ANTICIPATORY SOCIALIZATION FOR THE MATERNAL ROLE
BY THE UNWED CHILDBEARING ADOLESCENT

by

Elisabeth Kuehn Dicharry

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STATEMENT BY AUTHOR

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SIGNED: Elene K. Dickey

APPROVAL BY THESIS DIRECTOR

This thesis has been approved on the date shown below:

Margarita A. Kay
MARGARITA A. KAY
Professor of Nursing

24 August 1981
Date
DEDICATION

This thesis is dedicated to my husband, Guy J. Dicharry. His love, affection, confidence, patience and impatience, assistance with our two year old daughter, Emilia, knowledge of grammar and spelling were essential to the completion of this project.
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ABSTRACT

The feelings, visualizations, perceptions of visualizations by other people, activities, and learning needs—collectively known as anticipatory socialization—of a group of unwed childbearing adolescents who are about to become mothers were studied using role and socialization theory as the conceptual framework.

Six pregnant young women enrolled in a Teenage Parent Program participated in the study. Interviewed three times at the program or in her home, each participant was asked four open-ended questions and to complete, in writing, four sentences.

The importance of becoming a mother and providing adequate child care was evident and showed the unwed childbearing adolescent is generally internalizing values and attitudes, acquiring new skills which will enable her to function as a mother, and assimilating and resolving some issues she faces as an adolescent.
CHAPTER 1

INTRODUCTION

The unwed childbearing adolescent often decides to become a mother at a time when she is normally examining her own identity in preparation for adulthood. The characteristic that sets her apart from other would-be mothers is her youth, which makes it difficult for many people to envision her as a mother. The negative social, economic, educational, and medical outcomes of wed and unwed adolescent childbearing and child rearing have been investigated but the young woman's perceptions of the role she is about to assume have not been identified.

Polsby (1974) believed pregnancy is a special time in the life of any young woman. Although pregnancy is highlighted by fears over unfamiliar changes in body structure, moodiness, ambivalence about new responsibilities, and feelings of dependence, it can also be a time of excitement and joy even for the unwed adolescent. Any woman who decides to become a mother grows into the role over time. She has certain expectations of what a mother is like and what a mother should be (Peterson, 1977). Intervention by those working with unwed pregnant adolescents should be appropriate to the adolescent's awareness of motherhood. Timely intervention of this kind may aid the young woman
to assume responsibility for who she is, what he wants of herself and her baby.

Adolescents in the United States have rates of childbearing that are among the highest in the world. In 1978, 554,000 infants were born to young women under 19 years of age, about 5% of the total teenage population. The total number of births conceived out of wedlock by women younger than 20 was 362,000. Forty-six percent or 249,000 of the total number of infants were delivered by unwed adolescents. For mothers under 17 years of age the illegitimacy rate increased between 1965 and 1975 by 60%. Ninety-six percent of adolescents bearing children decide to keep their babies rather than place them for adoption. If present trends continue, 40% of young women who are now 14 years old will become pregnant during adolescence and 20% will give birth (Guttmacher Institute, 1981).

Compared to national data, rates of childbearing by adolescents residing in Arizona are perhaps higher. Data from the Arizona Division of Vital Statistics (1977) show one-half of wed and unwed women bearing children for the first time were younger than 21 years of age. In 1977, 0.4% of the total number of Arizona births were to women 15 years or younger and 17% to women between the ages of 15 and 19. Almost 15% or 6,243 of the state's births were to unwed mothers. Of the total number of out-of-wedlock births, 47.3% were to women 19 years or younger.

The causes of adolescent pregnancy remain unclear. No single profile describes the adolescent mother. She may be
Afro-American, Anglo-American or Hispanic, Protestant, Jewish or Catholic, be of high or low economic status, live with both parents or neither, have a firm or non-existent attachment to the father of the baby (Juhasz, 1974).

Historically, the young woman who bears a child out-of-wedlock has been seen as a severe problem. In the 1920's, the unwed pregnant adolescent was regarded as having low morals or being mentally retarded. In the 1930's and 40's, environmental and psychological factors were blamed for illegitimacy while in the 1950's the diseased society or delinquent behavior were said to be the causes of out-of-wedlock adolescent pregnancy. In the 1960's and 70's, it was thought that the motivations of the adolescent for becoming pregnant were to establish identity, to have a new experience, and to rebel against parental constraints.

Lack of sex and contraception education, poor parenting, and early dating were also thought to be contributing factors (Middleton, 1974).

Jorgensen, Torrey, and King (1980) studied adolescent exposure to pregnancy risk by submitting questionnaires to 147 never-married 12 to 18 years old females. The results of the study indicated a significant relationship between the possessor of power and satisfaction within the male-female relationship to the risk of pregnancy. Risk of pregnancy was inversely related to the ability of the female to influence the male. If the female exerted power in the relationship, her willingness to engage in frequent sexual activity decreased and the utilization of
birth control increased. Another finding was that peer contraceptive use may exert a negative effect on the risk to pregnancy exposure.

The trend toward earlier menarche may, in part, be responsible for the increased number of adolescent pregnancies. In the last century, the age of menarche has become progressively earlier by three to four months per decade in developed countries (Tanner 1975). In the United States the average age of menarche is about 12.3 years. The decline in age of menarche is thought to be the result of better nutritional practices and improved health care. Marshall (1978) speculated that the decline in the number of siblings in the family has brought about the decrease in the age of menarche by improving the environmental conditions for family members. In other words, as the family decreases in size, nutrition becomes more adequate and the age of menarche declines. Hence, many adolescents are now biologically ready for pregnancy and childbirth at an earlier age.

Despite the on-going research related to causes and prevention of adolescent pregnancy, young women continue to become pregnant and bear children out of wedlock. The recent attitude toward this phenomenon is such that women and their children have "little future within the bounds of 'normal' society" (Chilman, 1979; p. 199). Often they are relegated to an underclass caste and it is anticipated the children will turn out poorly because they are produced by "sinful" mothers. With that being the prevailing attitude, it comes as no surprise that so many children
of unwed adolescents have a predisposition to fulfill the forecasts made for them.

But sociocultural attitudes toward the childbearing adolescent appear to be changing due to the progressive trend in social and economic conditions, that is, the push for the equal rights amendment, welfare programs, and more relaxed attitudes toward sexual behavior. Educational programs geared to the pregnant adolescent have been initiated in many parts of the country. Despite these efforts, the childbearing adolescent is still regarded as a problem by parents, educators, nurses, and other members of society. She is more apt to drop out of school, be without employment, bear additional children out of wedlock, and be on public assistance as compared to the older mother (Pressor, 1976). Thus, the adolescent who decides to take on the maternal role may know she is at a disadvantage and this may be reflected in her anticipatory socialization for the role, that is, what she learns and internalizes before it is appropriate for her to actively behave as a mother.

Significance of the Study

The frequency of unwed adolescent childbearing has given rise to the development of teenage parent programs and prenatal clinics geared to preparing young women for birthing and parenthood while, at the same time, encouraging normal adolescent growth and development. A lack of understanding by nurses and educators about the attitudes and beliefs childbearing
adolescents have for their future role may result in the failure to provide total client-centered care. Not providing this type of care may alienate the young woman at a time when communication is crucial.

The investigator had the opportunity to work with adolescents enrolled in a Teenage Parent Program located in Tucson, Arizona. The antenatal program has been very thorough in providing education and counseling by offering childbirth education, infant care, family planning, job training, legal aid, and relaxation classes. After delivery, the young women then have the opportunity to participate for four months in parent skills classes. Despite these efforts, many young women appear to have problems adjusting to parenthood, may drop out of school, and may have difficulty communicating with the health and educational team, their parents, and their infants. Therefore, a new approach to adolescent childbearing is mandated. The approach the investigator suggests is that of gathering information antenatally about the visualizations, beliefs and activities, known as anticipatory socialization, of young women bearing children out of wedlock who have decided to become mothers. It is the hope of this investigator that the study be utilized by nurses and teenage parent program coordinators to develop a learning environment in a way which meets the needs of adolescents about to embark on child rearing.
Statement of the Problem

What feelings, visualizations, perceptions of visualizations by others, activities, and learning needs do unwed childbearing adolescents identify for their future enactment of the maternal role?

Statement of the Purpose

The purpose of this study was to identify anticipatory beliefs and activities of the unwed childbearing adolescent who is about to become a mother. This study was also designed to collect information which can be used by nurses and the Teenage Parent Program coordinators as well as to generate hypotheses for future research endeavors associated with maternal role acquisition by childbearing adolescents.

Conceptual Framework

The research proposed by the investigator was based on anticipatory socialization for the maternal role. Role and socialization theory are concepts fundamental to the conceptual framework. To clarify the concepts and their components, a schematic representation of the conceptual framework is diagrammed in Figure 1.

Maternal Role

Role is defined as "a set of shared expectations focused upon a particular position" (Scott, 1970, p. 58). These expectations include beliefs about what goals or values the person who
Figure 1. Conceptual Framework
is to occupy the position must pursue and the norms that will govern his behavior. These shared expectations are derived from the socialization experiences of the individual, the values internalized while preparing for the position, and the adaptation of the individual to the expectations socially defined for the position. A role, then consists of the values, attitudes, and behaviors for the category of persons occupying a specified place in a social structure (Linton, 1945).

The meaning of maternal or mother's role has been extensively explored but still remains unclear (Kitzinger, 1978; Bernard, 1974; McBride, 1973; Fromm, 1956). Becoming a mother implies that one is no longer a child, conferring adult status and identity. This identity implies a new and lasting set of duties, commitments, and values (Williams, 1977). McBride (1973, p. 33) defined mothering as a process whereby the woman is always pulled between "the ideal notion of what a good mother should be and her own raw emotions." McBride believed a person grows into the mother role over time. Fromm (1956) gave a rather idealistic definition of mothering. He stated that a mother is warmth, is food, and the state of euphoric satisfaction and security. Mother has the function of making the child secure in life by providing the care necessary for the preservation of the child's life and growth, and by instilling in the child a love for living.

Bernard (1974) stated that motherhood, as it is currently institutionalized, is a product of affluence. In the United
States today motherhood is an option whereby the woman can choose if and when she wants to become a mother. In many parts of the world, able-bodied women may be too valuable to be spared for the full-time care of small children.

According to Kitzinger (1978), mother is the first and most important channel through which culture is communicated to the new human being. She believes every society regulates the right to motherhood and through the transmission of values and mores, society decides who should become a mother. The right to bear children is strictly controlled and not adhering to the rules, as may be the case with childbearing adolescents, might result in severe punishment of the mother and baby. She stated learning to be a mother takes place in two phases:

1. During infancy and youth in which her own experiences of being mothered and her relationships with others socialize her.

2. During pregnancy, birth, and the presence and interaction with the newborn. During this period endocrine and psychological factors combine to produce mothering behavior.

Both of these phases are interrelated. For example, if the woman herself is inadequately mothered, she may not respond correctly to the cues of the newborn.

Rubin (1967) investigated how the maternal role is acquired. She longitudinally studies five primiparous and four multiparous women throughout their pregnancies and for the first
month after their deliveries. In this field study, observations were made for behavior, both verbal and non-verbal, in action and interaction. Unstructured interviews were also utilized. The information received was classified and coded for type and frequency of the behavior expressed. From her analysis of data she conceptualized the taking-in of the maternal role. She (1967, p. 240) postulated that "the taking-in of the maternal role is a quiet, continual process but not a passive one. Each part of the process may become the motivation or rationale for behavior but the underlying motivation is the wish or intent to become."

Rubin delineated five operational categories involved in becoming a mother: They are:

1. **Mimicry**--the adoption by the subject of behavioral manifestations such as speech effects, dress, and gestures associated with the mother status.

2. **Role-play**--the acting out of the desired position, i.e., caring for a friend's child.

3. **Fantasy**--wishes, daydreams, fears associated with how the subject will personally enact the role.

4. **Introjection-projection-rejection**--closely resembling mimicry, the subject takes on the characteristics she deems appropriate to her enactment of the maternal role, i.e., the way in which she will feed her infant.

5. **Grief-work**--letting go of a former identity in role(s) that may be incompatible with the assumption of a new
role, i.e., substituting a child identity for a mother identity.

Rubin (1967) stated that the mother of the subject was identified as the major prototype for the maternal role but peers become models in the latter stages of pregnancy. Her operational definitions for the maternal role attainment may be the behaviors indicative of anticipatory socialization.

Anticipatory Socialization

The process of socialization is intrinsic to how one acquires the knowledge and skills for a given role. Through socialization the individual acquires the disposition that enables her to operate as an effective member within society by adapting the norms and values prescribed for a given group (Brim, 1966). Norms are expected behaviors or standards dictating performance within a given role. Norms are decided upon by the culture of a specified group (Homans, 1970). During socialization, the individual acquires the culture of her group which includes an understanding of the recognized social statuses, the names to enable her to locate other individuals in the social structure as well as how to identify herself in the social structure (Brim, 1966).

Many people are directly involved in socialization through a series of complex interpersonal relationships where new significant others are added as older ones are displaced. These interactions result in the emergence of a series of "self-other"
systems in which the person is oriented toward the role prescriptions with the evaluation of significant others in the environment. The self-other relationships lead to an individual appraisal for being good or bad, according to the degree to which she lives up to the expectations of others (Brim, 1968).

Hinshaw (1978) stated that the process of internalizing specific norms, values, and attitudes as well as the acquisition of skills for the enactment of appropriate behaviors occurs with socialization. These components of socialization enable the individual to anticipate and later fulfill specific roles within the system. Hence, role transition is affected by anticipatory socialization. During anticipatory socialization, the period prior to taking the position, the individual encounters a variety of relevant expectations through direct and indirect learning. At this time, the individual develops images, attitudes, and beliefs of what she feels will be expected of her and begins to prepare herself psychologically in various anticipatory activities for what she expects of the role (Thornton and Nardi, 1975). Role anticipation includes a variety of activities: day dreaming, forecasting future situations, role rehearsing, acquiring new behaviors affiliated with the role, and visualization of self in certain situations and predicting her actions in them (Clausen, 1968). The process of anticipatory socialization is a continuous variable that varies in amount from a high degree of learning to very little learning.
Burr (1972) hypothesized that the type and amount of anticipatory socialization influences the ease of transition in the specified role and affects all other factors associated with role transition. Other factors that affect role transition but are not included in the conceptual framework are role clarity, role conflict, and role strain. Role clarity is defined as the degree to which there is a set of explicit definitions for behaviors expected; role conflict is defined as the incompatible expectations between roles; and role strain pertains to the stress generated within a person when she has difficulty in complying with the expectations of a role (Cottrell, 1942; Goode, 1960). The extent to which the role permits the achievement of other desired goals, length of time spent in the role, availability of substitute gratifications in frustrating roles, importance of the role, and the amount of change a role causes in the person’s life also affect the ease of role acquisition (Burr, 1972). Conceivably, all of these factors will be reflected in the anticipatory socializations of the given group.

In summary, conceptualizations the childbearing woman has for the maternal role as expressed by her beliefs and feelings about the role, visualization of self in the role, perceptions of visualizations by others for self enactment of the role, and activities undertaken affect the way in which the role will be attained. The conceptual framework on which this study was based, then, consists of these variables associated with anticipatory socialization.
Acquisition of the maternal role is influenced by the interpersonal stage of development and degree of psycho-physiological maturity of the woman as well as the psychological response to pregnancy. Hence, the review of the literature will focus on the stage of development known as adolescence, the psychological response to pregnancy, and performance of the maternal role by adolescent young women.

Adolescence

The period in the life span known as adolescence has been written about and extensively studied by sociologists, anthropologists, psychologists, and educators. Historically, the concept of adolescence grew out of the social changes accompanying the development of Western society into an urban-industrial culture. Three major social movements conspired to make a social fact out of adolescence: compulsory education, child labor laws, and special legal procedures for juveniles. Baken (1974, p. 8) proposed that "adolescence became the period of the time between pubescence, a concrete biological occurrence, and the ages specified by law for compulsory education, employment, and criminal procedure." In the confines of this definition, the concept of
adolescence is not a reality in many parts of the world, i.e., Mexico, Thailand, Indochina (Elder, 1975). Ausubel, Montemayor, and Svajain (1977) described adolescence in all cultures as a time of transition in the biosocial status of the individual. It is the period when changes occur in duties, responsibilities, privileges, social and economic roles, and relationships with others. It is the time when the adolescent assumes adult biological and social sex roles as well as the personality traits that the culture deems appropriate for the mature adult of each sex.

The issues facing adolescence as identified by Keats and Bjorksten (1978) are:

1. Biological changes
2. Body image changes
3. Giving up childhood
4. Searching for and practicing new behavior patterns
5. Conflict and ambivalence associated with
   a. maturity vs. immaturity
   b. independence vs. dependence
   c. sexuality vs. asexuality
   d. ego ideal vs. superego
   e. productivity vs. apathy
6. Identity with cognitive and emotional resolution.

Chilman (1979) divided adolescence into two stages. The first of these stages is the onset of puberty to ages 14-16. At
this time adolescent development is characterized by an attempt to resolve conflicts between the need for dependence and the desire for a separate self. The second state is when the adolescent is 16 years of age and older when the focus is on attaining a mature identity, the quest for a mate, and the exploration of different sets of values for occupation and life goals. Chilman maintained that sexuality is a major theme throughout adolescence.

Colman (1960) stated adolescents have values and activities quite distinct from those of adult society. They have most of their important associations within the adolescent group. This is not to say that the adolescent is not affected by prior learning of skills, manners, and customs from his or her culture and family; rather, new self-other systems emerge which modify already established social behavior. For the adolescent this new self-other system is the peer group.

Erikson (1963) conducted a great deal of research on adolescent growth and development. His theories were reviewed by the investigator. Erikson postulated that an individual passes through a series of phases during the life cycle, each with its own conflicts or crises to be resolved. At the time of puberty, the psychological stage of development is that of identity versus role confusion when a sense of self is searched for that is reliable and consistent with other values and beliefs. The other stage taking place during adolescence is that of intimacy versus
isolation when the individual gets ready for a commitment to affiliate with others.

Erikson (1963) also explored the problems of identity by analyzing the experiences of American, German, and Russian youths. He found that the quality of resolutions by the youth depends on what is given or permitted by the caretakers, particularly parents and peers, whose offerings in turn are affected by social customs and beliefs. Erikson theorized that the effect of society on the developing person and the commonalities of personality reflect the commonalities of experience. He uses child rearing practices as an example of this theory.

According to Erikson (1964), the somatic design of the female body determines her identity formation. The anatomical plan of her body signifies a biological, psychological, and ethical commitment to the care of human infants. He believed the core problem of female fidelity is her disposition to this commitment. His postulation may be one explanation for childbearing by female adolescents. The adolescent is torn between the rules she is asked to follow and the biological changes occurring during this time of her life.

Psychological Response to Pregnancy

Rubin (1970, p. 502) discussed the cognitive style in pregnancy as one of questioning and uncertainty. The pregnant woman asks herself, "why me" and "why now" as she becomes concerned with her personal sense of identity and "with time within
the life space." These interrelated concepts become the stimuli for behaviors in the early and later stages of pregnancy. Rubin believed the questions posed are answered at the time of childbirth. In her later writing, Rubin (1976, p. 367) stated, "Pregnancy is a period of reordering interpersonal relationships, interpersonal space, and a period of personality maturation." She delineated the four tasks of pregnancy as follows: insuring safe passage of the fetus, insuring acceptance of the child by significant others, developing a capacity to give of oneself, and lastly, establishing a bond with the infant. Rubin (1976, p. 368) stated the endeavors of the pregnant woman are that of "assessing, exploring, reviewing, and studying the qualities of human relationships" by utilizing interpersonal exchanges in her environment for extracting the substance and significance of human interpersonal relationships.

Clark (1979) stated the pregnant woman becomes intensly concerned about how her life and how her family relationships will change with the coming of a child as well as her ability to love a child and be loved by him. The stress she encounters as a result of childbearing will depend on her cognitive behaviors associated with the tasks of pregnancy. Clark (1979) delineated the fundamental tasks of pregnancy as: (1) validating and accepting the reality of pregnancy, (2) incorporating the fetus into the body image, (3) viewing the fetus as separate from self and formulating a maternal identity, and (4) preparing for fetal separation, labor and delivery, and mothering. As each task is
successfully resolved, the gravid woman becomes more prepared to cope with future tasks for pregnancy and motherhood.

Caplan (1964) believed the shifting of the id-ego relationship is responsible for the psychological changes that occur during pregnancy. Greater maturity of the woman is the result of surfaced conflicts and fantasies that permit resolution of conflict and guilt feelings.

The mother-daughter relationship is regarded as fundamental to the psychological responses of the pregnant woman (Clark, 1979; Sugar, 1979; Colman and Colman, 1971; Rubin, 1967). The first trimester is the beginning of identity formation separate and apart from mother. "The feelings of love, hate, frustration, satisfaction, dependency, and rebellion that are a part of every mother-child relationship will never be more relevant than they are at this time" (Colman and Colman, 1971, p. 35). Those respected and valued qualities of mother and the more negative, unwanted features are evaluated by the pregnant woman and then accepted or rejected. This complex task often times causes guilt and conflict but has profound effects on the adjustment to pregnancy and motherhood. Colman and Colman stated a woman may wish to "give the baby to mother" because she may think more of herself as a care-receiver than a care-giver. In essence, she may secretly assume that her mother will take care of things. They hypothesized that the pregnant woman focuses on her mother during the first trimester, her husband during the second trimester, and the infant during the third trimester. Sometimes,
however, the mother remains the most important figure throughout the pregnancy. This is more apt to occur when the woman is living with her parents or if her mother will actually assume responsibility for the baby.

Shaping the psychological response to pregnancy are perceived stresses during the prenatal period. A study of the stresses during the childbearing year was conducted by Larson (1966) with a sample of 130 primiparous and multiparous women who attended prenatal classes. During the course of the childbearing year, the women were asked what problems they found upsetting in pregnancy, in labor and delivery, the subsequent three month period, and later. Of the data relevant to the prenatal period, the significant stressors identified were: (1) physical discomforts, i.e., gastrointestinal, muscular, and vasomotor stresses, (2) medical complications, i.e., infections and bleeding, (3) fatigue and irritability, (4) fear of having an abnormal baby, and (5) fear for self. It was found that the stresses recalled by the women during the prenatal period had little predictive value for post-partal stress.

Shereshefsky and Yarrow (1973) investigated the psychological aspects in adjustment of women to a first pregnancy and early mother-infant adaptation by longitudinally studying 57 families from three months gestation to six months after the birth of the infant. All subjects were married and living together, and all had a high school education or more. The mean age for women and men was 23 and 27, respectively. Most of the
women were employed and most of the pregnancies were planned. The procedures used to collect prenatal data were unstructured psychiatric and casework interviews, psychological evaluations, i.e., the Rorschach Examination, Thematic Apperception Test, and Weshler Adult Intelligence Scale, as well as routine obstetrical examinations. It was found that pregnancy adaption as an outcome variable was significantly related to ego strength, nurturance, and visualization of self as mother, and inversely related to the number of medical symptoms during pregnancy. Ego strength was defined as the degree to which the woman was seen as emotionally adapted as evidenced by her dependency pattern, general anxiety, sense of humor, flexibility, ability to meet her own needs, and acceptance of her own identity. Nurturance was interpreted as the degree to which the woman was tender and affectionate, her ability to give help and support, her responsiveness to others, and her gratification with her female sexuality. The clarity and confidence in seeing herself enacting the maternal role, and the degree of anxiety in respect to infant feeding and care were assessed to determine the gravid woman's visualization of self as mother. Visualization of self as mother was correlated at the 0.01 level to ego strength, nurturance, and interest in children and inversely correlated to the total number of stresses.

The findings of Shereshefsky and Yarrow (1973) indicate that the readiness and coping capacity of the woman who becomes pregnant for the first time is a function of her personal strengths and weaknesses as they pertain to her feminine
identification. Adjustments made during the pregnancy were likely to be positive if the woman had developed nurturance, ego strength, and a strong sense of feminine identity so evidenced by her confidence and clarify in visualizing herself as mother.

Peterson (1977) reported that nurses who observed adolescents at a Maternity Continuity Clinic saw a relationship between the emotional responses of the clients and adaptation to pregnancy and impending motherhood. During the first trimester the adolescent often experiences feelings of introversion and passivity with altered states of depression and euphoria. In the second trimester, she may be contending with her dependency needs and her need for independence. During the third trimester, her personal health and that of the infant become the focus as well as her ability to cope with birth and motherhood. Anticipatory preparation for the role of mother was observed if there was a shift in attention from self to infant and if there was an identification of what constitutes a good mother.

Maternal Role Performance by the Childbearing Adolescent

Very few studies were found on the attitudes young mothers have about their pregnancies, childrearing, and transition to motherhood. Williams (1974) stated that investigations have not been done because our American culture does not want to admit that school-age parents and their children exist in enough numbers to be of some consequence to a society that labels people under 18 as minors and children of single parents as
illegitimate. Furthermore, investigation of the strengths of these parents has almost entirely been overlooked. American society has dictated that a person meet certain requirements before she takes on the maternal role. The young woman ought to be married, should be of adult age, and should be finished with compulsory education and/or occupational training. Unless these mandates are met, it is assumed that the performance of the role will be inadequate.

Richards (1972) described the unmarried childbearing adolescent as one in conflict over the problems with which she must cope. Anger, contempt, and resistance are defense mechanisms used to cover feelings of fear, helplessness, loneliness, and frustration. He also believed that impending labor and delivery as well as the future temperament of the infant cause much anxiety for the childbearing adolescent.

Mercer (1979) studied eight adolescent mothers during their first child rearing year. Anticipatory socialization was not discussed at all but postpartal data may be relevant to the topic. She identified four phases for maternal role attainment. They are: (1) the fairyland phase, (2) the reality shock phase, (3) the give and take phase, and (4) role internalization. The fairyland phase does not extend beyond the hospital phase. At this time, the young woman may be showered with attention. The initial impression the adolescent has of motherhood is that it is a wonderful and rewarding experience. The reality shock phase occurs after the mother leaves the hospital. Once she begins to
care for her infant, she realizes motherhood can be very demanding and stressful. Because the negative aspects of the role outweigh the positive ones, she may feel ambivalence, rejection, and even hostility. About the time of the third postpartal month, the give and take phase takes hold. At this time, the young mother perceives a balance between the gratifications and deprivations of the role. During this phase she may decide to go back to school as she begins to make decisions about how much she should give to her infant. If the young woman resolves the conflicts from the previous phases, she moves into the final phase, role internalization. As the gratifications begin to overshadow the negative aspects of the maternal role, the adolescent mother feels more competent in carrying out the tasks of parenting. Role internalization is characterized by balance and harmony, and feelings of a greater sense of personal development.

Adolescents as mothers have been the focus of three longitudinal investigations (Osofsky et al., 1973; Furstenberg, 1976; Sugar, 1979). Osofsky et al. (1973) studied 450 girls over a period of five years in an interdisciplinary program set up specifically for young mothers. The medical, social, and educational outcomes were noted as well as infant development and maternal-infant interaction. The researchers found that the adolescent mothers exhibited a great deal of warmth and physical interaction with their infants but had problems verbally interacting with them. The infants, in turn, were quite active but scored somewhat lower in responsivity and affectivity. As
the infants grew older, the mothers demonstrated more verbal and physical interaction toward them causing greater infant responsivity and activity.

Furstenberg (1976) selected 400 low income predominantly black mothers and studied them over a period of six years. Data were collected one year, two years, then three years after delivery. After one year, 70% of the mothers stated they felt less negative about pregnancy than they had initially, but only one-third of the study population described themselves as very happy. Those who were married, about 20%, had more positive feelings than those who were not. Five years after delivery, 1% of the women had given up their children and 10% of the children lived apart from the mother. A large number of women reported they shared child rearing responsibilities with someone else and were not the principal caretakers, either because they were employed or because they went to school. However, these women spent a great deal of time with their children when they were not working. A finding of this study was that most women lived with their children and seemed deeply and positively involved in their care. Compared to a sample of young women who postponed childbearing during the six year investigation, the investigator concluded that young mothers consistently experienced greater difficulty in completing life plans. Early pregnancy forced a redirection of the intended life course by these young women. Young mothers were more prone to disruptions in schooling, complications in marriage, economic problems, and to problems in family size
regulation and child rearing. The investigators also determined that women who had their children in their mid-teens were not found to be significantly different in terms of education, income, and employment status from women who had them two or three years later.

Sugar (1979) collected data on 481 mothers ranging from 13 to 46 years of age. Ninety percent of the mothers were black and 91% were of low socioeconomic status. He studied medical histories and stimulation of the infants by their mothers during the first six months of life. Age of the onset of thumbsucking, the social smile, recognition of voice and face of the mother, reaching, rolling over, cooing, eating, sleeping and play patterns were the infant behaviors under study. Stimulation was determined as adequate if the mothers had knowledge of and responded to these infant behaviors. His findings suggested that the adolescent mother gave significantly less stimulation than the adult aged mother. He stated adolescent narcissism, inadequate preparation for motherhood, and a lengthy neonatal hospitalization contributed to the lower rate of adequate stimulation.

As a means of collecting data pertaining to the outcomes for children of adolescent parents, Baldwin and Cain (1980) reviewed research conducted by others under the auspices of the American Institute for Research and the Center for Population Research. From their review, they reported that deficits in cognitive development, especially male children, were prevalent among those children born to adolescents having a greater
likelihood of living in one-parent households and of having children when they are adolescents. Their report concluded that adverse effects have a greater chance of occurring if the mother raises the child without the help of the father or her parents.

Lynch and Roberts (1977) studied the incidence of child abuse for young mothers. They compared 50 children who were referred to the hospital for abuse or threatened abuse with 50 control subjects. Controls were chosen by selecting the mothers of next child born after the abused subject at the same hospital. They found mothers under 20 were at higher risk for child abuse than mothers over 20. Mercer (1979) postulated from the above study that adolescent mothers may have more difficulty perceiving the needs of their children and thus be more prone to abusing or neglecting their children

**Summary**

In briefly reviewing the literature for adolescence, psychological response to pregnancy, and adolescent performance in the maternal role, it has been shown that very little is known about the means in which the maternal role is internalized antenatally. The adolescent who chooses to bear and rear a child out of wedlock experiences a complex series of tasks or issues prenatally, issues and tasks relative to her stage of interpersonal growth and to pregnancy. With the birth of her child, some of these issues are assimilated and resolved; others are not. If we, as health care providers, believe in the physical, emotional,
and social well-being of all individuals, then we must gain knowledge from the point of view of clients rather than rely upon our own value systems for coordinating health care needs.
CHAPTER 3

METHODS

The setting of the study, the sample, design of the study, human subjects protection, method of data collection, assumptions, limitations, method of data analysis, and pilot study will be discussed in this chapter.

The Setting

The informants in this study were enrolled in the Teenage Parent Program and Teaching Center operated under the auspices of the Tucson Unified School District. In 1973, school- and community-based professionals joined forces to initiate a comprehensive program of education, health, and social services for adolescents choosing to bear children (Tucson Unified School District, 1978). The objective of this combined effort was to provide interrelated learning experiences as a means of helping teenagers identify, analyze, and cope with varying socialization inputs they receive from home, school, and community. Early intervention for the childbearing adolescent is provided via home visits, information and referral services, supportive health-and counseling services, and educational programs focused on health, nutrition, child development, and parenting. Conventional high school studies are also available to maintain the student at her
academic level. Approximately 35 students are enrolled in the program. Most of the students are females, but fathers-to-be are also allowed to attend. The childbearing adolescent may enter the program when she first learns of her pregnancy and may remain in it for about three months postpartally. The program also oversees a nursery in the confines of the center for infants of students.

The Sample

Six young women were selected according to specific criteria. The young women selected were:

1. Enrolled in the Teenage Parent Program and between the ages of 13 and 17.
2. Primiparas in their last three months of pregnancy.
3. Planning to keep their infants.
4. Unmarried living with one or both parents.
5. Healthy at the time of pregnancy.
6. Of any ethnic group.
7. English speaking.

All young women needed to be enrolled in the Teenage Parent Program. The program will be given the findings of this study to use as they wish. Informants outside the Teenage Parent Program were not sought because the investigator wanted to obtain a sample who were receiving the same kinds of childbirth training and parenting input. Other area high schools do not provide parenting classes. It is the belief of the investigator that
students enrolled in the Teenage Parent Program will be anticipating and preparing for motherhood differently from those who are not enrolled in this kind of program. Students enrolled in the Teenage Parent Program are usually between the ages of 13 and 17.

Adolescents having their first child were selected to eliminate the possibility of past child rearing and mothering experiences. The last three months of pregnancy were chosen because it is then that the young woman's focus is usually on preparing for birth and motherhood. At this time she is probably deciding on particular maternal behaviors and anticipating the arrival of the infant. Because the investigator did not want to influence decision-making processes, each young woman must have decided to keep the infant rather than placing it for adoption.

Young women, recently married, must deal with the new role of being a wife. To eliminate these additional role responsibilities, unmarried adolescents were selected. In addition, our American society tends to have a more favorable attitude about pregnant young women who are married. For this reason, the investigator believes anticipatory socialization differs for married and unmarried young women.

Some of the students enrolled in the Teenage Parent Program live in maternity or foster homes. Being away from her family and forming relationships with new significant others may be, in itself, a crisis. Students living with their families receive a great deal of socialization input from them. Therefore,
adolescents selected for the study had to be living with one or both parents.

If a young woman is chronically ill during pregnancy, her focus may be on the illness rather than on childbearing. All students participating in this study had to be healthy, that is, free from chronic illness or illness induced by the condition of pregnancy.

Adolescents, despite their ethnic differences, are thought to share particular values, activities, and experiences. The investigator wanted to choose informants from a variety of ethnic groups to compare responses. Similarities in responses may indicate a particular pattern of anticipatory socialization for all unwed childbearing adolescents. Because the investigator spoke English, all the young women were required to communicate in that language.

To select the sample, the student records kept by the Teenage Parent Program were reviewed by the program's nurse coordinator. For those students meeting the criteria, the nurse alphabetically listed them and assigned them to an ethnic group. The ethnic groups included Anglo-American, Mexican-American, and Afro-American young women. The list was given to the investigator who randomly selected names of possible study participants.

During a childbirth education class, the nurse and the investigator told the students about the study, particularly its purpose and significance. Individual students selected were later contacted by the investigator. In order to participate in
the study, the Teenage Parent Program administrators required selected students to obtain parental consent. Written parental and student consents were secured from all students willing to participate in the study (Appendix A).

**Design of the Study**

An exploratory design was utilized. The purpose of an exploratory design is to gain "familiarity with a phenomenon or to achieve new insights into, often in order to formulate a more precise research problem or to develop hypotheses" (Selltiz, Wrightsman, and Cook, 1976, p. 90). This type of study design was flexible enough to permit the consideration of many different aspects of the phenomenon. The investigator chose an exploratory design because she wanted to gather information about the practical possibilities for implementing research findings in the real life setting of a teenage parent program as well as to establish priorities for future research of the childbearing adolescent.

**Human Subjects Protection**

The study was approved by the University of Arizona Human Subjects Committee (see Appendix B). Approval for the research project was also obtained from the Tucson Unified School District's Department of Legal and Research Services (see Appendix C).
Method of Data Collection

The feelings the childbearing adolescent has about becoming a mother, how she visualizes herself as a mother, how she perceives the visualizations of others about her enactment of the maternal role, and the activities she identifies as preparing her to become a mother were explored via open-ended interviews and sentence completion exercises.

An ethnographic inquiry was conducted to gain understanding about maternal role acquisition from the viewpoint of the unwed childbearing adolescent. For this reason, young women participating in the study were referred to as informants. General open-ended questions were used to stimulate conversation. The questions asked were:

1. What kinds of feelings do you have about becoming a mother?
2. How do you see yourself as a mother?
3. How do you think other people see you as a mother, i.e., parents, peers, and society?
4. What are you doing to prepare yourself for motherhood?

To assist the young woman to conceptualize her thoughts and feelings, sentence completion exercises were administered. The sentence completion exercise is a projective type of tool that relies on ambiguous stimuli rather than specific questions to facilitate self conception (Coleman, 1976; Gordon, 1968). Through the informant's interpretation of the material given,
she revealed a good deal about her conflicts, motives, and attitudes. The sentences to be completed were:

1. When I imagine myself as a mother, I . . . .
2. A mother is someone who . . . .
3. I am preparing myself for motherhood by . . . .
4. As far as becoming a mother is concerned, I would like to know more about . . . .

The informants were asked to complete each sentence 10 times or as many times as they could during the first of three interviews.

As a means of gathering and clarifying a great deal of information, three interviews were conducted with each informant. Each interview lasted about one hour and the interval between each interview varied from three to seven days. During the first interview, each informant was asked the open-ended questions and completed the sentence completion exercises. On subsequent interviews, the investigator shared these responses with her and asked her to clarify, elaborate on, or add to the responses she had given. This was done to increase the reliability of the study.

Each informant was told the purpose of the interviews, that all sessions were to be taped, and assured her identity would be concealed. She was encouraged to relay information in her own language or lingo. Any questions the young woman had about the study or about the realm of childbearing were discussed.
Interviews were privately conducted at the Teenage Parent Program and in the homes of the informants.

Demographic and personal data were also collected to identify variables which may have exerted an effect on the kinds of responses elicited from the informants. The data collected included:

1. Age.
2. Ethnicity.
3. Year in school.
4. Length of pregnancy.
5. Status of the relationship with the father of the baby.
6. Number of people living in the household.
7. Personal plans after delivery, i.e., educational and occupational plans.
8. Infant care plans, i.e., who will care for the infant during school or employment hours.

Assumptions

The assumptions the investigator made for this study were:

1. The informants will communicate their beliefs and attitudes about motherhood in a manner that represents their feelings.
2. Adolescents in their third trimester of pregnancy are in some way anticipating and planning for child rearing.
Limitations
The study was limited by the following factors:

1. Since this study relied heavily on self-report, the information the investigator obtained was only that which the informant was willing and able to report.

2. The sample of young women was small. The sample size represented 15% of the total student population enrolled in the Teenage Parent Program.

3. The informants enrolled in the Teenage Parent Program may not have been representative of the total adolescent childbearing population; school enrollment may have signified the informants' willingness to learn more about the parenting role and this may have been reflected in their belief and attitudes.

4. The informants may have been conceptualizing anticipatory socialization in a way that they believed was socially desirable or they thought met the approval of the investigator.

Method of Data Analysis
After each interview, tapes were transcribed and each response given by the young woman was classified according to four classificatory principles. These classificatory principles were: feelings the young woman has about becoming a mother, visualization of self as mother, activities used to prepare for motherhood,
and learning needs associated with becoming a mother identified by the young women.

Each classified interview was then arranged into categories derived from the classificatory principles. These categories included: specific feelings the young woman had about becoming a mother, self visualizations and visualizations of other people for self enactment of the maternal role, mental and physical activities used to prepare for motherhood, and the types of learning needs the young woman has for becoming a mother. The categories were exhaustive, i.e., it was possible to place every response in a category. The responses were not placed in more than one category because the categories were mutually exclusive.

After the interviews of each informant were classified and categorized, the investigator combined all the responses of the informants. The categories corresponded to the classificatory principles. Data were displayed by arranging tables for each of the classificatory principles and their categories. The tables compared and contrasted the categories of responses for all the study participants. From the arrangement of the data, it was possible to interpret the type and amount of anticipatory socialization used by childbearing adolescents who were becoming mothers.

One graduate student in nursing was asked to categorize the data according to the classificatory principles. After the method of data collection was reviewed with her, the student categorized a portion of an informant interview. This was done
to increase the reliability of the study and to minimize researcher bias.

**Pilot Study**

A pilot study was conducted to determine sources of problems for the method of the study and the mode of data analysis. A 24-year old primigravida in her eighth month of pregnancy answered the open-ended questions and completed sentences formulated for the study. From her answers the investigator determined a large amount of data could be collected and analyzed for anticipatory socialization. The subject stated the questions were comprehensible and stimulating. She had some difficulty completing the sentence 10 times but was able to do so when given an adequate amount of time. From the results of the pilot study, the investigator decided the research project was feasible and could be conducted as planned.
CHAPTER 4

PRESENTATION AND DISCUSSION OF THE DATA

This chapter describes anticipatory socialization for motherhood from the viewpoint of the unwed childbearing adolescent. Included in the chapter are a review of the sample selection process, characteristics of the sample, a description of the themes, and tables which summarize and compare the data among the young women.

Sample Selection

The data of this study were obtained from six adolescent young women who met the criteria for inclusion into the study. The Teenage Parent Program nurse coordinator reviewed student records and listed those students eligible to participate in the study. She also divided the list according to ethnic group. The investigator randomly selected nine names from the list of possible study participants to get a sample of six.

The investigator selected two Afro-Americans, four Mexican-Americans, and three Anglo-Americans. Because the Teenage Parent Program had a small enrollment of Afro-American young women at the time of the study, only two students of this particular ethnicity could be selected. Of these two students selected, one refused to participate stating she did not have
enough time. The other student consented but delivered immediately following the first interview. Two of the four Mexican-Americans were unable to participate because they could not obtain parental consent. Another young woman was able to participate but delivered immediately before the first interview. The fourth Mexican-American obtained consent and was able to participate in all three interviews. Of the three Anglo-American students contacted, all were able to participate in the study. Because students of other ethnic origins were not available, two more students were randomly selected from the Anglo-American group to obtain a sample of six. Both of these students were able to participate in all of the interviews. Private interviews were conducted with each young woman at the Teenage Parent Program or her home.

**Characteristics of the Sample**

Demographic data were collected from the study participants including age, ethnicity, year in school, number of weeks pregnant, current relationship with the father of the baby, and number of people living in the household. These data are summarized in Table 1.

One Mexican-American and five Anglo-American young women participated in the study. The ages of the six informants ranged from 14 to 17 years with a mean age of 15.8 years. All subjects were enrolled in the Teenage Parent Program during the time of the interviews. Four of the six subjects were enrolled
Table 1. Demographic Description of the Sample

<table>
<thead>
<tr>
<th>Informant</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Year in School</th>
<th>Number of Weeks Pregnant</th>
<th>Number of People in Household</th>
<th>Current Relationship with Baby's Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>16</td>
<td>Anglo-American</td>
<td>11</td>
<td>36</td>
<td>3</td>
<td>fiance</td>
</tr>
<tr>
<td>2</td>
<td>17</td>
<td>Mexican-American</td>
<td>11</td>
<td>40</td>
<td>7</td>
<td>none</td>
</tr>
<tr>
<td>3</td>
<td>16</td>
<td>Anglo-American</td>
<td>11</td>
<td>32</td>
<td>3</td>
<td>friend</td>
</tr>
<tr>
<td>4</td>
<td>15</td>
<td>Anglo-American</td>
<td>10</td>
<td>40</td>
<td>5</td>
<td>none</td>
</tr>
<tr>
<td>5</td>
<td>17</td>
<td>Anglo-American</td>
<td>11</td>
<td>34</td>
<td>6</td>
<td>none</td>
</tr>
<tr>
<td>6</td>
<td>14</td>
<td>Anglo-American</td>
<td>8</td>
<td>28</td>
<td>6</td>
<td>friend</td>
</tr>
</tbody>
</table>
in grade 11 while the other two young women were enrolled in grade 10 or grade 8.

Criteria for participation in the study required that informants be in their third trimester of pregnancy, that is, from 28 to 40 weeks gestation. Length of pregnancy of the informants ranged from 28 to 40 weeks gestation with a mean gestational period of 35 weeks.

Each informant was asked how many people permanently resided in her home. The number of people in the households ranged from three to seven persons. Persons in the homes included mothers, fathers/stepfathers, and siblings. An informant also stated an uncle was a permanent household resident. A mean number of five persons resided in the households. Each young woman stated she would be living in the same household following birth.

All informants were asked to describe their current relationships with the father of the fetus. Three informants stated they no longer had a relationship and did not communicate with the father. Two of the informants described their relationships as friendly but had no plans to marry the father, while another informant planned to marry the father following childbirth.

Informants reported personal plans they had for themselves following delivery. All informants stated they planned to graduate from high school. Two informants reported they hoped to marry soon. A particular informant established a long-term goal of going to college and becoming a nurse. Two informants expressed specific career goals but were unsure if and when they
would achieve those goals. Two informants stated they would be housewives. One informant could not identify career plans. Table 2 summarizes these personal plans.

Each young woman described plans for who would take care of the infant while she was attending school. All informants reported they were making arrangements or had already arranged for infant care. Three informants stated they would depend on two sources of assistance while three were making arrangements involving only one source of care. Of the six informants, only two identified their mothers as a source of infant care. Informants' infant care plans are summarized in Table 3.

Other kinds of information which may be pertinent to the study were imparted by the young women during the interview process. Three of the six informants reported their parents were divorced with one of these young women stating her father had abandoned the family. Five of the six informants stated their mothers had been under 20 at the time of the first childbirth. Range in age of the mother of the informants during the first pregnancy was 15 to 21 years with a mean age of 17.3 years. Of the mothers of the informants, five were full-time employees working about 35 to 40 hours per week while one mother was self-employed as a babysitter working in the confines of her home.

All informants volunteered information about their use of birth control. Five of the young women stated they had never used birth control as compared to one informant who had used it in the past but was not using it at the time of conception.
### Table 2. Informants' Educational and Career Plans

<table>
<thead>
<tr>
<th>Informant</th>
<th>Educational Plans</th>
<th>Career Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Finish high school</td>
<td>Housewife</td>
</tr>
<tr>
<td>2</td>
<td>Finish high school</td>
<td>Teacher</td>
</tr>
<tr>
<td>3</td>
<td>Finish high school/go to college</td>
<td>Nurse</td>
</tr>
<tr>
<td>4</td>
<td>Finish high school</td>
<td>Unknown</td>
</tr>
<tr>
<td>5</td>
<td>Finish high school</td>
<td>Housewife</td>
</tr>
<tr>
<td>6</td>
<td>Finish high school</td>
<td>Commercial artist</td>
</tr>
</tbody>
</table>

### Table 3. Informants' Infant Care Plans While in School

<table>
<thead>
<tr>
<th>Informant</th>
<th>Source #1</th>
<th>Source #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fiance's mother</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>Maternal aunt</td>
<td>Day care center</td>
</tr>
<tr>
<td>3</td>
<td>Neighbor</td>
<td>Day care center</td>
</tr>
<tr>
<td>4</td>
<td>Mother</td>
<td>Neighbor</td>
</tr>
<tr>
<td>5</td>
<td>Mother</td>
<td>None</td>
</tr>
<tr>
<td>6</td>
<td>Neighbor</td>
<td>None</td>
</tr>
</tbody>
</table>
Three informants said they had somewhat anticipated becoming pregnant while three others declared they were surprised about becoming pregnant.

Data pertaining to the economic status of the informants and their families were not collected. However, none anticipated using federal funds, that is, aid to dependent children following childbirth. Three young women reported they had applied for services offered by the Women-Children-Infants (WIC) Program which distributes food, particularly mild, at little or no cost.

Development of Categories

Four open-ended questions were asked of each informant and their responses to these questions were tape recorded and later transcribed. The questions asked were:

1. What kinds of feelings do you have about becoming a mother?
2. How do you see yourself as a mother?
3. How do you think other people see you as a mother?
4. What are you doing to prepare yourself for motherhood?

Four sentence completion exercises were answered in writing at the time of the first interview. Sentences to be completed were:

1. When I imagine myself as a mother I . . . .
2. A mother is someone who . . . .
3. I am preparing myself for motherhood by . . . .
Subsequent interviews elaborated on or added to the data obtained from the first interview. Basic responses to the questions and sentence completion exercises are presented in Appendix D.

Following the interviews, the responses given by each informant were arranged according to the initial statement of the research problem, which was, what feelings, visualizations, perceptions of visualizations by others, activities, and learning needs do unwed childbearing adolescents identify for self enactment of the maternal role. From the research problem, classifications for anticipatory socialization were developed for the entire group of study participants. The classifications are:

1. Feelings about becoming a mother.
2. Visualizations of self as mother.
3. Activities for becoming a mother.
4. Learning needs for becoming a mother.

Each open-ended question and sentence completion exercise usually addressed more than one classification. The relationship between the questions, the sentence completion exercises, and the classifications are reviewed in Appendix E.

From the classifications, particular sets of responses given by the informants were categorized. Feelings about becoming a mother were expressed as well as feelings about children and feelings about pregnancy. Visualizations of self as mother were
categorized as general impressions the young women had of themselves enacting the maternal role and mother behaviors anticipated by them. Each informant expressed her perception of how she thought her mother, father, friends, society and other people saw her as a mother. Activities, both mental and physical, described by the study participants included fantasies expressed as wishes and fears, role play behaviors, preparatory tasks, and growing up. Learning needs were generally categorized as caretaking, child growth and development, and mother-child communication.

Reliability of the classifications and categories was estimated by having a portion of an informant's interview coded for classifications and categories of responses by a master's level graduate student specializing in maternal newborn nursing. The coder was told the research problem, purpose of the study, methodology, and interview themes. Both investigator and coder categorized an identical portion of an interview simultaneously and independently. Following the coding, the investigator compared the categories of the coder with those she had coded. (Reliability was increased if the coders agreed at the eighty-fifth percentile.) From the 20 informant responses analyzed, agreement on classifications and categories was calculated at the ninetieth percentile.

Informants' Feelings about Becoming a Mother

All the young women expressed feelings about becoming mothers. The major feeling reported was excitement. When asked what made them excited, the six young women responded by stating
feelings about children and about themselves. Generally, the informants liked the idea of having a child. Frequent responses included, "I like children," "the child will be my own," "I can bring the child up my way," "the child will be a companion," "I feel a physical bond with the child," "children are fun," and "I can make someone else happy." Feelings expressed pertaining to self included feeling important, needed, special, and happy.

Feelings of apprehension about taking on mothering responsibilities were expressed by five of the six informants. Four of these informants acknowledged mothering as difficult because mothers make decisions, do a lot of work, are committed to a lifetime responsibility. Two informants stated feelings of apprehension that directly concerned themselves. One of the young women said mothering would be difficult because she had a lot of personal and family problems while the other believed she would have less freedom following birth. The informant not stating any ambivalent feelings planned to marry soon after birth.

According to three informants, becoming a mother was the logical consequence of having sexual intercourse. Stated one informant, "If you can handle sex you can handle the results." Other statements by different informants included:

1. "I put myself up to it so I got to do it."
2. "If I didn't want it then I shouldn't have been messing around in the first place."
Two informants thought being pregnant without mishap meant they were supposed to be mothers. Their statements included:

1. "If I wasn't supposed to be a mother, then I wouldn't have gotten pregnant."

2. "I'm going through nine months—I won't give the baby up."

All five of these young women believed it was their duty to take on motherhood. The only informant who did not comment on her sexual actions or the meaning of pregnancy thought that becoming pregnant initially was a mistake.

Generally, all informants had positive or ambivalent feelings about becoming a mother. Feelings which were entirely negative were not expressed. While excited about becoming a mother, the young women also acknowledged feelings of apprehension and a sense of duty. These data are presented in Table 4.

**Visualizations of Self as Mother**

The young women were asked how they and other people saw them as mothers. Their responses are summarized in Table 5.

**Visualizations by the Informants**

Visualizations by the informants of self as mother were divided into two categories—overall self-visualizations of maternal role performance and specific anticipatory behaviors. Key phrases used to denote visualizations were: I will, I will not, I see myself, I do not see myself.
Table 4. Informants' Feelings about Becoming a Mother

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Total No. Responding</th>
<th>Statement</th>
<th>No. of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Excitement</strong></td>
<td>6</td>
<td>Child</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;I like children.&quot;</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;I can bring the child up my way.&quot;</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;I will have a companion.&quot;</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;I feel a physical bond.&quot;</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;I can make someone else happy.&quot;</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;It will be fun.&quot;</td>
<td>1</td>
</tr>
<tr>
<td><strong>Self</strong></td>
<td></td>
<td>&quot;I feel important.&quot;</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;I feel special.&quot;</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;I feel needed.&quot;</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;I feel happy.&quot;</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;I will do something new.&quot;</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;I will have my own child.&quot;</td>
<td>1</td>
</tr>
<tr>
<td><strong>Apprehension</strong></td>
<td>5</td>
<td>Mothering</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;I have to raise the child myself.&quot;</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;It's a lot of hard work.&quot;</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;It's a lifetime commitment.&quot;</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;Mothers make decisions.&quot;</td>
<td>1</td>
</tr>
<tr>
<td><strong>Self</strong></td>
<td></td>
<td>&quot;I have a lot of personal problems.&quot;</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;I won't have as much freedom.&quot;</td>
<td>1</td>
</tr>
<tr>
<td><strong>Sense of Duty</strong></td>
<td>5</td>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;I am taking the responsibility for having sex.&quot;</td>
<td>3</td>
</tr>
<tr>
<td><strong>Pregnancy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;I am going through nine months of pregnancy.&quot;</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;I am pregnant; I am supposed to be a mother.&quot;</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 5. Informants' and Others' Visualizations of Self as Mother

<table>
<thead>
<tr>
<th>Person</th>
<th>Visualization</th>
<th>No. of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>&quot;I will be a good mother.&quot;</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>&quot;I will manage motherhood.&quot;</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>&quot;I don't know.&quot;</td>
<td>2</td>
</tr>
<tr>
<td>Mother</td>
<td>&quot;I will be a good mother.&quot;</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>&quot;I will manage motherhood.&quot;</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>&quot;I don't know.&quot;</td>
<td>1</td>
</tr>
<tr>
<td>Father/</td>
<td>&quot;I will be a good mother.&quot;</td>
<td>1</td>
</tr>
<tr>
<td>Stepfather</td>
<td>&quot;I will manage motherhood.&quot;</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>&quot;I won't be able to manage motherhood.&quot;</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>&quot;I don't know.&quot;</td>
<td>3</td>
</tr>
<tr>
<td>Peers</td>
<td>&quot;I will be a good mother.&quot;</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>&quot;I don't know.&quot;</td>
<td>4</td>
</tr>
<tr>
<td>Society</td>
<td>&quot;I will not be a good mother.&quot;</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>&quot;Society thinks highly of girls who take care of their babies.&quot;</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>&quot;I don't know.&quot;</td>
<td>2</td>
</tr>
</tbody>
</table>
Three young women stated they would be good mothers. One informant said she would manage motherhood, while two did not report overall visualizations. The three informants stating they would be good mothers reported reasons for their visualizations. Their reasons included:

1. "I see myself as a mother now. I know I'm ready. I will be understanding. There won't be as much of a generation gap. I will take care of the baby."

2. "I believe in myself. I love kids and I like to hold babies. I will be there when the baby needs me, and I had sex."

3. "I take care of my brothers and sisters . . . I will be comfortable."

One informant thought she could manage motherhood. She stated it was hard to see herself as a mother and to be called "momma" because she saw herself as a little girl playing with a doll. However, because she was preparing herself emotionally for motherhood she thought she could cope with it.

Of the two who could not visualize themselves as mothers, one stated she could not see herself as a mother but that she had a positive attitude. She also stated she saw her mother as the mother too. The other informant made no comment at all except that she liked the idea of becoming a mother.

All informants anticipated certain behaviors for themselves pertaining to child care and child rearing. Anticipatory
behaviors are defined as those behaviors actually decided upon by the informants. A mean number of 1.6 anticipatory behaviors were reported by the informants.

All informants had decided upon a method of infant feeding: three planned to breastfeed, two chose bottle feeding, and one stated she would breastfeed for a short time after which she would begin bottle feeding. Other anticipatory behaviors actually decided upon by the informants include with number of responses:

1. Holding the baby--two
2. Getting up at night--two
3. Not hitting the child--two
4. Communicating with my child--one
5. Giving my child quiet times--two
6. Turning up the television when the child cries a lot--one
7. Ignoring my child when it gets older--one.

Two of the behaviors listed above are negative. The informant stating she would turn up the television when her child cried said she would do so after she had fed and diapered the child. She said she did not know what else she could do. An excerpt of an interview from the informant planning to ignore her child when he or she gets older reads as follows: "My favorite age for kids is when they are little, in diapers, because when they get older they talk--not that I don't want them to talk. The oldest [I like] is about kindergarten and then after that you
can ignore them." In contrast to the idea expressed in the pre­
ceding statement, a different informant reported that she would
enjoy her child more when it is older, at about age two, because
she could do and talk more with it. Another informant reported
she planned to communicate with her child and listed specific
topics including drugs and sex education.

Although no informant expressed an inability to cope with
motherhood, variability existed for the capacity to visualize
themselves as mothers and to anticipate behaviors. Generally,
the informants had difficulty expressing their visualizations.
As one informant so adeptly reported, "I don't know what I will
do--I'm not a mother yet."

Visualizations by Others

The young women were asked how they thought other people
saw them as mothers. Four categories of "significant other" were
identified by the interviewer including mothers, fathers or step­
fathers, friends, and society in general. When answering the
question, the informants also made comments about the attitudes
of others, particularly those of society, toward teenage
pregnancy.

Mothers. Three informants reported they thought their
mothers saw them as good mothers, two believed their mothers
thought they could manage it, while one reported her mother had
not said anything about becoming a mother. Reasons given by each
informant who reported her mother thought she would be a good mother were:

1. "She says I'm good with kids."
2. "She says my attitude has changed and I've settled down."
3. "She says she sees the baby growing up with me."

Each informant saying her mother thought she could manage motherhood reported:

1. "She says she was pregnant at 15."
2. "She says I've changed a lot."

The young women whose mother had not said anything about becoming a mother thought her mother had not been supportive during her pregnancy. In fact, when she began to wear maternity clothes her mother became angry.

Fathers. Statements pertaining to the ways in which the informants thought their fathers saw them as mothers included with number of responses:

1. "He thinks I can handle it"--one
2. "He thinks I'll be a good mother"--one
3. "He hasn't said anything about it"--one
4. "He does not think I can handle it"--one
5. No response--two.

One informant said her father thought she would be a good mother because she would be growing up with the baby. One informant reported her father said she could manage motherhood because he was
able to cope with fatherhood at 16. A third informant stated her father did not think she could manage being a mother because she was not responsible. The informant saying her father had not said anything about becoming a mother reported her father was unhappy about the pregnancy and ignored her. Each informant living in a single-parent household did not comment on visualizations of her father.

Friends. Four informants reported their friends talked only of pregnancy, not of motherhood. Two informants said their friends thought they would be good mothers but could not give reasons for the visualizations of their friends.

Society. Three informants offered their views pertaining to society's visualizations of adolescents or themselves as mothers. All three agreed society as a whole visualized them as not being good parents. Society's rationale for its views, as stated by the informants, were with number of responses:

1. "She is too young"--two
2. "She does not have a job"--two
3. "She has not finished school"--two
4. "She should be married"--one
5. "She is not responsible"--one
6. "She still has her parents supporting her"--one.

Two informants responded to the question by talking about society's negative view of teenage pregnancy. Another said society thinks highly of the girl if she takes care of the baby. Four
young women conceded that some people accept teenage pregnancy because they know it is happening.

Generally, the young women had positive visualizations from their mothers and not so positive visualizations from their fathers. Peer group usually could not offer either favorable or unfavorable visualizations for maternal role enactment. The reports of informants regarding society's visualizations were usually negative to adolescent pregnancy and motherhood.

Informants' Activities for Becoming a Mother

The mental and physical activities identified by child-bearing adolescents as preparing them for motherhood fall into four categories. They are:

1. Fantasies: Wishes and Fears
2. Role Play
3. Preparatory Tasks
4. Growing Up

The next sections discuss and compare the activities reported by the informants.

Fantasies: Wishes and Fears

Each informant expressed wishes and fears about becoming a mother and about her child. Statements used to detect wishes included: "I hope," "I want," and "I wish." Statements used to identify fears were "I do not want," "I do not hope," "I am afraid," and "I am worried." Wishes and fears reported by the
informants were classified as those pertaining to motherhood and the child. A mean of 4.0 wishes and 5.3 fears were reported by the young women. These data are summarized in Table 6.

**Wishes.** All informants wanted to be good mothers. Definitions for being a good mother were with number of responses:

1. Showing the child love—six
2. Taking care of the child—five
3. Teaching the child—five
4. Disciplining the child—three
5. Being understanding—three
6. Being a good wife—one.

All informants stated that a mother shows love by holding and kissing a child. Four informants hoped to be loving by taking their child places, while two informants stated they wanted to play with their children. Other wishes of showing love reported by not more than one informant were being there when the child needs you, putting the child before yourself, spending time with the child, loving the child when she/he is good or bad, being proud of them, humoring child when he/she is sick, and staying home with the child. All of these wishes are collectively identified as definitions of maternal love.

Five informants stated a good mother is someone who takes care of her child. When asked how they wanted to take care of their children, popular answers obtained from the informants included wishes of giving the child clothes and doing domestic
Table 6. Informants' Fantasies about Becoming a Mother

<table>
<thead>
<tr>
<th>Fantasy</th>
<th>For Self/Self as Mother</th>
<th>No. of Responses</th>
<th>For Child</th>
<th>No. of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wishes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being a good mother</td>
<td></td>
<td>6</td>
<td>Having a child of a particular sex</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Having a child of a particular appearance</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Having a father-child relationship</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Having a smart child</td>
<td>1</td>
</tr>
<tr>
<td>Having someone to help me</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fears</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not being a good mother</td>
<td></td>
<td>3</td>
<td>Illness</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Teething</td>
<td>1</td>
</tr>
<tr>
<td>Depending too much on mother</td>
<td></td>
<td>2</td>
<td>Child not being accepted by others</td>
<td>1</td>
</tr>
<tr>
<td>Becoming impatient with the child</td>
<td></td>
<td>3</td>
<td>Child getting pregnant during adolescence</td>
<td>1</td>
</tr>
<tr>
<td>Not having enough time for self</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting bored</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Looking run down</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not having enough money</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breastfeeding</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spoiling the child</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labor and delivery</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
chores such as cooking and cleaning. Other answers reported by not more than one informant included keeping the child healthy, changing diapers, and watching out for the child. The informant not stating a good mother is one who takes care of her child anticipated receiving a great deal of assistance from her mother.

Five informants stated a good mother is someone who teaches her child. There were a variety of things they wanted to teach their children. Two informants wanted to teach their children the difference between right and wrong, while two reported they wanted to teach their children not to have sex at an early age. Other responses reported by not more than one informant included teaching the child the alphabet, counting, to have pride in him or herself, to have a good attitude about life, and to not take drugs. All answers pertained to the preschool aged and older child.

A good mother was defined by three informants as one who disciplined her child. Two informants wanted to be good mothers by not hitting or spanking the child. One of the two stated she hoped she would be even-tempered, while the other hoped to be patient and understand the child's point of view. The third informant did not report the way in which she wanted to discipline her child.

Three informants wanted to be understanding. Ways of being understanding, as reported by each informant, were having the child come to me when he/she has a problem or goes through
changes, telling the child when he/she does something good, and understanding problems in school.

The informant planning to marry soon after childbirth wanted to be a good wife. She believed it difficult to be a good mother if she was not a good wife.

Three informants wanted child care assistance from others. Of these young women, two wished to have assistance from their mothers, while another wanted help from her brothers and sisters. For the three young women not reporting a wish for assistance, all stated they wanted to manage motherhood alone. As expressed by one informant, "My mother has raised her children . . . . It's my responsibility now."

The desire for an infant of a particular sex was reported by all informants with four informants wanting a girl and two wanting a boy. Reasons for wanting a girl, as reported by each informant were:

1. "I have all my stuff from when I was little."
2. "I can dress it and I will have a better relationship with it."
3. "I can fix her hair . . . . There is not much you can do with a boy."
4. "My boyfriend wants a girl."

Informants wanting a boy stated:

1. Boys are easier to take care of . . . girls are harder to raise."
2. "My boyfriend wants a boy."

The desire of an infant of a particular sex seems related to what the young women can do with the infant. For two informants, the desires of the boyfriend were important.

All informants fantasized about the ways in which they hoped their children would appear. Three informants hoped the child would not resemble the father. A particular informant stated, "I don't think my mom will accept it [the baby] if it looks like him. I'll just cry if the baby looks like the father." All informants fantasized about the color of eyes, color or texture of hair, height, or weight of the infants. One informant said she wanted a smart child.

Three informants stated they wanted the baby to have a relationship with the father. The other three young women expressed a dislike for the father of the baby and did not wish the development of any sort of father-child relationship.

Fears. The young women reported fears of not having enough time to pursue school or to go places, depending too much on their mothers, not having enough assistance from their mothers and/or boyfriends, getting depressed, looking physically run down, not having enough money, breastfeeding, going through labor and delivery, and not being a good mother. Of the five informants reporting fears of not being a good mother, three stated they were worried other people would refer to them as bad mothers. Other fears associated with not being a good mother were
not taking care of the child and not having a good mother-child relationship. Worries for not taking care of the child included dropping the baby or leaving it on the bed, and not feeding the child. Three young women worried about becoming impatient with the child. They defined impatience as screaming at or hitting the child. Three informants were fearful of spoiling the child. Ways in which to spoil the child, as identified by the informants, were holding the baby too much, giving the child all he or she wants, or letting the child become too attached to the breast.

All informants expressed fears about the child. They reported fears of illness, teething, not having the child accepted by others, and the child becoming pregnant. Fears pertaining to illness included crib death, ear infections, and giving the wrong medications to a sick child.

The young women actively fantasized about becoming mothers and about their children. Through their wishes and fears they defined what a good mother meant to them. They also expressed their hopes and doubts about themselves and their children. For all the informants, fantasy was a very important activity.

Role Play

In anticipation of motherhood, a mean number of 1.6 role playing activities were executed by the young women. These activities were including number of responses:
1. Babysitting—four
2. Working in the Teenage Parent Program nursery—four
3. Talking to the baby in utero—three.

Children for whom the informants babysat included brothers and sisters, the children of neighbors, a niece, and a boyfriend’s son. Certain tasks were performed during babysitting, including playing with the children, cleaning the house and the children, and cooking. One subject expressing a distaste for babysitting said, "Sometimes I just feel like going home."

Of the subjects identifying the Teenage Parent Program nursery as a source of role play, all stated they liked to hold and talk to the babies. One informant also stated she enjoyed giving baby baths. Informants who talked to their babies in utero said they told their babies about what they were doing or would ask the baby to move. An informant also stated when she asked the baby to move, he or she would actually do so.

All informants expressed an increased interest in children and their activities. A particular informant reported she had not really liked children until becoming pregnant.

Preparatory Tasks

Table 7 summarizes the preparatory tasks, that is, what the young women were doing to prepare themselves for motherhood at the time of the interviews. The mean number of tasks for each informant was calculated at 6.5.
Table 7. Informants' Preparatory Tasks for Becoming a Mother

<table>
<thead>
<tr>
<th>Task</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting accessories for the baby</td>
<td>6</td>
</tr>
<tr>
<td>Planning finances</td>
<td>6</td>
</tr>
<tr>
<td>Getting advice</td>
<td>6</td>
</tr>
<tr>
<td>Reading books/magazines</td>
<td>4</td>
</tr>
<tr>
<td>Taking care of myself</td>
<td>3</td>
</tr>
<tr>
<td>Being neater</td>
<td>4</td>
</tr>
<tr>
<td>Taking childbirth classes</td>
<td>3</td>
</tr>
<tr>
<td>Taking parenting classes</td>
<td>1</td>
</tr>
<tr>
<td>Arranging the baby's room</td>
<td>3</td>
</tr>
<tr>
<td>Having a positive attitude</td>
<td>3</td>
</tr>
</tbody>
</table>
All informants stated they were making or buying infant accessories. The kinds of accessories they were buying included cribs, diapers, clothes and toys. Four informants also stated they were making such baby items as clothes, toys, or blankets.

All the informants reported they were planning finances. Two stated they were saving money, while another reported she was employed as a part-time kennel aide. Two informants stated they were comparing prices for baby formulas and food. Three informants had applied for services from the WIC (Women-Infant-Children) program.

All six informants stated they were seeking advice particularly from their mothers. However, other women who were mothers also served as givers of advice including aunts, friends, sisters, neighbors, and the Teenage Parent Program nurse. Informants usually inquired whether the interviewer was a mother and upon hearing she was, often sought advice about childbirth and child rearing.

Reading books and magazine articles about mothering and child care was reported by four informants. Commonly mentioned topics included childhood illness, bathing, fetal and child growth and development, infant feeding, and discipline.

Taking care of themselves was identified as a preparatory task by three informants. When asked what the relationship was between taking care of oneself and motherhood, the informants replied:
1. "You have to have pride in yourself if you want the baby to have pride."

2. "I want to feel good so I will be able to get up at night."

3. "I want a healthy baby."

The ways in which they were taking care of themselves included eating healthy foods, taking vitamins, exercising, and getting enough sleep.

All students enrolled in the Teenage Parent Program are required to participate in childbirth and parenting classes. However, only three informants identified childbirth classes as a preparatory task and only one informant identified parenting class as enhancing her capabilities to cope with motherhood.

A change of attitude was reported by three informants as a preparatory task for motherhood. They stated they had adapted or were adapting a more positive attitude about the role they would soon assume. An informant reporting she was thinking of the good times with the child and preparing herself to cope with the depressing times said, "I think of the bad times too because I know it's not all peaches and cream. Another informant stated she was changing her attitude by gaining control of her temper. The same informant reported, "If I think I can be a good mother, then I know that I will."

Four informants said they were being neater by doing such activities as cleaning the house, their rooms, and washing
clothes. Those keeping their rooms neater stated they wanted to be good examples to their children.

Each informant anticipated the child sharing her bedroom. Four of them were already arranging the infant's portion of the bedroom. One informant who was 38 weeks pregnant said, "If the baby came tomorrow I'd be ready."

For all the young women the most important preparatory task involved readying themselves for their child rearing responsibilities. Each informant expressed satisfaction with her preparatory tasks.

Growing Up

The effect childbearing had on growing up was discussed by all student participants. They reported feeling more mature since becoming pregnant. Making a baby and decisions caused these feelings of maturity.

All informants stated they had given up certain activities since becoming pregnant. Only one informant expressed a desire to continue her former lifestyle. She said she would like to go out more. However, the other five informants seemed neutral and even positive about giving up former lifestyles. Excerpts from interviews pertaining to giving up activities included:

1. "I have been through a lot . . . . I am ready to settle down."

2. "I see my friends less but now I'm closer to my mother."
3. "I have less restrictions . . . . I go out less but I can stay out longer."

Three informants who had smoked marijuana stated they no longer did so. All of these young women felt satisfaction in giving up the activity. One informant reported, "It's hard to be a teenager, There are so many pressures on you." Another informant reported she would have dropped out of school had she not become pregnant.

Three informants said pregnancy had improved their relationship with their parents, particularly their mothers. Common examples given included being treated more like an adult and having better parental communication.

Although having feelings of greater maturity, three informants reported they still saw themselves as children too. One informant said she needed to grow up more to cope with motherhood, while another said if she had not gotten pregnant she would still be a child.

Informants' Learning Needs

Learning needs associated with becoming a mother were identified by the young women. The categories of needs are:

1. Child care
2. Child growth and development
3. Communication.
An informant also identified a need to learn about budgeting and the role of the child's father. These data are summarized in Table 8.

Five informants identified specific caretaking needs. A need to learn about infant or child feeding practices and childhood illnesses were reported by all of these informants. They stated they wanted to know more about:

1. When to start the child on solid food and what kinds of foods were best.
2. How to prevent childhood obesity.
3. Feeding schedules appropriate for breast and bottle.
4. Foods making the child more intelligent.
5. Snacks and snacking.
6. Formulas.
7. Cooking.

For illness, they wanted to know more about medications, immunizations, ear infections, recognizing illness and keeping the baby healthy. One informant reported a desire to learn more about infant sleeping behaviors and patterns.

A need to learn more about growth and development was mentioned by four informants. They wanted to know more about intra- and extra-uterine growth, toilet training, and teething. Pertaining to toilet training and teething, they asked for information on the ways in which to potty train a child, when to potty train, the timing of teething, and ways to alleviate teething.
Table 8. Informants' Learning Needs for Becoming a Mother

<table>
<thead>
<tr>
<th>Category of Learning Need</th>
<th>Total No. Responding</th>
<th>Learning Need</th>
<th>No. of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caretaking</td>
<td>5</td>
<td>Illness</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Foods</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sleep</td>
<td>1</td>
</tr>
<tr>
<td>Growth and Development</td>
<td>4</td>
<td>Toilet training</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teething</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Physical growth</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Child games</td>
<td>1</td>
</tr>
<tr>
<td>Mother-Child Communication</td>
<td>5</td>
<td>Discipline</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Being patient</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communication patterns</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sex education</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Comfort measures</td>
<td>1</td>
</tr>
<tr>
<td>Finances</td>
<td>1</td>
<td>Budgeting</td>
<td>1</td>
</tr>
<tr>
<td>Role of the Father</td>
<td>1</td>
<td>Fathering tasks</td>
<td>1</td>
</tr>
</tbody>
</table>
pain. A young women also stated she wanted to know more about the kinds of games a mother can play with a young child.

Five informants had a desire to learn more about mother-child communication. As a means of communicating with the child when he or she has done something wrong, three informants asked for more information about discipline. Two informants wished to learn the ways to discipline the child without the use of spanking, while another stated she wanted to know when she could spank the child. Two informants wished to learn ways of maintaining patience during stressful situations with the child.

Of the two informants desiring good communication patterns with the child, one stated she wanted to know more about how to make the child feel close and come to her when he or she is having problems. The other discussed a need to learn more about ways of talking to her child about sex.

Ways to comfort a child, particularly one who is crying, was identified as a learning need by an informant. Although other informants did not express a wish to learn more about comforting measures, all identified feelings of stress about infant temperament and crying.

For the young women, the most important learning needs involved child care. The importance of providing adequate child care was evident in all responses.
CHAPTER 5

INTERPRETATION OF THE FINDINGS

Presented in this chapter are a relationship of the find­
ings to the conceptual framework and review of literature, con­
cclusions, implications for nursing practice, and recommendations
for nursing research.

Relationship of Findings to Conceptual
Framework and Review of Literature

The fundamental part of the framework was the concept of
anticipatory socialization, that is, feelings, visualizations,
and activities an individual engages in prior to actual enactment
of the role. Generally, all study participants were anticipating
and actively preparing themselves for becoming mothers. Possi­
bly, being enrolled in the Teenage Parent Program provided an im­
petus for making preparations. They identified feelings,
cognitive and physical activities, and to a lesser extent, self
and other visualizations for enactment of the maternal role.

Feelings about Becoming a Mother

Richards (1972) described the childbearing adolescent as
one in conflict who expressed feelings of anger, contempt, fear,
helplessness, loneliness, and frustration. This study does not
support his premise. Each study participant was excited about
having a child and could list reasons for being excited. No informant reported feeling angry, helpless or lonely. In many respects, carrying a child and planning for motherhood prevented feelings of loneliness. Feelings of apprehension concerning the ability to manage motherhood caused some conflict. However, the positive aspects for becoming a mother and interest in children usually exceeded these conflicts. No informant expressed an inability to manage motherhood and all seemed to look forward to becoming mothers. The importance of the mother role was indicated in the responses of the informants.

All informants seemed to have good feelings about themselves; they felt important, special, and needed. Their feelings and anticipations caused changes in their identity patterns and behaviors. Many informants felt happy about the new functional patterns. Several informants referred to adolescence as difficult. Their statements about early sexual practices, the pressure to use drugs, and parental divorce all appear to contribute to feelings of wanting to escape from adolescence. Having a child is a means of escape, at least temporarily, from these pressures.

The somatic design of the body and its predisposition for childbearing may help determine identity formation (Erikson, 1964). Almost all the informants thought there was a relationship between having sexual intercourse and becoming a mother. Assuming responsibility for the expression of their sexuality through sexual intercourse was evident in their responses. No
informant expressed guilt or said she should not have been having sexual intercourse. By choosing to become mothers, the study participants were acknowledging their sexual practices and their sexuality to themselves and others. Had they denied their sexual behaviors by aborting or relinquishing the fetus child, guilt might have been felt. "I should not have had sexual intercourse if I did not want a baby" was a common comment. Rubin (1970) believed all women ask "Why me--Why now?" She stated these questions are answered at the time of birth. In this study, the answers of the participants usually preceded birth, and were related to having sexual intercourse and pregnancy.

Only three feelings—excitement, apprehension, and duty—were found to be prevalent among the study participants. But these feelings probably motivated each young woman to assume cognitive and physical activities which prepared her for motherhood.

Visualization of Self as Mother

Visualization of self as mother can be appraised by determining nurturing behavior, interest in children, and ego strength of the childbearing woman (Shereshefsky and Yarrow, 1973). Evidence obtained from this study indicated that each young woman was becoming more of a nurturer. Each study participant seemed to be bonding with her child in that she stated she was talking to her fetus or felt close to it. Furthermore, all the young women were becoming more tender and affectionate with children and with their families. Each expressed an interest in children
by playing with them, holding them, or babysitting. These findings indicated the young women were beginning to visualize themselves as mothers.

Ego strength, the degree to which the young woman isemotionally adapted to her condition was harder to appraise. Each young woman seemed to be coping with the prospects of motherhood but still displayed some anxiety. For example, although they were practicing new behavior patterns in the form of preparatory tasks, they also felt apprehensive about child rearing responsibilities. Apparently, each young woman was still developing the strength of ego needed to visualize herself as a mother. This lack of clarity of ego strength may be the reason for the difficulties the informants had with visualizing themselves as mothers and anticipating maternal behaviors. Rubin (1967) postulated that deciding on new behaviors, which she operationalizes as introjection-projection-rejection, is not easy for the woman who has not yet given birth.

An individual appraisal for being a good or bad mother is related to her perceptions of visualizations by others. Informants' visualizations of self as mother generally agreed with the visualizations of their mothers. Because the mothers had given birth at a young age, their visualizations, as stated by the informants, tended to be more positive. However, informants' perceptions of visualizations of the fathers were not so positive. They reported their fathers seemed more concerned with the costs caused by teenage childbearing. Then too,
one-half of the study population offered no visualizations of the father because their fathers were not in the household and/or were non-communicative.

Chilman (1979) reported society is negative toward teenage pregnancy and motherhood. The young women participating in the study were generally aware of this attitude and the reasons for it. Comments made by the young women indicated they thought they had to prove themselves to the rest of society by being good mothers and were afraid people would think of them as bad mothers. From the remarks made by the young women, the investigator ascertained that the visualizations of their mothers were more important to them than those of society.

Activities for Becoming a Mother

The type and amount of anticipatory socialization influences the transition into a role. More preparatory tasks were described than other kinds of activities. However, fantasy was fundamental in that it prepared the study participants to assume other tasks. Almost all of the young women said they had thought a great deal about motherhood. Through their fantasies pertaining to becoming a mother, they defined mother and good mother. They identified behaviors they hoped to assume, the most important being the act of giving love. Wanting to mimic a good mother and assuming prenatal behaviors associated with being a good mother was a finding of this study. This finding correlated with Rubin's (1967) operation of mimicry.
A shift in attention from self to infant and the identification of what constitutes a good mother demonstrates anticipatory preparation for the role of mother (Peterson, 1977). Generally, more fantasies pertaining to the child rather than to self were reported by the young women, indicating a shift from self to infant. However, fears for self were expressed more frequently than fears for child. This finding indicates that the young women recognize the amount of change caused by becoming a mother. They seemed to know that being a mother is not easy and are preparing themselves by acknowledging their fears.

All the young women were preparing themselves by giving up activities that at one time had meant a great deal to them. Colman (1960) reported that the most important associations for the adolescent are the peer group. For these adolescent women, their most important associations were with their own mothers and other mothers. They sought advice from mothers and used mothers as prototypes. The young women saw their peer groups rarely and did not seek help and advice from them. The family, particularly mothers, seemed to be a main source of comfort and support. However, only one informant wanted her mother to take care of her baby. Four other informants expressed fears of having to depend too much on their mothers. They thought it was their responsibility to care for the child. A wish to give baby to mother was not a finding of this study.
Although the data of this study indicated that the young women were making a shift from self to child, some of the wishes for the child were self-centered. A noteworthy finding of this study was the emphasis the young women placed on the appearance and sex of the infant. Expectations for a particular kind of infant may cause problems with the ease of transition into the maternal role if expectations are not met.

Peterson (1977) postulated that a young woman's focus is on personal health and that of the child during the third trimester of pregnancy. The study participants did not express wishes or fears for the health of the infant at the time of birth. However, illness following birth was a commonly reported fear. Most informants showed that they thought about their personal health by stating they were taking care of themselves or expressing fears about labor and delivery. But personal health did not seem to be a major focus for these young women during the last months of pregnancy. Preparing to cope with motherhood was concentrated on by the study participants.

An issue faced by all adolescents is productivity versus apathy. The data collected from this study indicated a resolution of this issue. For example, all the young women were involved in role play, preparatory tasks, and except for one, all were actively participating in school. Each young woman expressed satisfaction with role play and preparatory activities. She seemed to be involved in activities of interest to her.
Taking on these tasks enabled her to be productive, define the mother role, and attain a more mature identity.

All the young women commented that pregnancy and plans for becoming a mother had allowed them to achieve other desired goals including pursuing school, developing a capacity to give of oneself, improving parental relationships, and giving up marijuana. However, through their fears, including not having enough time for self, getting bored, and not having enough money, all informants indicated possible role conflicts that could impinge upon the ability to cope with motherhood.

The data from this study suggested that childbearing adolescents associated pregnancy and becoming a mother with growing up. Rubin (1967) identified this phenomenon as one of letting go of a former role which may be incompatible with the assumption of a new role. Some of the young women expressed anxiety about replacing childhood with a more mature identity. But they rationalized the conflict by saying the relative similarity in age between themselves and their children may stimulate the development of mother-child communication. However, most informants expressed a degree of conflict with their own mothers despite the fact that their own mothers were very young during their first childbearing experience. All but one informant indicated their mother-child relationship would be different from that which they had with their mothers.

The process of anticipatory socialization varies from a high degree of learning to very little learning (Burr, 1972).
The data of the study suggested a high degree of learning by all study participants. They were able to anticipate learning needs, particularly infant and child care needs. The learning activities and the desire to learn more may influence ease of transition into the maternal role by the young women.

General Discussion

From a postpartal study of adolescents during the first childbearing year, Mercer (1979) identified four phases of maternal role attainment, the first of which is the fairyland phase. During the fairyland phase the young woman is showered with attention. Her initial impression of motherhood is that it is a wonderful and rewarding experience. Antenatal data collected by the investigator suggest the fairyland phase may precede childbirth. Despite the fears and conflicts of the young woman, positive kinds of feelings and activities about becoming a mother were generally expressed. Many of the young women were given abundant attention from their families and from the Teenage Parent Program. As the findings indicated, each young woman was anticipating the role of mother. The attention they received may have generated particular feelings, visualizations, and activities affecting anticipatory processes of socialization for the maternal role.

According to the conceptual framework, the degree of learning, the type and amount of anticipatory socialization affect ease of transition into the maternal role. The findings of
this study indicate the childbearing adolescent is generally internalizing values and attitudes as well as acquiring new skills which will enable her to function as a mother. She is assimilating and resolving some issues she faces as an adolescent, including biological changes, giving up childhood, sexuality, independence, and searching for new behavior patterns. However, actual performance of the maternal role is affected by not only anticipatory socialization processes but also conflict and strain of the role following childbirth. During pregnancy some of these conflicts surface but to a greater extent each woman expresses satisfaction and looks forward to assuming the mother role.

**Conclusions**

From the data presented in the preceding pages, the following conclusions were derived:

1. The young women in the study have positive feelings about becoming a mother and about children.

2. Feelings of apprehension are acknowledged by the young women and are associated with assuming child care for themselves.

3. During pregnancy, childbearing adolescents generally have difficulty visualizing themselves as mothers and deciding upon actual maternal behaviors.

4. Childbearing adolescents usually perceive the visualizations by others for enactment of the maternal role as
negative except for mothers, whose visualizations are perceived as positive.

5. Childbearing adolescents utilize a great deal of fantasy expressed as wishes and fears for self and child.

6. Each young woman engages in a pattern of preparatory tasks including role play which increases her ability to assume mother role responsibilities.

7. The young women have greater feelings of maturity and assume behaviors they associate with being grown up.

8. Adolescents becoming mothers actively seek out advice from their own mothers and other mothers. During pregnancy, the most important association is the family rather than the peer group.

9. Although the young women generally do not see becoming a mother as a deterrent to other desirable goals, i.e., continuing high school, all anticipate greater hardship and are making plans to cope with self-child conflicts.

10. Learning needs identified by the young women are based on child care responsibilities, growth and development, and mother-child interactions.

Implications for Nursing Practice

In dealing with childbearing adolescents, the nurse needs to be aware that this group has positive feelings about becoming mothers. These young women, not opting for abortion or adoption, have chosen to become mothers. To maintain the mental and
physical health of the young women, it is important the nurse act to support positive feelings, identify feelings of apprehension and their causes, and to provide guidance and teaching to ease transition into motherhood.

The questions asked during this investigation, i.e., feelings about becoming a mother, visualizations of self as mother, and preparations for motherhood, should become a part of all antenatal evaluations of childbearing adolescents as well as women of older childbearing age. Negative kinds of feelings, visualizations or a small degree of learning may precede maladjustment to motherhood by all childbearing women. To develop an honest relationship with a woman as a means to get at true processes of anticipatory socialization, the nurse must provide a comfortable environment where data can be collected in an unhurried manner.

Although the study population was not specifically selected but to a large extent randomly chosen, the investigator believes some young women probably do have feelings of hostility, helplessness, and loneliness. Possibly, these feelings are more prevalent during the first trimester. Young women with negative kinds of feelings must be identified by nurses and others who are concerned for the sake of themselves and their children.

Generally, young women choosing to become mothers are conscious of what the role entails and are actively preparing themselves for it. Nurses can facilitate these role preparing activities by encouraging them and identifying other activities which may be useful to young women. For example, many of the
study participants enjoyed reading about childbearing and rearing. By providing reading resources, the nurse may enable her to cope more with the changes she expects and anticipates.

The family is paramount to the childbearing adolescent, and yet rarely is the family involved in prenatal activities. Many young women stated their mothers would be present in the delivery room, but it is the observation of the investigator that few mothers are encouraged to become involved in prenatal visits and childbirth classes. Of course, many mothers are employed, but scheduling evening classes or group sessions and making home visits could all become part of the nurse's care regime. Fathers, brothers, sisters, boyfriends, and other significant persons should also be included in client care practices if the woman so desires.

Nurses working in hospital care settings, particularly the postpartal units, need to assess infant bonding behaviors of the young women. If adolescents have strong expectations regarding the sex and the appearance of the infant and those expectations are not met, then bonding may be difficult for them. Providing guidance and counseling after birth may be essential to these young women and their children.

Client care should not stop following birth or even the six week postpartal checkup. Postpartally, these young women may encounter a great deal of conflict. During this time, they may find it difficult to achieve other desired goals, may become frustrated with the role, or even lose interest in it. Nurses
can arrange a plan of care that most suits the needs of the young women and her child. The nurse ought to allow for the expression of negative as well as positive feelings. If the young woman states she cannot cope with school and motherhood, she will need guidance and counseling from the nurse. Not being able to cope may mean having to give up a role for a time. For example, the young woman may choose to postpone school for a semester or allow a significant other to care for the child. Many nurses feel uncomfortable with these kinds of decisions. However, if the young woman grows and becomes more satisfied with herself and her child, the end may indeed justify the means. To reiterate a finding of Furstenberg (1976), low income women who had children in their mid-teens were not found to be significantly different in terms of education, income, and employment status from women who had them a few years later.

The Tucson Unified School District Teenage Parent Program provides a supportive environment for its student population. The staff facilitates an adaptation which allows the young women to cope with pregnancy and the anticipation of motherhood. Nurses and other clinicians should encourage students to enroll in programs like this. Nurses and TAP program staff may wish to incorporate the learning needs identified by childbearing young women into childbirth and parenting classes.

For areas not having teenage parent programs, young women should have counselors as well as student groups with which to affiliate at high school locations. These student groups may
include mothers-to-be as well as young mothers. For example, most high schools have study periods. These study periods can be alternated with student counseling or childbearing group sessions. For women not enrolled in school, nurses can arrange parenting classes and group sessions in a clinic or a community meeting place.

Many of the study participants expressed a wish to continue at the Teenage Parent Program following delivery. Because of city funding, it is impossible to stay enrolled in the program beyond the fourth postpartal month. However, the TAP program encourages student visitation at any time. Possibly support groups could be organized for former students of the program. Other ideas include providing a meeting place in different areas of town where students could discuss parenting, themselves, and their children. For example, many students enrolled in the TAP program reside in the southeast area of Tucson. A meeting place could be designated which would be more convenient than coming into the central city. Nurses can act as facilitators for these kinds of group sessions.

Finally, nurses can become involved in public education. Much media information centers on the negative aspects of teenage pregnancy and motherhood. If the public sincerely believes it is a young woman's right to choose motherhood, then support rather than anger and rejection should be given. Many students travel 10 or more miles daily by bus to attend the TAP program. They do make an effort. For pregnant young women and the future
generation they bear, the public must become educated about adolescent childbearing. American society must decide if it wants to punish childbearing young women and their children or emotionally support them to become productive members of society. Nurses, too, must recognize their own biases and must respect these young women and the decisions they make about their lives.

**Recommendations for Nursing Research**

Based on the findings of this study, the following recommendations are made:

1. Repeat this study for a larger sample population using a scaled questionnaire derived from the findings of this study.

2. Longitudinally study childbearing adolescents' beliefs about motherhood from the first trimester of pregnancy through the second childbearing year.

3. Replicate this study using unwed childbearing adolescents not enrolled in a teenage parent program. Compare these data with the findings of this study.

4. Repeat the study using ethnic populations and derive cross-cultural comparisons.

5. Do a study comparing socialization of wed adolescents to unwed adolescents.

6. Repeat the study using older-aged childbearing women. Compare their responses to those of childbearing adolescents.
7. Implement a study using non-pregnant adolescents to determine their attitudes and beliefs about motherhood.

8. Interview mothers of childbearing adolescents to determine their perceptions of their daughters becoming mothers.

9. Do a study interviewing nurses to discover their attitudes about adolescent pregnancy and motherhood.
CONSENT FORM

You are being asked to participate in a study entitled, "Anticipatory Socialization for the Maternal Role by the Unwed Childbearing Adolescent." The purpose of this study is to identify the attitudes, beliefs, and learning activities pregnant teenagers have for motherhood.

You are being asked to participate because you are between the ages of 14 and 17, you are having your first baby, you are keeping your baby, you are unmarried, you are healthy, you speak English, and you are or have been enrolled in the Tucson Unified School District Teenage Parent Program. If you choose to participate in the study, you will be asked questions about your feelings for becoming a mother, how you see yourself as a mother, how you think your family, friends, and society in general see you as a mother, and what you are doing to prepare yourself for motherhood. You will also be asked to complete sentences pertaining to motherhood. Three interviews, each lasting about one hour, will be conducted in a period of about two weeks. No health, emotional, or educational risks are anticipated as a result of your participation.

You will not be paid to participate. It is understood that your participation is voluntary. You are free to withdraw or refuse to answer more questions at any time. Should you withdraw, your health or educational care will not be affected.

The interviewer will answer any questions you may have about this study. No immediate benefits are anticipated for you, but your participation may help improve the care given to teenagers in the future. The information obtained from this study will be used by the researcher for future research and possible publication. Although all interviews will be taped, your name will never be known by anyone other than the interviewer. All interviews will be conducted privately at the Teenage Parent Program Teaching Center. The study is being carried out by a graduate student in Nursing at The University of Arizona. The Teenage Parent Program is not responsible for the research project.

I have read and have had the above explanation explained to me. I understand that my participation in the study is voluntary, that I may withdraw at any time, that this study may be of no direct benefit to me. I also understand that this consent form will be filed in an area designated by the Human Subjects Committee at The University of Arizona. Access to the consent form will be restricted to the principal investigator or authorized representatives of the College of Nursing. A copy of the consent form will be made available to me upon request.

__________________________  ______________________  ______________________
Signature of Subject                          Date

__________________________  ______________________
Signature of Parent/Guardian                   Date

__________________________  ______________________
Signature of Investigator                      Date
Elisabeth K. Dicharry, R.N.
2727 North Laverne Avenue
Tucson, Arizona 85712

Dear Ms. Dicharry:

We are in receipt of your project, "Anticipatory Socialization for the Maternal Role by the Unwed Childbearing Adolescent", which was submitted to the Human Subjects Committee for review. We concur with the opinion of your Departmental Review Committee that this is a minimal risk project. Therefore, approval is granted effective 10 February 1981.

Approval is granted with the understanding that no changes will be made in either the procedures followed or the consent form used (copies of which we will retain on file) without the knowledge and approval of the Human Subjects Committee and the Departmental Review Committee. Any physical or psychological harm to any subject must also be reported to each committee.

A university policy requires that all signed subject consent forms be kept in a permanent file in an area designated for that purpose by the Department Head or comparable authority. This will assure their accessibility in the event that university officials require the information and the principal investigator is unavailable for some reason.

Sincerely yours,

Milan Novak, M.D., Ph.D.
Chairman

cc: Ada Sue Hinshaw, R.N., Ph.D.
Departmental Review Committee
APPENDIX C

TUCSON UNIFIED SCHOOL DISTRICT APPROVAL

Tucson Unified School District
DEPARTMENT OF LEGAL AND RESEARCH SERVICES

APPROVAL FOR RESEARCH PROJECT

TO Elizabeth K. DiCharry, 2727 N. Laverne Street, Tucson, AZ 85712

Dr. Margarita Kay, Nursing Department, University of Arizona

RESEARCH PROJECT Anticipatory Socialization for the Maternal Role by the Unwed Childbearing Adolescent; Measurement Instrument

RESEARCHER(S) Elizabeth K. DiCharry

AFFILIATION(S) U. of A. Nursing School

1. This research project has the approval of the Department of Legal and Research Services.

2. The following building principals or department heads have been informed:
   Sherry Betts, Program Coordinator, Teenage Parent Program, Roskruge

3. Comments or further instructions:
   Mrs. DiCharry will work with Ann Martinez, Nurse, Roskruge, to select nine girls to participate in the study.

4. If this office can be of further assistance, please call the undersigned at 791-6138.

John Bockman
Educational Program Analyst
Department of Legal and Research Services

JFB:is
1/28/81
APPENDIX D

INFORMANTS' BASIC RESPONSES TO OPEN-ENDED QUESTIONS AND SENTENCE COMPLETION EXERCISES

Open-Ended Questions

I. What kinds of feelings do you have about becoming a mother?

Subject 1:
"I like the idea."
"I am excited."

Subject 2:
"I'm excited."
"I'm kind of scared of the responsibility."
"I know it will be hard."
"I've thought about it a lot."
"It's like I'm in a dream."

Subject 3:
"I'm excited."
"I really want to be a mother."
"I think it will be fun."
"I get scared of the responsibility."
"I don't have many worries."

Subject 4:
"I don't think about it a lot."
"It will be fun."
"You have responsibility for the child."
"I have good thoughts."
"It will be a challenge."

Subject 5:
"I feel attached to the baby."
"I feel special."
"I feel needed."
"There are a lot of scary feelings."
"I know I have to keep going."
"I think about the bad times but then I know I'll get over them."
"I know it's going to be hard."

Subject 6:
"I have mixed emotions."
"I'm excited."
"I just want to give the baby what I can."
"I know it's going to be hard."
"I think I'm going to make it."
II. How do you see yourself as a mother?

Subject 1:
"I will be able to handle it."
"I don't know—I've never been a mother before."
"Everybody tells me I'll be a good mother."
Subject 2:
"I think I'll be a good mother."
Subject 3:
"I think I'll be a fair mother."
"I see myself as a pretty good mother."
Subject 4:
"I'll be a good mother."
"I see my mother as the mother, too."
Subject 5:
"Funny."
"It's kind of hard to think of me as being a mother."
"Like a little girl with a doll."
Subject 6:
"If I can keep believing I'd be a good mother then I feel I'm gonna do it."
"I'm gonna see a lot of changes."

III. How do you think other people see you as a mother?

Subject 1:
"My mother thinks I'll be a good mother."
"My mother doesn't talk that much to me about it."
"Friends like the idea."
"A lot of people are openminded."
"A lot of people still think down on it."
Subject 2:
"They think I can manage."
"My aunt and uncle think I'm too young."
"Society is not trying to help us, they don't care, they don't give us much support."
Subject 3:
"My mother thinks I'll be a real good mother and my father too."
"My friends think I'll make a good mother."
"People in general can't accept it; they just kind of look at you in disgust."
Subject 4:
"I think my mother sees me as a good mother."
"My older brother was upset."
"Friends haven't said anything about being a mother."
"Society sees it in a bad way."
Subject 5:
"My best friend got so excited I thought she would die."
"Some will be happy for the girls and wish them well and others will condemn for it."
"Parents haven't said anything."
"Not many people talk about it."

Subject 6:
"My father says I'm not very responsible."
"My mom thinks I will be able to handle the responsibility."
"My friend likes the idea."
"Sisters felt uncomfortable."
"Family was tense."
"I don't care what other people think about me."
"Friends don't care."
"Society thinks girls my age won't make it."

IV. What are you doing to prepare yourself for motherhood?

Subject 1:
"I took care of my little brother."
"I read a lot of articles and pamphlets."

Subject 2:
"I registered at the parent program."
"I read books."

Subject 3:
"I read a lot of books."
"I make my baby things."
"I'm planning my future."
"I exercise and make sure I'm eating the right foods."

Subject 4:
"I'm buying things."
"I'm making things."
"I'm borrowing things."

Subject 5:
"I'm doing lots of psychological things."
"I'm looking for a crib."
"I'm going to CEA classes."

Subject 6:
"I'm changing my attitude."
"I save money."
"I'm making things."

Sentence Completion Exercises

I. When I imagine myself as a mother I . . .

Subject 1:
"worry if I'll be a good one."
"like the idea."
"want to be the best."
"want to hurry up and have the baby."
"think I'll be good."
"imagine what it looks like."
"am afraid I'll drop it or something."
"want people to think I'm a good one."
"also imagine being a wife and being good at that."
"want to give my baby everything."

Subject 2:
"see myself holding someone I really love and care for."
"see myself as someone really important."
"scare myself."
"know I am going to do a good job."
"see myself being busy."
"see myself getting much older and more mature."

Subject 3:
"think of the good times like taking my baby to the park or beach."
"think of making my baby laugh and learn all about life."
"think of helping my baby when it gets hurt and kissing its hurt to make it better."
"think of feeding my baby and holding it while it's sleeping."
"think of having to scold my baby and help it learn good from bad."
"think of being able to buy my baby lost of nice things."
"think of myself loving it all the time, kissing it and telling it stories."
"think of teaching it good eating habits and going out to lunch with it."
"think of singing to it and helping it with its homework."
"think of it being a joy and sharing and bragging about my baby with others."

Subject 4:
"think of it as a challenge."
"think of understanding."
"think of being more patient."
"think of fun."
"think of how people will look at me."

Subject 5:
"get scared."
"think about potty training."
"image being called mommy."
"think about money."
"think about my parents."
"think about my child with drugs and sex."
"think about the terrible twos."
"worry about depression."
Subject 6:
"think of a lot of responsibility in giving my baby what I want to give it."
"find myself wondering what my baby will look like."
"finding myself wishing that my pregnancy would hurry up and get over with."
"see a lot of caring and love."
"think of my child and what its career will be."

II. A mother is someone who . . .

Subject 1:
"takes care of her child the best she can."
"shows her kids lots of love."
"picks up after the family and cooks."
"is someone who understands problems."
"is a good wife at the same time."
"is someone who can find a solution to everything."
"is comforting."
"is warm and cuddly."
"is always showing love even if something happens or your are bad."

Subject 2:
"gives birth to a child."
"raises her child from birth."
"thinks of her child as first before herself."
"cares and loves all her children equally."
"works hard to support her child."
"is someone a child goes to for comfort."
"is very special to a child."
"is one of a kind to different children."

Subject 3:
"teaches her child right from wrong."
"reads their child stories and helps them learn things from them."
"takes time out to explain why things are the way they are."
"also takes time out to play with them when their friends aren't home."
"teaches her child to eat and exercise right."
"tries to understand and not be critical of her child's work or play."
"cares enough and puts in a little extra when her child is sick."
"humors her child when sick or depressed."
"takes her child places of interest so it will learn different things."
"always loves her baby when it's good or bad and tries to help it be a better person."
Subject 4:
"is helpful."
"is sometimes a pain."
"is understanding."
"we can talk to."
"we can go places with."
"can teach you things."
"yells at you."
"is nice."
"teaches you right from wrong."

Subject 5:
"is loving and caring."
"a child can turn to in need."
"always loves her child."
"is special to her child in a special way."
"should always be there."
"is a personal teacher."
"takes care of the family."
"loves you when you do wrong."
"tries to understand your point of view."
"tries very hard to make everyone in the family healthy and happy."
"kisses you when you hurt."
"irlons and cleans her kids' clothes."
"you can always talk to when you have a problem."
"gives you her support in everything you do."

III. I am preparing myself for motherhood by . . .

Subject 1:
"reading pamphlets and articles."
"taking care of babies in the nursery."
"taking a parenting class."
"getting the father support and comfort."
"asking doctors for advice."
"getting advice from experienced people."
"making plans."
"getting things ready to make it easier."
"learning everything I can."

Subject 2:
"reading a book about being a mother."
"asking my mother questions about being a mother."
"taking care of other babies."
"buying all kinds of baby things."
"reading labels on baby food and formulas."
"watching other mothers and how they handle their babies."

Subject 3:
"taking vitamins."
"eating good foods."
"not eating too much and watching my weight."
"keeping clean."
"reading books on discipline."
"reading books on breastfeeding."
"buying cribs, sheets, toys, clothes, etc."
"seeing my doctor regularly."
"exercising a lot."
"keeping a good attitude."

Subject 4:
"borrowing things from friends."
"crocheting blankets."
"buying some things."
"saving some money so I will have some."
"planning to graduate."
"making animals."
"thinking about what will happen later."
"being neater."
"trying to be patient."
"thinking of all the diapers I can wash."

Subject 5:
"thinking about how to handle it emotionally."
"taking childbirth classes to get started."
"watching my mom to see how she does it."
"thinking of little things I've seen mothers do."
"waiting for my income taxes so I can get a crib and other things I'll need."
"thinking of things I won't want to do in raising my children."
"thinking of bad times so it all doesn't look like peaches and cream."
"disciplining myself out of laziness."
"getting a lot of sleep and rest."
"preparing myself for getting up when I don't want to and doing things that aren't pleasant but necessary."

Subject 6:
"saving all my money I earn for clothes, toys, etc."
"crocheting booties and toys."
"cleaning out my room to make room for the baby."
"reading books on birth."
"listening to other people's advice about how to raise a baby."

IV. As far as becoming a mother is concerned, I would like to know more about . . .

Subject 1:
"the basic do's and don't's."
"how to keep baby healthy."
"what foods are bad for them."
"when to start the baby on real food."
"how to make delivery easier for me and the baby."
"what the father can do to help."
"how to keep it from getting sick."
"how to make sure it doesn't get fat."
"when to get it its shots."
"how to make a comfortable home."
Subject 2:
"how to get the baby on a feeding schedule."
"when is the time to start feeding babies solid food."
"what kinds of medicine is good or bad for a baby when he is sick."
"ear infections."
"teething."
"how to talk to them about sex."
"how to make them understand how other people feel."
"potty training."
Subject 3:
"nutrition and foods for different ages."
"(pre)-schools to send my child to and learning."
"how to be patient when it is crying or bad."
"how to keep it occupied all day."
"how to make clothes."
"when to take it to the dentist, etc."
"potty training."
"bottle breaking and stopping bedwetting."
"what to do when sick."
"how to make clothes."
Subject 4:
"taking care of my child."
"my delivery."
"a child's temper."
"how you should treat a child."
"when you should and shouldn't spank them."
"when you're doing something wrong."
"what will happen later."
Subject 5:
"how to discipline your child in the right (biblical) way."
"how me and my children can be close and relate to one another."
"when to start teaching your child certain things, i.e., manners, ABC's."
Subject 6:
"labor and delivery."
"raising a child."
"growth of a child."
A. Feelings about becoming a mother:
   1. What kinds of feelings do you have about becoming a mother?
   2. When I imagine myself as a mother I . . . .

B. Visualizations of self as mother:
   1. How do you see yourself as a mother?
   2. How do you think other people see you as a mother?
   3. When I imagine myself as a mother . . . .

C. Activities:
   1. What are you doing to prepare yourself for motherhood?
   2. When I imagine myself as a mother I . . . .
   3. A mother is someone who . . . .
   4. I am preparing myself for motherhood by . . . .
   5. As far as becoming a mother is concerned, I would like to know more about . . . .

D. Learning needs for becoming a mother:
   1. As far as becoming a mother is concerned I would like to know more about . . . .
LIST OF REFERENCES


Sugar, M. Feminine Development. New York: Brunner and Mazel Co.


