, Holly prioritized providing herself and her children a “safe and happy” living environment because even though “keeping a roof over their heads” is “the hardest thing,” “that is all that matters at the end of the day” (T4). The relative stability Holly tried to create was attractive to her extended family, who often had nowhere else to go and whom Holly felt unable to turn away. “I had a nice big home and everything and everyone just moved in on me . . . my uncle moved in, ripped down my back fence to get his caravan in—they took over my house . . . eating all my food, just taking everything” (T4). By T4, Holly recognized the dysfunctional role her family members were playing in her life and had decided to set limits with them:

They are all druggos and I had to get away from them. I’ve just got to keep away from them and break the chain of it all. . . . They all try and come back in on me now but I am just like . . . “nup.” (T4)

Whether this could be maintained long term was yet to be seen.

Routine and planning. Despite feeling routine was essential for both herself and her children, Holly had little structure to their sleeping pattern but tried to keep a routine with bath times and dinner because “you definitely need a routine—without that . . . your house don’t get cleaned, you end up with big piles of washing and dirt” (T4). However, Holly managed to get the six children in her care ready for the 45-minute walk to Jayelyn’s school, which she felt showed strength as a parent.

I am strong. Somehow I get [Jayelyn to school] on time. Lucky they have parade every day . . . that gives me an extra 10 minutes. We have to be there at quarter to nine but sometimes I get there at five to nine, but I am always there on time. (T4)

Holly also tried to engage in a range of activities she felt were important to her children: “I try and sit on the lounge and read [and] do funny voices for them. But no, we don’t get to play much. I try to but it’s just hard with six of them” (T4). Daily parenting experiences revolved around basic care of her children, with simple tasks, such as grocery shopping or trips to the park, extremely difficult to achieve: “You need to take them on outings every now and then. [I just go] to the park—I can’t really go anywhere else with them. At the shopping center they run wild and climb up on everything” (T4).

A lack of access to a car and challenges managing strollers and children on public transport exacerbated her difficulties. Walking was the preferred form of transport. However, this meant Holly was heavily dependent on services, shops, and leisure activities available in her immediate vicinity: “I prefer to walk. Pack their little lunch boxes and put their hats and shoes on [and] take their little bikes” (T4).

I’ve grown, but I can’t reach the stars. Holly’s narrative over time highlights the way disadvantage and systemic factors pre-pregnancy are inextricably linked to growth and development after becoming a parent. Her growth as a mother, as well as her expectations and view of herself as a mother, were anchored by the level of disadvantage and chaos experienced in her family of origin. However, Holly’s first pregnancy led to positive behavior changes, such as reduced drug and alcohol use: “I gave up drinking like ages ago. . . . I used to drink like heaps . . . then when I found out I was pregnant, I didn’t drink” (T1).

Holly initially embraced motherhood, and creating a family became her goal. She was unconcerned about the restrictions it placed on her life because, although she could not “just get up and go do what I want to do now,” she recognized that she had “to worry about” her daughter first once she was born (T2). Nonetheless, over time motherhood deviated from her expectations, which Holly attributed to her family:

[Parenting is] nothing like what I expected. I thought this is the way it is meant to be: dad goes to work, the mum stays home looks after the kids, grabs a coffee. Nup. I've never been able to go for coffee. . . . It's just different for me [due to] the way that my family is. (T4)

Unstable housing and chaotic relationships with her family and partner meant Holly did not have the resources to focus on higher order needs, including social needs or self-actualization (through study or career development) for herself or her children. At T1, T2, and T3, Holly spoke of courses she would like to undertake and plans she had to study and work. However, by T4 Holly could only lament the fact that she had not had a job or driver's license before becoming a mother.

If I had a job and car, it would have been completely different. I wish I did both of those things, but it is just unfortunately for me . . . [that] I didn't get my chance to get my [driver's] license or get a job even. I have never worked in my life. I would love to but . . . (T4)

Instead, the focus of daily life was on meeting the basic physiological needs of her children, followed by trying to provide security. Motherhood was her sole vehicle for self-esteem and pride: "I've done it. I've *done* it. I had nothing when I was pregnant with her [yet] I have always kept a roof over her head" (T4).

Holly was aware that self-esteem and self-development were important for her children, but environmental factors made it difficult for her to do what she felt was best for them. "They need sport to make them feel good and find out they can do things that they want. Jaylene wants to do dancing and I had her in it when [we lived] close to it but now I just can't" (T4). Holly identified the importance of extracurricular activities but felt unable to provide this for her daughter due to having six children, no driver's license or car, and no activities for the children available near their place of residence. Importantly, Holly, although

living in what might be considered quite chaotic conditions, reported as much happiness and satisfaction with parenting as the other mothers we interviewed: “At the end of the day, I am still happy and still smiling” (T4).

Despite Holly experiencing two preterm pregnancies, challenges associated with having preterm infants were not salient in her narratives over time, although transport to and from the hospital was reported as difficult at T1, likely due to the degree of chaos in her life.

Two other mothers’ experiences were also at this end of the stability to chaos continuum. Laura’s parenting experiences were similar to Holly in that Laura experienced substantial geographic, relationship, and family instability and had also had a preterm infant. Laura was sole caregiver for the youngest of her three children at T4; the other two resided with their fathers. Laura appeared to have come full circle at T4 as she had recently moved back in with her grandparents and was working for them in their business—a position she had been in 5 years earlier before relapsing into drug use and homelessness. Jessica also reported substantial geographic, relationship, and family instability and was the sole caregiver for the younger of her two children. Jessica’s experience was littered with violence and loss, including the unexpected death of her second child’s father in an accident shortly before the T4 interview.

Claire: Stability and Growth

Claire’s case study highlights the other pole of the stability–chaos continuum. For her, pre-pregnancy stability was brought forward into the parenting domain and facilitated growth, change, and her capacity to parent. This case provides a lived example of how pre-existing relationship stability, good family relationships, and a stable environment positively shape the parenting experience for young women. Claire’s story resonated with the parenting experiences of Julianna, Lily, and Bronte. For all of these mothers, age at first childbirth was the only obvious factor differentiating them from adult mothers in the general population.

Family and partner stability. At the time her full-term son, Austen, was born, 18-year-old Claire and her fiancé, James (23 years of age), were living in a house James had purchased 5 years earlier. Although reluctant to admit it to her family, Claire and James planned their pregnancy and also had plans for three more children in quick succession, and were to get married the following year.

James's sister is my best friend so I've known James for many years and we've just hung out as teenagers and then we sort of started dating and then got engaged last year in September. . . . [we are] getting married next year in September. (T1)

James had taken 4 weeks leave from work to help Claire once Austen was born, demonstrating the dual commitment both parents had to having a baby.

It's really handy 'cos I can just feed him and James will still help with burping and you know and settle him down . . . he's been very helpful so it just makes it a lot easier . . . having him around. (T1)

Claire reported good family support from her mother and James's parents and strong relationships with siblings and friends.

I am very close to my mum and my sisters and everything. I don't have contact with my dad anymore, but growing up I always had a very—I think I had a pretty good family. . . . Before we were even dating, [James's] family has been a part of me. I've been part of that family for a long time because of his sister . . . so they're like my family. (T1)

Claire's mother and older sister had also been adolescent mothers, and her sister had a second child 2 weeks before Austen's birth, which may have helped with the acceptance of her decision to become an adolescent mother.

They help financially if we need anything and if I need them to look after Austen to go to doctors or anything, just going out for a few minutes [James's mum] will come

and pop over and look after him. Anything at all, she will just do whatever is needed.

(T2)

This family support from both sides of the family continued over time, demonstrating how stable families can be responsive to an adolescent mother's needs. At T4, she once again said, "I've got James's family [and] my family that are always [saying] 'bring them over here.' . . . If I need to go out, I can go out."

Claire and James's plans for marriage and growing their family came to fruition. "We got married last month. . . . We actually are trying [to get pregnant] right now . . . we've been trying" since the wedding (T3). By the time Austen was 6, Claire had a 4-year-old daughter and 16-month old son, although plans for a fourth child had been suspended.

Importantly, Claire did not see herself as a typical adolescent mother. Instead, she saw herself as a woman in a stable relationship who was ready for the responsibility of children.

I know that I was very young, but I didn't accidentally fall pregnant so I knew that I was going to be a mum and I knew that I always wanted to have kids with James. Plus we've been together for a long time, so I didn't just go into it; I knew we had a good relationship. (T4)

Claire's narrative over time suggested a sense of "we-ness" rather than of being alone in the parenting journey. She described her family as a part of her but also as separate, demonstrating how a stable partner and family provide the basis for positive parenting experiences, through both responsive support and not being a burden.

Geographic stability. As previously mentioned, Claire and James were living in a home they owned when Austen was born. By T2, they were selling their house and had a contract on a larger house: "We want to upgrade and just get a bigger house; we want to have four bedrooms" (T2), which Claire saw as setting them up to fulfill their dreams of a larger family. Claire reported substantial stress because there were concerns over selling their house

in time to fulfill their contract on the new house, but by T3 they had moved into their new dream home and were still living in the same house at T4.

Although Claire experienced change in her housing situation and associated stress, she and her husband were in control of whether and where they moved. The choice to move was driven by a desire for growth and goal fulfillment, rather than by necessity, violence, or eviction. Further, the stress associated with moving was mollified by the help of their families—for example, Claire indicated that “James’s mum did all the packing . . . [and] everyone helped clean the house” (T3)—further demonstrating the intersection of family stability, geographic stability, and parenting experiences.

Routine and planning. Planning and structure were central to Claire’s daily parenting experiences, beginning with her plan to become pregnant and extending into the development of a daily routine with Austen, “I sort of work out routines and things and make tea before [James] gets home so it’s ready and give Austen a bath before 6 and then Austen’s in bed and dishes and shower and bed” (T2). Claire went on to explain that having a routine for Austen enabled her to get the rest she needed to function effectively and to manage the household, child, and relationship demands placed on her. Although routines changed over time, Claire consistently reported stable routines, and as Austen became older, her planning became about activities to promote growth such as age-appropriate household chores “like unloading the dishwasher . . . [and] tidying [his] room up, and things like that” (T4). Routine and planning were also vital to Claire’s ability to juggle her three children, work, and the hobbies of her children and husband, and she saw herself as “very strict” in this area (T4).

I’ve grown, now I can reach the stars. Unlike the narratives of many adolescent mothers, Claire did not report a dramatic disjuncture between who she was before and after pregnancy. Instead, becoming a mother was a natural progression in her life trajectory, and there was continuity in her view of self. Claire saw herself as more mature than most

similarly aged women and felt she had already begun the transition into adulthood through work and study.

I've always been more mature for my age . . . I'm not the average 19-year-old. . . . My best friend is 19, or 20 now, and she goes out partying and that's not really who I am; I'm happy to be a family and stay home and look after Austen. (T2)

Claire's narrative suggests an ability to learn and observe from others, but also that she had opportunities before pregnancy to develop maturity—traits she then applied to motherhood. Although Claire reported that she had been “a bit of a rebel” in her early adolescence, much of the growth and change had occurred as part of her preparation and planning to create a family rather than in response to becoming a mother.

When I was 15 [years old] I used to go to a lot of parties. . . . and then somehow I sort of grew out of it. I just wanted to grow up. I didn't want to be like that anymore; I didn't like being so immature. (T2)

For Claire, stability in her relationship and housing, along with family support, allowed her to focus on balancing motherhood with her own self-development, including achieving both personal professional goals, although this also created tensions. Claire returned to part-time work by the time Austen was 12 months old, but she resigned after the birth of her third child.

I felt guilty all the time going to work, but I liked getting out, and working. I did decide in the end to give it up, because it really was affecting my family. . . . I really liked [my work] and I want to go into management and start my career, but that's been hard for me . . . balancing opportunities. (T4)

The other three mothers' experiences represented in this end of the stability–chaos continuum were in long-term, stable relationships with the fathers of their babies (who had stable, high-paying employment), with Bronte also married. Although Lily had only the one child, the other mothers all had additional children. Julianna, Bronte, and Claire all owned

their homes; Lily was in a long-term rental property. Although most had moved at times, the moves were voluntary decisions made by the couple based on work opportunities, schooling decisions, needing a bigger home, or improved financial position. Family stability was another common factor: Despite all four having divorced parents, each reported that their families provided appropriate and responsive support. All four mothers had returned to work or study at various points in their parenting journeys and were exploring career options and self-development opportunities as their children started school.

Despite Lily, Julianna, and Bronte all having preterm infants, only Bronte's narrative expressed the centrality of having a preterm infant to her experience. Bronte reported that her preterm son had an extremely difficult temperament, and she associated all of her parenting difficulties as being due to her infant's prematurity and experiences in hospital. She also felt that her age may have contributed to the problem; she felt she was not as assertive as adult mothers she observed at the hospital.

Jenna: Instability–Stability and Growth

Not all mothers clustered neatly to either pole of the stability–chaos continuum. Jenna's narrative reveals how stability in some areas and instability in others interplay with the parenting experience. Jenna's experiences resonated with those of Charlotte and Becky.

Family and partner stability. Jenna conceived her daughter (born full term) after a causal sexual encounter with a “really good friend” after “getting really drunk” (T1). She and the father of the baby “were just best friends and lived together in the same house” and “started seeing each other” when she became pregnant (T1).

In the first few months of parenting, Jenna and Drew struggled to coparent effectively. At T2, she said parenting was “not a full-time thing for him”— he apparently took greater interest in playing video games and watching sports—and paraphrased his attitude as “when I feel like holding the baby, I'll hold the baby.” Although at that time she

indicated that they had “been fighting a lot just in the recent months” (T2), this appeared to improve over the subsequent months, because at T3 Jenna stated:

[Drew’s] always here when I need a break; he’s the first one. He feeds her, bathes her, changes her nappy, makes her bottles. If I’m at the point where I can’t do the dishes, I’m so tired, he’ll do the dishes and he’ll do the washing . . . picking up when I drop the balls. So yeah, it’s good; it’s kind of a little bit of a more mature relationship now, now that we’ve worked out differences. (T3)

However, the improvement did not last over the long term. By the time her daughter, Melissa, was 6 years old, Drew and Jenna had been separated for 4 years, and their relationship had become increasingly unstable and volatile.

I can’t actually remember if we were together or not the last time I talked to you. But we split up from there; I moved back home with mum, then moved out again. Kind of got back with him. Broke up with him . . . [I had] a bit of an adult breakdown, and . . . just went, “My life is in a shambles” . . . [I] was just totally miserable. (T4)

Jenna then moved to the Northern Territory (approximately 2,000 miles away) for work, taking Melissa with her, which “was all fine with him until he realized that we weren’t just going for a week.” At that point, “he hopped on a plane” and suggested that “we try” our relationship again. She continued, “We tried, and it all came undone over a \$200 TV. . . . That got pretty nasty, and there was domestic violence orders” (T4).

Shortly thereafter, Jenna met a new man, Simon, whom she and Melissa were living with at T4. Jenna’s relationship with Drew had deteriorated, with neither Jenna nor her daughter having any contact with him, and

about 3 months ago I changed my mobile number, which was the last connection. . . . I made that decision consciously to say, “That’s not fair on Melissa.” . . . following every phone call we had 2 weeks of tantrums. (T4)

Jenna reported that her 3.5-year relationship with Simon was very strong and that he was a great stepfather and a “very good” man. Jenna also reported good relationships with her mother, aunt, and sisters, particularly in the first 12 months when she lived in close proximity to them. Despite reporting that she had support from her mother and sisters, however, Jenna noted that she was reluctant to access it because she did not want to burden her family. Jenna also reported poor relationships and low regard for Drew’s family, particularly Drew’s brother, who had coresided with them but appeared to be a financial burden rather than a source of support.

Overall, this meant Jenna was left managing much of the responsibilities of being a parent on her own and highlights how having access to support and feeling comfortable using it when needed are two distinct matters. Jenna’s case study also highlights how the parenting experience is negatively affected when the relationship with the father of the baby is being negotiated and navigated while simultaneously transitioning to parenting.

Geographic stability. Jenna experienced stability but not permanency in her housing situation. Some moves were motivated by relationship issues, but most were due to employment—either her own or her new partner’s (he was in the military). Rather than experiencing these moves as stressful, Jenna reported that they benefitted both her and Melissa: “I love moving around. Melissa is very adaptable; . . . she’s very resilient” (T4). This suggests that the degree of control and choice over one’s moves may play an important role in determining the extent to which geographic instability creates or signifies challenges for adolescent mothers.

Routine and planning. Jenna appeared to have a more fluid approach to routine than the more stable mothers. For her, a routine was something that just happened, rather than being implemented: “Yeah you just sort of fall into a routine . . . if you do something long enough it just happens” (T3). This is suggestive of a laxer approach to having a solid routine,

which continued at T4, when Melissa was 6: “We just started this health food program to try and lose some weight . . . [and] since we’ve started that we have a bit more of a routine of when we eat [so now] we’ve got a set bed time” (T4).

I’ve grown, and I might reach the stars, but it depends. A common theme among mothers in this cluster was the way individual growth and success interacted with relationship stability. For example, before pregnancy, Jenna was undertaking an apprenticeship after dropping out of high school. After taking a few months off after Melissa’s birth, Jenna returned and completed her apprenticeship. After receiving her qualification, Jenna changed career directions, beginning work with Aboriginal communities in the Northern Territory. By the time Melissa was 6, Jenna was completing a bachelor’s degree.

This highlights the internal resources that Jenna brought to parenting and the sense of perseverance that kept her engaged in employment and study. Jenna had education and training goals that she wanted to meet before pregnancy, and she continued to strive to achieve them while also being a mother. Jenna also displayed courage by ending her relationship and moving. Despite this internal strength and independence, there was less stability in other areas, including relationships, family, planning and routine, and geography. Future functioning appeared dependent on the stability of her current relationship.

Like Jenna, Becky was not in a relationship with the father of her baby at the time of conception; however, unlike Jenna, Becky’s pregnancy was the result of nonconsensual sex. Becky found out at 18 years of age that she had been adopted, which caused major ruptures in her relationship with her adoptive parents. Several years later, Becky found out that her adoptive parents were her grandparents, and their son, whom she thought was her brother, was her genetic father. Becky’s transition to parenthood was also disrupted by a car accident that nearly ended her life and resulted in multiple surgeries and extensive time in hospital. Custody of her daughter was shared with her adoptive parents until she had fully recovered

when her daughter was 3 years old. At this time, Becky met and married Bob and had two more children. Charlotte was in a long-distance relationship with the father of her baby, which ended shortly after her son's first birthday. She then had a second child with her next boyfriend and was pursuing a relatively new relationship at T4. Although all three mothers reported good current relationships and engagement in education, future stability, growth, and functioning appeared highly dependent on the success of these relationships.

DISCUSSION

In the present study, we examined how adolescent mothers' lives converge and diverge over time using an ecological framework (Belsky, 1984; Bronfenbrenner, 1995). Effective partner support, geographic stability, family support, and routine/planning were core dimensions that differentiated the parenting experiences of these adolescent mothers. Further, current and preexisting disadvantage interacted with each of these factors, influencing the adolescent mothers' ability to grow and develop.

These findings reinforce the heterogeneity of adolescent mothers, contrasting with the focus in much research on adolescent mothers who are struggling. Our findings show that adolescent mothers can be placed on a continuum from those who are stable and secure in a range of areas, to those for whom life appears chaotic and unstable. Family dysfunction pre-pregnancy and the quality and stability of the relationship with the father of the baby seemed critical in explaining these differences, while also anchoring what opportunities the mother had for growth and development. Family dysfunction and systemic disadvantage influenced the adolescent mothers' experiences of parenting and subsequent mental health by reducing support (particularly from the adolescent's own mother), increasing geographic instability, and increasing the number and range of crises with which adolescent mothers were contending. Smithbattle and Leonard (2014) also highlighted the importance of considering the nature of the relationship between adolescent mothers and their own mothers by showing

the detrimental effects of adversarial caregiving relationships. Our findings showed that these mother–daughter relationships may not always be helpful; they may be sources of chaos and burden adolescent mothers.

The inclusion of primarily partnered women in this study highlighted the potential importance of relationship stability and quality with the father of the baby for long-term outcomes, including their mothers' own development. For the mothers doing well, relationship *stability* was central and more prominent in their narratives than any other factor. The father of the baby provided both tangible and financial support, which allowed the young women to either pursue self-development opportunities such as work and study or engage in full-time mothering. For mothers at the chaotic end of the continuum, relationship *instability* was central and equally prominent in their narratives. Their relationships were characterized by domestic violence, infidelity, and general discord. Long-term stability for the adolescent mothers in new relationships appeared dependent on how well the relationship was maintained over time. The role of relationship quality is increasingly being recognized as a critical factor in outcomes (e.g., identity development) for adolescent mothers, with cooperative relationships and low conflict identified as important relational factors (Fagan, Schmitz, & Lloyd, 2007; Mallette et al., 2015). However, our findings suggest more research is warranted, particularly around subsequent partnership quality.

Our findings also build on Smithbattle (2007), who found that life trajectories for adolescent mothers reflected the advantages and opportunities accorded in childhood, by demonstrating the interaction between constraints imposed by the system and the social world they inherited and relationships as adults. Our findings also support those of Smithbattle and Leonard (1998) and Luster et al. (2004), who demonstrated that outcomes for adolescent mothers and their children are socially embedded, highlighting the importance of responsive relationships that support caregiving.

Adolescent mothers in Australia are known to be residentially unstable (Quinlivan et al., 1999). However, our findings suggest that lack of permanence and the number of moves may be less important to stability than the reasons for the moves. Moves driven by employment and partner employment were less distressing and disruptive than moves necessitated by financial or family problems, which may reflect the perceived control adolescent mothers feel they have over decisions to move.

Importantly, consistent with other qualitative analyses of adolescent mothers' experiences (Arenson, 1994; Seamark & Lings, 2004), all the mothers we interviewed were motivated to parent better than they perceived their own mothers had. However, mothers differed in their definitions of what being a good mother meant. The expectations of, and experiences around, parenting have fundamentally shifted over the past few decades. Children are now seen as more vulnerable (Faircloth, 2014), precipitating a shift in parenting practices to an intensive parenting ideology (Hays, 1996) where being a good parent is less about the provision of basic needs and more about material and social resources (Gillies, 2005). With this relatively new conceptualization of childhood, "good mothers" now do far more than feed, change, and shelter their children; they also devote large amounts of time, energy, and emotional and material resources to them. Our findings suggest that adolescent mothers in more stable situations adopted this intensive parenting ideology and gained self-esteem from their ability to parent in accordance with this ideology. In contrast, adolescent mothers from more disadvantaged backgrounds defined mothering in terms of basic provision of shelter, food, and love and in turn derived self-esteem from providing these basics.

Implications for Practice

Scant attention has been paid to the relative importance of the relationship quality between adolescent mothers and either the father of the baby or their current partner. Our findings, along with other recent work (Mallette et al., 2015), suggest that this is an area for assessment

and intervention. When relationships are stable and of high quality, other areas of functioning may also stabilize, thereby allowing the adolescent mother more opportunities for growth. However, it is also important to recognize that not all adolescent mothers desire long-term relationships with the father of their babies (Edin & Kefalas, 2011), nor is pursuing a relationship necessarily helpful, especially when the father is perceived as a destabilizing force. It is also important to consider the goal of any such intervention; in the United States, the focus tends to be on marriage, but in Australia, de facto relationships (e.g., living together in genuine domestic partnerships) are normative. As such, interventions may need to focus on helping the mother identify healthy partnerships as relevant to the mother. Of note are the relatively high rates of violence reported by adolescent mothers in the present study (and in past studies; see Quinlivan et al., 1999), suggesting that assessing for intimate partner violence and reproductive coercion during pregnancy is particularly warranted, especially given the links with unplanned pregnancy (Miller, Jordan, Levenson, & Silverman, 2010).

Assessments should include a thorough examination of family relationships, and the nature of the relationship between the adolescent mother and her own mother. Grandparents, and particularly grandmothers, should not be assumed to be a stabilizing force or source of support. Staff working with adolescent mothers should be aware that younger mothers may need assistance asserting their needs and ideas in hospital settings because age appears to be a factor in reducing perceived power in these contexts.

Our study also highlights that to reduce disadvantage, factors such as access to affordable safe housing and affordable childcare are critical for promoting stability, which in turn may enable adolescent mothers to study and work. It is important that interventions consider the complexities inherent in the communities where some of these mothers reside that include high levels of disadvantage, discrimination, poverty, violence, and stress. We have previously argued that the primary emphasis on age and lack of focus on addressing

(pre)existing social disadvantage perpetuates stigma and stereotypes (Sheeran et al., 2016).

The findings of the present study go some way toward acknowledging the heterogeneity of adolescent mothers and directing the focus for policy and intervention.

Limitations and Future Directions

A key limitation of this study was attrition over time. Despite our best efforts at recontacting the mothers in our study via phone (home, mobile, nominated contact person), letters (last known address(es), last known address of contact person), e-mail, and social media (i.e., Facebook), we were unable to locate approximately 50% of our original sample. Further, several mothers who we were able to locate found it difficult to find time to participate due to their chaotic lives. Despite this, the mothers who did participate over time had a range of experiences, reflecting the heterogeneity of adolescent mothers. However, the final sample may be biased toward those who were more stable and under-representative of those who had more instability. Further, our participants were more likely to be in relationships than those who did not participate in the follow-ups. This may have biased our results by unduly emphasizing the importance of relationships relative to other factors. Further research is needed to explore the role of the father of the baby, the mother's relationship quality with him and subsequent partners, and the importance of other family relationships in determining maternal functioning.

Conclusions

The present study provides an in-depth exploration of adolescent mothers' experiences of motherhood over time in an Australian context. Findings suggest that functioning is related to stability and instability across a number of key domains, including geographic stability, family support, partner or romantic relationships, and planning and routine, which in turn act to limit or enable growth and development.

AUTHOR NOTE

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Table 1
Demographic Details for Participants at Time 4

Name	Current age	Infant birth status	First child's current age	Living arrangement	Relationship status/length	Number of children	Education	SES	Risk factors
Instability and chaos									
Holly ^a	22	Preterm	6	Department of housing	Single	5 ^b	Year 10	4	Own mother intravenous drug user, removed from mother's care/foster care by DOCS, FOB jailed, sister's children removed by DOCS while in jail, FOB parents' alcohol use, relationship breakdown with FOB, denies own drug use. Aboriginal Australian.
Laura	23	Preterm	6 ^c	Living with grandparents	Single	3	Year 11	7	Previous homelessness, history of drug/alcohol use before and after pregnancy, own mother mental health issues, relationship breakdown with FOB, second child removed by DOCS.
Jessica ^d	24	Full term	5 ^c	Renting	Single	2	Year 11	2	Poor family support, domestic violence by FOB, drug use by FOB, recent death of current partner (father of second child).
Stability and growth									
Claire ^a	25	Full term	6	Owens home	Married 9 years	3	Some college	3	Good family support, FOB securely employed, pregnancy planned.
Julianna	23	Preterm	6	Owens home	De facto 7 years	2	College	3	Good family support, FOB securely employed.
Lily	25	Preterm	6	Renting ^e	De facto 8 years	1	Year 11	3	Good family support, FOB securely employed.
Bronte	24	Preterm	6	Owens home	Married 10 years	3	Year 10	7	Good family support, FOB securely employed, pregnancy planned.
Instability–stability and growth									
Jenna ^a	25	Full term	6	Renting	De facto ^f 4 years	1	Currently at university	4	Good family support, pregnancy following one-night stand, relationship breakdown with FOB, partner securely employed.
Charlotte	23	Preterm	6	Living with mother	Dating ^f 2 years	2	Year 12	4	Good family support, relationship breakdown with FOBs of both children.
Becky	25	Full term	6	Renting	Married ^f 5 years	3	College	2	Some family support from adoptive parents, conception following nonconsensual sex, health problems after accident, husband securely employed.

Note. DOCS = Department of Child Safety; FOB = father of baby; SES = socioeconomic status, as indicated by SEIFA–2011, where 1 = *lowest socioeconomic status* and 10 = *highest socioeconomic status* (Australian Bureau of Statistics, 2013).

^aExemplar case in the present article. ^bAlso has custody of newborn niece under child safety order. ^cFOB currently has custody of child of interest. ^dProvided survey data only at T4.

^eParent(s) also live with mother. ^fCurrent partner is not FOB.