### Abstract

This study investigated the experiences of adolescent mothers in Nanaimo, BC through a resilience framework. Nanaimo has a high adolescent pregnancy rate in comparison to the rest of the province. Research shows that there are many risk factors associated with adolescent motherhood. The aim of this study was to explore the experiences of adolescent mothers and identify potential gaps in local services offered to this population. It also examined how becoming an adolescent mother changed the lives of these young women, how they cope and what their experiences were with sexual education. The participants were recruited for the study by posting information in various centres and offices providing services to adolescent mothers. Also, the primary investigators initiated outreach at these venues to facilitate recruitment. The results showed that services for adolescent mothers in Nanaimo, BC offer a variety of helpful and non-judgmental support. The majority of the participants accessed or continued to access these services. Some have built strong relationships with service providers. The lives of these young women changed drastically after having a child and for many it seemed that changes were for the better. Becoming an adolescent mother affected education, financial independence, social lives, housing and relationships.

### Methods and Materials

Adolescent mothers (n=14) between the ages of 16 and 22 participated in this study. All of the participants had at least one child 3 years or younger and resided in the greater Nanaimo area. Ten of the participants had one child, and four had two, however on the date of the interview 2 were pregnant with their second child. All of the participants had custody of their child(ren) except one. The average age of the participants on the date of the interviews was 19.7 years (SD=1.37), and 18.0 years (SD=1.22) at the birth of their first child. Measures for this project included two measures for this project. Each recorded interview was transcribed verbatim and analyzed. The two principal investigators and one research assistant carried out thematic content analysis independently and then themes were compared to account for inter-rater reliability.

### Results

#### Barriers to employment and financial independence

- Not feasible to work full time at minimum wage and pay for partly subsidized daycare.
- A strong awareness of current reliance on IA.
- Strict budgeting.
- A determination to achieve financial independence.

#### Absence of a male partner/adolescent father

- Only 5 participants had shared custody with a male partner.
- Co-habitation with father of child reported by two.
- Male partner rarely mentioned when describing future plans.

#### Importance of Support from friends, family and service providers

- Supportive friends cared for child when needed a break.
- Emotional support from a professional used by a few.
- Most rely on a family member for emotional and/or financial support.

### Discussion

This study had a few limitations. The sample size was small and was selected from venues where services are provided for adolescent mothers. Therefore, adolescent mothers who are not accessing services were not represented. In addition, we were working with a vulnerable population and as one participant noted “we are all afraid that we are going to lose [custody]”. Despite the level of trust that we may have established with these women responses may have tailored to avoid judgmental feedback and to enhance the image of themselves as parents. The breadth of the topics explored in the interviews were an overview of the participants’ individual experiences and didn’t hone in on any specific part of these women’s lives; therefore, implications for potential future research might include exploring relationships between the adolescent mothers and their children’s fathers, a closer look at housing and community transportation or a longitudinal follow-up to examine the protective factors that promote resilience for both them and their child longitudinally.

### Conclusions

- Multiple programs offering various forms of support are available for this population in Nanaimo and appear to offer accessible and non-judgmental support.
- Almost all programs promote protective factors in some way.
- There is a need for sexual health education in schools to connect adolescents and parents to establish better communication.
- Participants successfully navigate through various resources to get the support they need, which is an indicator of resilience.
- Culture played a significant role for First Nations women in coming to terms with motherhood.
- Getting pregnant seemed to have a positive impact on the lives of these women and they approached their maternal roles with a sense of optimism.

### Acknowledgments

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For further information

Please contact resilience@viu.ca. More information on this and related projects can be obtained at www.viu.ca/resilience.

### An Investigation of the Experiences of Adolescent Mothers in Nanaimo, BC

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Supervised by Caroline Burnley and Ruth Kirson

#### Introduction

Nanaimo, British Columbia has a high adolescent pregnancy rate in comparison with the rest of the province:
- Nanaimo: 12.9 adolescent pregnancies per 1,000 women aged 15-19
- BC: 10.7 adolescent pregnancies per 1,000 women aged 15-19

Many risks are associated with adolescent motherhood:
- Low confidence in parenting ability
- Little knowledge of child development
- Lack of social support
- Poverty and unsafe neighbourhoods

However, certain protective factors are associated with positive outcomes:
- Being at grade level for age in school
- Social competence
- Positive relationships, especially closeness to a primary partner
- Having parenting skills and basic developmental knowledge
- Access to community resources and social support

Protective factors have been identified to act as a buffer of support or protection when individuals are faced with significant challenges. Protective factors can act to enhance or promote resilience, which is the capacity of those who are exposed to risk factors to overcome them and avoid negative outcomes. Protective factors can help increase resilience in at-risk populations such as adolescent mothers and their children.

#### Methods

Adolescent mothers (n=14) between the ages of 16 and 22 participated in this study. All of the participants had at least one child 3 years or younger and resided in the greater Nanaimo area. Ten of the participants had one child, and four had two, however on the date of the interview 2 were pregnant with their second child. All of the participants had custody of their child(ren) except one. The average age of the participants on the date of the interviews was 19.7 years (SD=1.37), and 18.0 years (SD=1.22) at the birth of their first child.

Measures for this project included two semi-structured interviews and a brief demographic questionnaire. Measures were created by the principal investigators with input from the Resilience Research Lab. All interviews took place at a mutually agreed upon location. Each participant was asked to read and sign a consent form prior to the start of the first interview. The demographic questionnaire was also administered prior to starting interview 1. All interviews were audio recorded and took approximately 30 minutes.

Each recorded interview was transcribed verbatim and analyzed. The two principal investigators and one research assistant carried out thematic content analysis independently and then themes were compared to account for inter-rater reliability.

#### Results

<table>
<thead>
<tr>
<th>Relationships with service providers in Nanaimo</th>
<th>Perceived community attitudes towards adolescent mothers</th>
<th>Getting pregnant changed life for the better</th>
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</thead>
<tbody>
<tr>
<td>Professionalism of service providers</td>
<td>Judgment from predominantly elderly people however also noted in a small percentage of peers and adults.</td>
<td>Gave context and purpose to life.</td>
</tr>
<tr>
<td>Offered non-judgmental support (i.e. emotional, material, parenting skills, child care, health and referrals)</td>
<td>Negative public attitudes had a greater impact on participants with less family support.</td>
<td>Instilled motivation to do well in school.</td>
</tr>
<tr>
<td>A lack of transition after program cessation was noted</td>
<td></td>
<td>Put an end to participation in high risk activities (i.e. substance use).</td>
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</tbody>
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#### Sexual Education

- School, parents/guardians, and friends were source for info re: sexual health.
- School sex education was deemed not helpful.
- Parents/guardians discussions on sex were helpful.
- Ability to talk to parents/guardians correlated to reporting positive sexual health.

#### Housing

- Difficult securing long-term housing: 2 participants hadn’t moved in the last 12 months, 6 had moved once, 5 had moved twice and 1 had moved 4 times.
- 7 participants moved into low income housing.
- Difficult parenting with other family members living at home.

#### Education

- Fully subsidized daycare a direct determinant of educational pursuit.
- Public transportation to/from school was onerous and inefficient.
- Prolonged high school education and made studying difficult.
- Career goals changed after having children.

#### Barriers to employment and financial independence

- Only 5 participants had shared custody with a male partner.
- Co-habitation with father of child reported by two.
- Male partner rarely mentioned when describing future plans.

#### Absence of a male partner/adolescent father

- Patience, knowing personal boundaries, responsibility, and loving child. unconditionally
- Must always put child’s needs before your own

#### Importance of Support from friends, family and service providers

- Significant decrease in social activities with peers.
- Now socialize with young parents.
- Decreased social spontaneity
- Can no longer do “normal teen things.”

#### The role of culture for First Nations women

- Patience, knowing personal boundaries, responsibility, and loving child. unconditionally
- Must always put child’s needs before your own

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