Unplanned Pregnancy in the Mississippi Delta: Causes and Implications

Julia Grant

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UNPLANNED PREGNANCY IN THE MISSISSIPPI DELTA: CAUSES AND IMPLICATIONS

by
Julia Grant

A thesis submitted to the faculty of The University of Mississippi in partial fulfillment of the requirements of the Sally McDonnell Barksdale Honors College.

Oxford
May 2020

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ABSTRACT
JULIA GRANT: Unplanned Pregnancy in the Mississippi Delta
(Under the direction of Dr. Melissa Bass)

This study seeks to understand the causes and implications of the abundance of adolescent pregnancy in the region known as the Mississippi Delta, where teenage childbearing is among the highest in the nation. To do so, this study reports and analyzes twelve interviews with young, African American, single mothers conducted by the author in the summer of 2019. This study relies on a narrative approach to research and analysis and employs the theoretical framework of Afrocentrism. As a result of the interviews, the author concludes that a blatant lack of sex education in the region is a powerful influence on the high rates of adolescent childbearing, and that current cultural perceptions of African American teenage mothers are misguided and must be remedied.

Keywords: teenage pregnancy, Mississippi Delta, Afrocentrism, narrative approach, sex education
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Chapter 1: Introduction

Bianca did not have a vehicle of her own, so at the conclusion of our interview, she kindly asked if I would bring her across town, to meet up with her boyfriend—the father of the child she was expecting. I obliged. We left McDonald’s and got into my car, chatting politely. It wasn’t a long drive, and the conversation mostly centered on which way I should turn and the like. After a few minutes, we pulled up to her boyfriend’s place of employment; she put her hand on my car door, but, before opening, turned back and looked at me.

She had a simple way of speaking, and a muffled voice, almost as if her tongue were too big for her mouth so she said as few words as possible. “I wanted to tell you thank you,” she told me earnestly, and then looked quite shy. “I was wondering, could we be friends? Would it be alright if I called you, if I needed to talk? It is just, I am so lonely. I be so alone. No one knows how hard it really is. This meant something to me today.” Eyes prickling, I managed a stunned of course, and returned her brief hug. She smiled sheepishly and exited the car.

Out of everything I experienced my hot, summer weeks in the Mississippi Delta, this is the image that sticks with me the most. The human aspect. Sure, I can offer a verbal depiction of Leland High School, what with its missing bricks and stuffy hallways and feral animals lurking about. I can describe the WIC clinics, or the shack walls with peeling paint, or the readiness by which guidance counselors offered me names of pregnant students. I could talk about how, after hours of talking with black women in
McDonald’s, I sat in a popular local restaurant in downtown Indianola, surrounded by whiteness and perhaps willful ignorance.

But it is Bianca who stays with me, and whose story I always tell first when anyone asks me about this research. In the pages that follow, you will meet Bianca, learning about her childhood, her pregnancy, her love life, her dreams, her plans for the future, and much in between. You will also meet Cassidy, a high school senior with a fierce intelligence and obvious confidence about her. You will find yourself rooting for Jayda, the youngest of all of the mothers but so open and incredibly kind. You will find parts of yourself in all of them, in those named above and in Arielle, Dee Dee, Tink, Rachael, Ashley, Latasha, Tara, Mya, and Noelle. These are the pseudonyms of the twelve African American young mothers I interviewed, some my age of 21 at the time, some a few years shy. They are from the Mississippi Delta, a region plagued by poverty, social and economic inequity, and a bitter racial past that has turned into a contemporary racial system I admittedly will never fully understand.

The purpose of my summer in the Delta speaking with these young women was to understand the circumstances and personal consequences surrounding the abundance of adolescent pregnancy in the region, and ultimately to provide recommendations for policy change in order to mitigate it. I was particularly interested in the Delta for a few different reasons. First, it represents an extreme case of the frequency of adolescent childbearing, as it boasts the highest rates of teenage pregnancy in a state which itself has some of the highest rates of teenage pregnancy in the nation. Second, it is an extremely poor, rural region—a type of region that traditional literature on teenage pregnancy has maligned in favor of urban settings. Third, the region is known for its inadequate public
education and is the poorest part of a state that lacks a robust sex education framework.

The final reason is a bit more personal: while I was born and raised in Mississippi, I had never traveled to the Delta prior to conducting this research. I was eager to immerse myself in the notoriously complex and nearly mythic culture, if only for a little while, as I spoke with young mothers living there.

The literature led me to believe I would find young women desperate to find purpose and meaning, and opting for motherhood to fulfill these longings. It had led me to expect battered women, broken women, women unfit to be mothers.

In the sections that follow, I will explain the process that led to the conclusions I ultimately made. I will begin with background information on the Mississippi Delta, its history that created a modern-day region scarred by poverty and racism, and on relevant state sex education statutes. I will then present a review of the literature regarding adolescent and unwed motherhood, and I will introduce my theoretical framework of Afrocentrism. Next, I will outline my methodology for recruiting for and conducting my interviews and further expound on my theoretical framework. I will then present my results, which quite frankly were not what the literature led me to expect.

Actually, I feel as if I discovered something else entirely. I found strong, determined women, but women who lacked a nuanced understanding of the options available to them and the ways in which to practice sex healthfully. Additionally, I found a different type of family structure, one matriarchal and relying on kin in nature, but one not worthy of the demonization found in such documents as the Moynihan report, for instance. These discoveries, outlined below, inform the political and cultural implications presented in the final section.
Chapter 2: Background

In order to understand the experiences of the women in my study, it is imperative first to comprehend the region they are from: the Mississippi Delta.\(^1\) This is no simple task. The Delta is a complex, mysterious region; James Cobb (1994) has called it “the most Southern place on Earth.”

Even in the state of Mississippi, there is a lack of consensus as to what precisely constitutes “the Delta.” Formally, the Mississippi Delta refers to the alluvial plain hugging the Mississippi River in the northwest corner of the state, nursed between its eponymous waterway and the Yazoo River, home to some of the richest farmland in the United States. But this definition includes areas typically excluded from traditional understandings of “the Delta,” leading scholars such as Davidson and Paradise (2015) to argue that the character and distinct culture of the region itself is what renders it worthy of its unique designation. Some counties, like Yazoo, claim to fit the elusive criterion, but this would be promptly disputed by anyone in, say, Sunflower County; after all, such an individual may tell you, Yazoo City has hills.

That is one aspect of the Mississippi Delta everyone seems to agree upon—it is flat. As I drove into the Delta for the first time, I was overwhelmed by the sheer nothingness, stretching out endlessly. As flat as the palm of God Himself, although some say He seems to have forgotten this place entirely.

\(^1\) That is, the region in which eleven out of twelve of the mothers lived at the time of the study. Rachael lived in Water Valley, Mississippi. While not the Delta, Water Valley nonetheless faces similar demographics in poverty and educational segregation.
Flat, and poor—another attribute that is widely accepted. According to the U.S. Census Bureau’s American Community Survey of 2018, which considers five-year aggregate data to produce its metrics, while the U.S. poverty rate is roughly 15%, many Delta counties have rates between 25% and 40%. Unemployment and food insecurity are rampant; the 18 counties many officially designate as the Delta have rates in both categories far higher than the rest of Mississippi and the country as a whole. For example, the unemployment rate in Issaquena County is 12.8%, over triple that of the United States. A majority of counties see twice as many households living under the poverty line than that nationally (Rozier, 2017). This Delta poverty, however, is asymmetrical. According to Whayne (2015), “The harsh truth is that the people of the Mississippi Delta created a system which is today marked by extremes of wealth and poverty that more nearly resemble a third world country than post-industrial America” (pg. 129).

Historically, the Delta relied on agriculture for nearly all economic production—cotton, in particular. What the Delta lacked in key minerals for industrialization, it made up for in miles and miles of rich soil. In the late 19th and early 20th centuries, as the rest of the country was rapidly developing, the Delta failed to keep pace, or even enter the race at all. Capital investment was shirked; existing capital was used exclusively for cotton production. Yet, as the United States mechanized and the cotton market globalized, employment in the Delta from cotton fell, with few alternative industries. Today, mass unemployment is still cited as the primary cause of the region’s chronic poverty. The Delta remains agrarian, having shifted focus to soybeans, rice, and corn, and poverty is widespread and oppressive. The region seems to not have changed much in terms of development since the days of King Cotton (Davidson & Paradise, 2015).
This poverty is inevitably colored. While African Americans comprise roughly 13% of the U.S. population (U.S. Census Bureau, 2019), they comprise upwards of 50% of the population in many Delta counties (Davidson & Paradise, 2015). Education remains segregated, with most white students attending private academies while African Americans attend the public schools, which struggle with severe teacher shortages, a lack of proper funding, a low educational attainment (Wright, 2019; The Line, 2018). The Greenville Public School District, for instance, has the seventh lowest graduation rate in the state. The schools in this district have populations over 98% African American (Vanderford, 2019). African Americans may be roughly half the population, but the spoils certainly are not divided equally. Persistent consequences of a once aggressive Jim Crow system are evident in the severe and obstinate poverty of black residents, and the lack of proper education only perpetuates the inequity (McKee, 2015).

The particular educational lack I became interested in throughout my time in the Delta was that of sex education. I knew, however, that this was not an issue unique to the northwest corner of my state, but one that plagues every county. In 2011, the state of Mississippi for the first time mandated that public schools teach sex education. The law allows schools to teach either abstinence-only or abstinence plus approaches, with curricula subject to approval by the Mississippi Department of Education. Further, the law mandates that sex education classes are single-sex only, and that all parents must opt their child into the classes (MS Sex Education Law, n.d.). To assist schools in carrying out this mandate, Mississippi First and the MS Department of Health developed the Creating Healthy and Responsible Teens (CHART) initiative. CHART provides an abstinence-plus curriculum and guidelines for schools that, if followed, permit the
schools to receive federal Personal Responsibility Education Program (PREP) funding—funds allocated to evidence-based sex education courses that include instruction on abstinence, contraception, and STDs (MS State Department of Health, n.d.)—to implement the program without any cost to the schools. The PREP funding pays for the curriculum, staff training, and access to support from the Mississippi Bureau of Community and School Health (MS State Department of Health, n.d.).

House Bill 494 of 2016 specifies proper curricula for sex education programs. The Bill states that “abstinence-only education shall remain the state standard” for sex education in public schools (pg. 1), and defines what constitutes abstinence-only education. According to the legislature, this approach teaches the psychological benefits of abstinence and the psychological pain of premarital sex; informs students of the serious consequences of out-of-wedlock birth and the “inappropriateness of the social and economic burden placed on others” (pg. 2); equips students to reject unwanted sexual advances; and tells students that “a mutually faithful, monogamous relationship in the context of marriage is the only appropriate setting for sexual intercourse” (pg. 3). Abstinence-only programs are permitted to discuss condoms and contraceptives, but are strictly prohibited from demonstrating how to apply condoms or other forms of birth control. According to the legislation, in order to meet these criteria, the curriculum does not have to include all of the above specifications; it merely must not contradict any of them. Abstinence-plus education, as endorsed by the CHART initiative, can include all of the criteria embedded in abstinence-only education, as well as lessons regarding additional birth control methods, as well as the causes, symptoms, and prevention methods of sexually transmitted diseases.
Schools, as allowed by law, have significant leeway in deciding how their curriculum looks, as well as how they administer it to their students. Schools have the option to integrate the course into Physical Education, Health, or Science classes; additional options include vocational electives such as Family and Consumer Science, homeroom, or even lunch. Sex education in the state has been widely criticized by opponents, who claim it does not go far enough to educate teenagers, and that we witness the consequences in our high rates of STIs and teenage pregnancy.

Of course, the latter is the focus of this study, and investigating how sex education relates to adolescent pregnancy is a key concern of this research. In Mississippi, rates of teenage pregnancy exceed the national average. Nationally, there are 25 births per 1,000 women between the ages of 15 and 19; in Mississippi as a whole, this number is 39 (County Health Rankings, 2019). I specifically chose the Delta region to study because this statistic is even more exaggerated here. In Quitman County, it is 62; in LeFlore, 53. In Issaquena and Coahoma counties, it is 67. In Tunica, it is 80. This is the highest in the state (County Health Rankings, 2019).

While staggering, it is important to note the above numbers are aggregate from 2011 through 2017, and do not fully reflect nationwide declines in the teenage birth rates between these years; for instance, between 2010 and 2016, Coahoma County in the Mississippi Delta witnessed a 60 percent drop in its teen birth rate. Nevertheless, in 2016, the teen birth rate in Coahoma County was 33.2 in 2016, far above the national average of 20.3 in this same year. Further, in 2017, this number doubled to 68, reflecting the vast discrepancies that emerge by year in the rate as well as the fact that rates are stubbornly high not merely in Coahoma County but throughout the Delta. Other Delta counties also
saw declines in their birth rates but nonetheless saw rates much higher than the national average (Adamek, Bardin, O’Neil, & Luca, 2019). While these declines are promising, rates in the Delta are persistently above the national average as the national average itself declines due to increased advocacy for sex education, enhanced contraceptive access, and higher federal funding for the prevention of adolescent childbearing (Boonstra, 2014). Delta counties, in sum, continue to inflate the state level metric, and largely contribute to Mississippi having the third highest teen birth rate in the nation (Martin, J.A., Hamilton, B.E., Osterman, M.J.K., Driscoll, A.K., & Drake, P., 2018).

This is the Delta I entered—poor, black, and pregnant. And flat. Very, very flat.
Chapter 3: Literature Review

There have been a slew of studies studying the nature and causes of teenage pregnancy in the past, many of them extremely thorough, especially the in-depth ethnographies. I read these ethnographies, shorter synopses and analyses of interviews with teenage parents, statistical reports on health and educational outcomes amongst teenage mothers and their children, examinations of the demographics of teenage parents, and government documents, among other sources.

Many early studies—including Furstenberg, Brooks-Gunn, & Morgan, (1987); Young (2004); Hoffman (2008); and Hoffman & Maynard (2008), among others—focused on the negative consequences of adolescent childbearing on the futures of both mothers and their children, arguing teenage pregnancy inevitably limits opportunities and potential for success for both groups. These studies examine risk factors for teenage childbearing, frequently documenting external antecedents such as poverty, race, and parents’ education levels. Further, they cite internal risk factors, such as a deprivation of love and support as well as young girls’ desires to make something of themselves by becoming mothers. One important factor the ethnographies seem to gloss over is the potential influence of sex education; because I know my state boasts a dearth of such education, I examined how different curricula affect teenage sexual health outcomes. I then began to look at newer studies, many of which argued that they remedied the methodological flaws of early studies and contradicted the findings that had become almost conventional wisdom. Finally, as I knew that the nature of my study would
involve highly personal interviews, I studied the methods and benefits of a narrative approach. Along with this approach, I considered the theoretical framework of Centrism, and, more specifically, Afrocentrism.

**Traditional Understandings of Teenage Pregnancy**

Policymakers and advocates alike typically approach teenage pregnancy as a social ailment to be mitigated. This long-held perspective is allegedly supported by an arsenal of research that cites early childbearing, which typically occurs out of wedlock, as a factor associated with various other societal disorders, including developmental delays, poor health outcomes, and welfare dependency. This research contends that teenage childbirth has deleterious effects on both the young mothers and their offspring, and, by extension, on the wellbeing of their communities. Various studies have argued that children of teenage mothers are more likely to behave poorly at school and at home, and that these offspring have a greater probability of early childbearing themselves relative to children whose mothers became pregnant in their twenties (Card, 1981; Mott & Marsiglio, 1985; Furstenberg, Brooks-Gunn, & Morgan, 1987). A body of research documents that children of teenage, unwed mothers score lower on aptitude tests, pursue less education, fail more often in school, commit more violent crime, experience greater unemployment, and depend on welfare more than children whose mothers were older upon their children’s births (Young, 2004; Hoffman, 2008).

Further, studies argue that the adolescent mothers themselves lack both mature parenting skills and face limited opportunities for their futures. Roosa, Fitzgerald, and Carlson (1982) discovered that teenage mothers have a lower likelihood of playing and speaking to their babies and enhancing their toddlers’ development, and are more
inclined to physically reprimand their children when they misbehave. The lower the age of first birth for a girl, the more offspring she is predicted to have throughout her life (Furstenberg, Brooks-Gunn, & Morgan, 1987), and thus the narrower her range of opportunities.

Further, those who speak out against teenage pregnancy cite its significant costs to the individual and to society. Approximately half of women who give birth in their teenage years will earn a high school diploma by the time they are 22, compared to roughly 90% of women who delay childbearing (Perper, 2010). According to an analysis by a nonpartisan advocacy organization, Power to Decide, the mean expense to fund a teenage mother during pregnancy and the first year following birth is $16,000 per birth (Kaye & Ng, 2018). From a national perspective, teenage pregnancy is associated with billions of dollars in costs to taxpayers, resulting from additional spending on welfare, foster care, public healthcare; unrealized tax revenue; and incarceration of children of teenage mothers (Hoffman & Maynard, 2008).

Armed with such research, advocates and critics of adolescent mothers alike shape our traditional understanding of teenage childbearing as a severe social ill and stain on the fabric of society. Kelly (1997) documents how these understandings have evolved into four common “stigma stories” surrounding early childbearing: wrong girl, wrong family, wrong society, and stigma-is-wrong. In the “wrong girl” narrative, advocates, which include bureaucrats and social workers, are well-meaning, and try to remove the stigma surrounding teenage pregnancy; they claim that young women in poverty, especially minority women, begin childbearing early in order to fulfill a deep-seated, unfulfilled longing for love, or to cope with the trauma resulting from a history of
surviving sexual abuse. Those in the right wing often push the “wrong family” narrative, extolling the virtues of a nuclear family and arguing that programs that offer assistance to young mothers are rewarding deviant behavior; they primarily seek to reduce the welfare burden they see teenage mothers imposing on the state. The “wrong society” story situates teenage pregnancy in the throes of poverty and the havoc it can impose on individuals, but still argues teenage childbearing is an unfortunate social problem that demands mitigation. Finally, the “stigma-is-wrong” paradigm, derived from teenage mothers’ interpretations of their own experiences, contends that the stigmatization of teenage motherhood is misguided and inappropriate, and leads to mistreatment of young mothers that they argue is the real issue at hand.

It is also imperative to note the racialized aspect of teenage pregnancy, as the phenomenon is typically associated with women of color. In many ways, this notion is not misguided. Since the 1990s, pregnancies among African American and Hispanic teens have been roughly twice that of White teens (Hamilton & Ventura, 2012; Kaplan, 1997). Thus, the narratives above and the perceptions of teenage pregnancy inevitably have been colored by color itself.

**Teenage Pregnancy Risk Factors: Why Do Teens Get Pregnant?**

Research documents that poverty and teenage pregnancy are highly correlated; however, while some assume early pregnancy is the causal factor, studies show that poverty is the antecedent (Hoffman, Foster, & Furstenberg, 1993; Gordon, 1996). Hogan and Kitagawa (1995) documented a strong inverse relationship between income and teenage pregnancy; comparing births amongst African Americans, their study found that poor black teenagers were 95% more likely to give birth than were more affluent black
teenagers. The rate of unplanned pregnancy among women with incomes less than 100% of the Federal Poverty Line (FPL) was 112 per 1,000 women in 2011, more than five times the rate among women with incomes at least 200% of the FPL (Finer & Zolna, 2016).

Family background is strongly indicative of the likelihood of an adolescent pregnancy. Parents’ education level is correlated with the probability of a young woman becoming pregnant during adolescence; namely, those adolescents whose parents have low educational achievement have a higher probability of becoming parents themselves. Specifically, when a mother of an adolescent has a higher educational status, her daughter’s likelihood of becoming a teen mom falls (Kahn & Anderson, 1992; Manlove et al., 2000; Thornberry, Smith, & Howard, 1997). Young (2003), studying and following eighth-grade girls, discovered that those young girls who did become pregnant prior to high school graduation “were more likely to have mothers and fathers with lower occupational status, were more likely to indicate that they did not know the reasons for the parents’ directives, were more likely to have mothers and fathers with lower levels of education, were more likely to perceive that their mothers and fathers had lower educational expectations for them, and were more likely to come from a family in the lower socioeconomic quartile” (pg. 367).

Again, it is necessary to address the vast racial disparities in teenage childbearing. In 2017, the birth rate for black adolescents, 27.5 per 1,000 women aged 15-19, was double the rate for white adolescents, 13.2 (Martin et al., 2018). Roughly 16% of black, female teenagers and 17% of Hispanic female teenagers will become mothers by their 20th birthday, compared to just 8% of white teenagers (Cook, n.d.). This can also be
correlated with poverty as a causal antecedent of teenage childbearing. In 2018, merely 8% of non-Hispanic whites lived below the FPL compared to roughly 18% of Hispanics and 20% of African Americans (U.S. Census Bureau, 2019). When one controls for the effects of poverty and basic skills on teenage childbearing, the results are striking—statistically, the likelihoods of a white, black, Hispanic, or Native American adolescent becoming a mother are equal (Furstenberg, Brooks-Gunn, & Morgan, 1987; Scott-Jones & Turner, 1990).

In addition to such external determinants, many scholars have identified internal risk factors for early childbearing, many of which relate to Kelly’s (1997) “wrong girl” narrative. Studies document that young women facing a restricted set of choices in life are more likely to become pregnant, perhaps due to belief in motherhood as a path to fulfillment (Dryfoos, 1984; Sullivan, 1993; Bickel, Weaver, Williams, et al., 1997; Plotnick, 1992). Young (2003) found that the young women in her study who ultimately became teenage mothers typically had lower expectations for their futures, including aspiring to more traditional job paths, being less sure they would receive a high school diploma, and having fewer hopes for education beyond high school than those young women who did not become pregnant. Additionally, Young (2003) assessed locus-of-control for the young women in his study; this measure was defined by Rotter (1966) as an evaluation the extent to which a person sees themself having control over their circumstances versus to what the extent a person sees themself as a victim of external events beyond their control. Young discovered that the girls who became pregnant in her study scored in the external range for locus-of-control, while the girls who did not possessed a more internal locus-of-control.
Musick (1995) reaches similar conclusions, overall contending that young women become pregnant in order to find unencumbered love and to manage the emotional trauma from their tumultuous childhoods. She argues that a young woman who becomes pregnant against the backdrop of poverty and marginalization is burdened with such emotional baggage and early sense of defeat that she “has nothing better to do with her future than to have children” (pg. 47), and that “motherhood promises a path to personhood, a path to her own place in the world” (pg. 68). She condenses poor, minority teenage mothers into a single archetype, and contrasts them to her archetype of young women in higher socioeconomic levels: “Whereas a middle-class 10- to 13-year old’s world of work is focused on school and sports and lessons and trips and hobbies, that of her disadvantaged sister is generally quite different. While the former is, in a sense, cared for by her environment, the latter is struggling to take care of herself and frequently of others as well, such as younger siblings or older family members lost to drink or drugs. She is often being raised by a very young mother with her own poorly resolved developmental issues or a mother who, having started childbearing very young, is now too depressed or hard pressed coping with her own survival to respond sensitively to the needs of her children” (pg. 43). She concludes that the teenage mothers she has interacted with share one primary attribute: “a profound psychological neediness, the legacy of severe and often protracted emotional deprivation” (pg. 100). Hamburg (1989), too, subscribes to this view, seeing motherhood as a way for minority women living in poverty to achieve purpose and value in their lives that they may view as meaningless otherwise.
Edin and Kefalas (2011) reach similar conclusions in their ethnography of low-income, urban women who have children out of wedlock, as they investigate and document such aspects of these women’s lives including motherhood, marriage, community, and romantic relationships. In conducting such an extensive narrative study, Edin and Kefalas sought to understand why women in poverty choose to have children without marrying. They also attempted to understand why women who have children before they are married are much less likely to ever get married and stay married than women who wait. In their extensive conversations with these women, they started from the beginning—their childhoods, the early stages of their relationship with their children’s fathers, their pregnancies, their childbirths, and their present lives.

Edin and Kefalas, too, produced conclusions in line with the paradigm that poor women become mothers in order to fulfill emotional longing and neediness. They argue, “The redemptive stories our mothers tell speak to the primacy of the mothering role, how it can become virtually the only source of identity and meaning in a young woman’s life. These mothers almost never see children as bringing them hardship; instead, they manage to credit virtually every bit of good in their lives to the fact that they have children—they believe motherhood has ‘saved’ them” (pg. 11). They contrast this finding with their conclusions on why marriage has declined amongst these populations—namely, that while motherhood creates a form of permanency and sense of self, marriage is inherently fragile, and can fall apart much more easily than the bonds of motherhood. They argue that the young women in their study, similar to the findings of Musick (1995), do not see extensive opportunities for themselves in the low-income communities in which they were raised; motherhood, for them, represents the most compelling path to purpose. In
contrast to their middle-class counterparts, the authors argue, who have high educational and career aspirations, most of these women and their children’s fathers do not have the same lofty ambitions—and, even when they do not lack the ambition, their communities lack the resources these young adults need to achieve their goals.

However, it is important to note that, on average, only a quarter of the children born to the mothers in their study were planned; by demographics, roughly 20% of the African American and Puerto Rican mothers planned their births, and just 10% of the White mothers. Nonetheless, Edin and Kefalas contend that these assertions of having no plans for a child do not confound their conclusions of emotional fulfillment; instead, they argue that the mothers’ reluctance to prevent a pregnancy represented their tacit acceptance of the ultimate pregnancies. Indeed, about half of their mothers classified their pregnancies as somewhere in the middle of “planned” and “unplanned,” and only a handful were actively using contraception. Thus, they conclude: “Unlike their wealthier sisters, who have the chance to go to college and embark on careers—attractive possibilities that provide strong motivation to put off having children—poor young women eagerly grab at the surest source of accomplishment within their reach: becoming a mother” (pg. 46).

The Influence of Sex Education

Although typically maligned by the traditional literature in favor of more emotional explanations, the quality and comprehensiveness of sex education has an influence on early childbearing and active prevention of pregnancy. The two types of sex education typically involved in the public policy debate are comprehensive and abstinence-only sex education. Comprehensive curricula “promote behaviors that prevent
or reduce risk of pregnancy, HIV, and other STIs; abstinence education interventions promote abstinence from sexual activity (either delayed initiation or abstinence until marriage)” (Chin et al., 2012, pg. 274).

Between 1997 and 2008, the federal government propagated abstinence-only sex education by offering $1.5 billion to classes of the like; in receiving the funds, teachers were prohibited from instructing about contraceptive methods, save for touching on their possible failure rates (Lindberg & Maddow-Zimet, 2012). Trends in sex education followed the funds—from 1995 to 2002 there were substantial declines in the proportion of adolescents being taught about both abstinence and contraception (females, 84% to 65%; males, 65% to 59%), but substantial upticks in the proportion of adolescents being taught exclusively about abstinence (females, 8% to 21%; males, 9% to 24%) (Lindberg, Santelli, Singh, & Finer, 2006). And yet, these changes advocated for by the federal government were not convincingly backed by scientific evidence. While one study, focused on younger adolescents, did point to certain benefits of abstinence-only education, a larger pool of evidence suggests that abstinence-only curricula are overall fruitless in both postponing age at first sex and in mitigating risky sexual behaviors amongst those adolescents who are sexually active (Bennett & Assefi, 2005; Underhill, Montgomery, & Operario, 2007). Far more positive results have been shown to follow comprehensive sex education programs. According to Kirby (2008), two-thirds of the 48 sex education programs that taught students both abstinence and contraception led to healthier sexual behavior. Kohler, Manhart, and Lafferty (2008) determined that, while abstinence-only sex education had no significant association with the probability of
vaginal intercourse and adolescent childbearing, comprehensive sex education was associated with a small decline in the former and a large decline in the latter.

According to a study performed by Doskock (2012), which investigated sexual health outcomes amongst youth in different types of sex education classes, respondents between the ages of 15 and 24 in a nationally representative survey who indicated that they had been instructed about both abstinence and contraception were less likely than their counterparts who did not have sex education to have had sex prior to the age of 20 and were likely to employ some sort of contraception, including condoms, their initial time engaging in sex. Those students who had only been taught about abstinence did show less probability to have sex prior to the age of 20, but were indistinguishable from those lacking sex education in terms of other indicators, after adjusting for the age virginity was lost. Similarly, Lindberg and Maddow-Zimet, (2012), concluded that “receipt of formal sex education before first sex, particularly that including instruction about both delaying sex and birth control methods, was associated with a range of healthier outcomes among adolescents and young adults as compared with not receiving instruction in either topic” (pg. 336-337). Particularly, these authors discovered that courses that taught about abstinence and birth control were associated with later age of first sex, higher probability of employing condoms or contraception methods at first sex, and more age-appropriate partnerships at first sex. In terms of pregnancy, associations between these courses and longer-term outcomes “were only indirect, operating through older age at first sex, particularly among male respondents, reducing their likelihood of having gotten a partner pregnant, multiple partnerships, and recent STI treatment, and increasing the likelihood of condom use at most recent sex” (pg. 337). Further, those
female adolescents taught both abstinence and birth control were significantly more
disposed to use a condom the first time they had sex in contrast to those receiving
abstinence only education.

Such evidence supports recommendations from groups such as the American
Academy of Pediatrics (AAP), which advises pediatricians to “encourage sexual
abstinence as part of comprehensive sexuality education and services offered to their
adolescent patients” (Blythe & Diaz, 2007, n.p.); similarly, the American Academy of
Family Physicians recommends physicians advise patients with science-backed,
comprehensive curricula that includes scientifically accurate material regarding
contraception and abstinence (AAFP, 2020). Likewise, the American Medical
Association maintains that a comprehensive approach to sex education is the most fruitful
approach to mitigate STD rates in youth and adolescent pregnancy (AMA, n.d.).

Particularly interesting in the Lindberg and Maddow-Zimet (2012) study are the
racial and sociodemographic disparities in sex education. Almost one-third of male
teenagers of color had no education on either abstinence or contraception methods prior
to their sexual debuts. Receiving abstinence and birth control sex education was less
probable for both impoverished young women and young men, whose mothers had less
education, or were black or Hispanic. Further, these groups demonstrated poorer sexual
and reproductive health outcomes, such as higher instances of sexually transmitted
infection and adolescent pregnancy.

Significant to the debate surrounding sex education is an inherent belief that
teaching teenagers about sex may normalize out-of-marriage sex and degrade the
morality of our teenagers. However, Lindberg and Maddow-Zimet “found no evidence
that receipt of either type of sex education was associated with earlier onset of sex, greater risk taking, or poorer sexual and reproductive health (SRH) outcomes” (pg. 337). Similarly, Kohler et al. (2008) found that instructing students about contraception was not associated with students having more sex or contracting more STDs, although it did lead to a lower chance of adolescent pregnancy compared to students who received no sex education or abstinence-only sex education.

**Traditional Understandings: Are They Misleading?**

The contemporary perspective of teenage pregnancy as a dangerous social disorder has its origins in the mid-1960s (Nathanson 1991; Luker, 1996) and is interwoven with interpretations of poor women’s sexuality that are heavily colored by race (Ginsburg & Rapp, 1995). Prior to the mid-1960s, however, adolescent childbirth was ubiquitous and unexceptional (Furstenberg, 2003). Yet, the demographic shifts of the 1960s changed the public perception of teenage pregnancy, catapulting the phenomenon, once commonplace, into a national “moral panic.” First, fertility rates amongst older women began to fall much more quickly than for women under the age of 20; thus, the “babies-having-babies” fear was conceived as it appeared age of first birth was declining (Elo et al., 1999; Furstenberg, 1998). Second, the mass of offspring born to the baby boomer generation was reaching adolescence, which surged the quantity of births, even as the birth rate for adolescent mothers fell. Third, and perhaps most significantly, unlike the generations before them, this new cohort of adolescent mothers did not immediately opt for marriage.

An important extension of the latter condition concerned the racial dynamics of this demographic shift. The turn away from marriage was first evident in poor
communities of color. These young, black women determined that the costs associated with marriage—which many viewed as likely to fail due to the diminishing income prospects for the young black men who were their children’s fathers—would not be outweighed by the benefits. This, coupled with expanding economic opportunities for women, made marriage look unnecessary and undesirable. In turn, marriage rates fell, and out-of-wedlock births grew among poor black teenagers (Furstenberg, 2003; O’Connell & Moore, 1980).

Thus, teenage childbearing, although most strongly correlated with poverty, became an alarming characteristic of African American culture. This view is perhaps best articulated by the now infamous Moynihan report of 1965, officially titled “The Negro Family: The Case for National Action.” Daniel Patrick Moynihan served as the Assistant Secretary of Labor for President Johnson, and in this capacity he released a report that would come to define mainstream America’s perceptions of black, adolescent mothers. This report demonized African American single mothers and their families, arguing single-parent households perpetuate cyclical poverty in the African American community and cost the taxpayers enormous sums. For instance, the report states, “The steady expansion of this welfare program, as of public assistance programs in general, can be taken as a measure of the steady disintegration of the Negro family structure” (Moynihan, 1965, pg. 14). It condemns the African matriarchal structure, claiming, “The Negro community has been forced into a matriarchal structure which, because it is so out of line with the rest of American society, seriously retards the progress of the group as a whole” (Moynihan, 1965, pg. 29). Suddenly, teenage pregnancy, as it typically produced single-
parent homes, was thrust into the national spotlight, and it carried with it an inescapable association with black women.

The rhetoric became more severe, as adolescent mothers became nearly synonymous with welfare, a burden on the taxpayer. As the Nixon Administration came to office, perceptions of the Black family began to deteriorate further, as social conservatives and fiscal hawks promoted the image of welfare-dependent black mothers. Conservative scholars and politicians pushed the narrative that “permissiveness was fostered by family planners and advocates of abortion, that dependency developed because of public assistance, and that marriage was undermined by government programs that aided single mothers and their offspring” (Furstenberg, 2003, pg. 29) This narrative was perpetuated for decades. In the throes of welfare reform, President Clinton labeled teenage pregnancy as the biggest and most pressing problem facing the United States, even as the adolescent pregnancy rate had begun to fall (Furstenberg, 2003). It was during this season of intense scrutiny of the welfare state that teenage mothers, especially Black teenage mothers, acquired the label of “welfare mothers” (Lubiano, 1992).

Adolescent mothers, then, were cemented in the public eye as overtly sexual, complacent leeches on the taxpayer (Fraser & Gordon, 1994), and they were popularly conceptualized as poor and black (Ward, 1991). These young mothers have been accused of being deviant and incompetent (Spring, 1989), characterizations critics support with research from the 1960s through 1980s that concludes teenage mothers induce poorer futures for themselves and their offspring.

And yet, although these studies have informed public rhetoric for decades now, in retrospect, many of them lack methodological sophistication and soundness; and, further,
those studies that have been found to meet the appropriate standard of rigor paint a very
different picture of the consequences of teenage pregnancy (Geronimus, 1987;
Geronimus, 1992). Early studies exhibited a dearth of control variables, and relied on
crude comparisons between teenage mothers and older mothers (see Furstenberg, Brooks-
Gunn, & Morgan, 1987; Hardy et al., 1978; Hayes, 1987). These studies faced serious
limitations in terms of selection bias; the subjects under consideration were typically
facing problems at home and at school before they became pregnant. These subjects
overwhelmingly came from disadvantaged backgrounds, had lower educational
aspirations, and displayed behavioral issues (Abrahamse et al., 1988; Moore, Morrison, &
Greene, 1997). Nonetheless, many of these studies, funded by the government and private
foundations, gained traction in the public narrative with their conclusions that adolescent
childbearing was the cause of limited educational and career prospects for young women,
familial welfare dependency, and subsequent incarceration and/or deviance amongst the
teenagers’ offspring (Furstenberg, 2003).

Those studies that pass methodological muster typically reach different
conclusions. The conclusions of Furstenberg’s (2003) Baltimore Study, which began in
1965 and was extended by follow-ups in 1987 and the mid-1990s, ran counter to many
public assumptions about the effects of early childbearing. In 1987, the substantial
majority of mothers in his study were above the FPL, and less than 20% were on welfare.
Over 75% of the women had stable jobs. Roughly a decade later, in the second follow-up,
he found that, although a generous minority of the families encountered significant
complications in life, most of the mothers persisted in improving their lives, advancing
their education and continuing in stable careers (Furstenberg, 2003). Although many of
the male offspring ran into issues with the law, the vast majority of the female offspring did quite well, continuing their education and maintaining stable employment. He concludes, “The findings of the Baltimore Study strongly suggest that the long-term costs of teenage childbearing, at least among Black families, were only modest. No doubt, some of the women would have achieved more and at an earlier age had they been able to delay their first birth, but because of their poor circumstances before pregnancy, they still would have encountered many of the same economic and social barriers to rising up to the middle class” (pg. 31). What is so compelling about the Baltimore study is that it was evaluated and determined to be methodologically sophisticated and sound (Maynard, 1997; Geronimus & Korenman, 1992; Geronimus et al., 1994; Hoffman et al., 1993), in contrast to many other studies on teenage pregnancy.

Hotz, McElroy, and Sanders (1996) compare economic outcomes among teenage mothers and teenagers who became pregnant but miscarried. These authors evaluate a number of preexisting studies, arguing that they are plagued by problems of selection bias that led to immense overestimations of teenage childbearing’s alleged deleterious effects. They contend that the studies under consideration “provide no support that there are large, negative consequences” (pg. 83) of adolescent parenthood. Using their own results, the authors claim that if all existing adolescent mothers had chosen to wait to give birth, their lifetime incomes would actually fall, and, subsequently, their lifetime contributions to taxes; these factors led the authors to estimate that “the net annual outlays by government for cash-assistance and in-kind transfers to these women would actually increase by 35%, or $4.0 billion” (pg. 85). It is important to note that Hotz et al.’s findings are particularly interesting due to their design; because their innovative research
design is a good approximation of random assignment to adolescent parenthood, their results yield more confidence than studies that lack this attribute.

Additional work argues that there is robust evidence to reject the established notion that early childbearing leads to poorer health outcomes and educational achievement for offspring (Geronimus, 1987, 1996a; Geronimus & Korenman, 1993; McCarthy & Hardy, 1993; Rosenzweig & Wolpin, 1995). Large, cross-sectional studies employing multivariate regression reach conclusions in conflict with one another regarding the extent to which adolescent parenthood affects key child development benchmarks (Moore, Morrison & Greene, 1997; Levine, Pollack, & Comfort, 2001). In contrast to the conventional wisdom, in one study employing a national sample of African American school-age children, those born to an adolescent mother (ages 18 or 19) actually scored higher on tests of reading and arithmetic than those born to mothers in their early 20s (Moore et al., 1997).

Similarly, in a study comparing the offspring of a national sample of sisters who became mothers at different points in their lives, Geronimus, Korenman, & Hillemeier (1994) discovered that most of the disparities in outcomes on cognitive and achievement assessments between the offspring with adolescent mothers and those with older mothers were statistically insignificant. When statistics did reach significance, these disparities usually showed the adolescent mothers’ offspring doing better than those with older mothers.

In a scathing reflection of the conventional wisdom surrounding adolescent childbirth and the arguably dubious studies that uphold this wisdom, Geronimus (2003) offers her argument for why teenage parenthood continues to be treated as an expensive,
deviant, malign social ailment. She argues, “‘Teenage pregnancy’ is more a political tool than a valid construct. The label ‘teenage pregnancy’ is an absorptive shorthand that strikes exposed dominant cultural nerves about race, responsibility, and sexuality along with rank feelings of disappointment and resentment” (pg. 887). She argues that members of the American majority—that is, European Americans—believe that social conformity necessitates delayed childbirth, galvanizing this group to demonize early fertility norms so their own children do not begin to accept these norms. Their control over the popular media, politics, public school curriculum, publishing, and interest groups allow them to “broadcast the social control message intended for their children that cultural competence requires the postponement of childbearing” (pg. 888). This social control message stems from both their desire to fall in line with the church, as well as their desire for their children to attend competitive schools and enter into prestigious careers. Such vociferous opposition to early fertility norms, Geronimus argues, “helps socio-economically advantaged teens maintain their privilege while the social control messages against teenage childbearing contribute to maintaining the marginal status of African Americans” (pg. 888).

Thus, it appears that scholars and American society are divided over the expected consequences and potential benefits to be realized from teenage childbearing. Reproduction appears much more political than traditional understandings would have us believe. Research methods that attempt to extract truth from contemporary metanarratives and seemingly countless statistics are an imperative.
The Importance of a Narrative Approach

The hegemonic narratives surrounding teenage pregnancies are detrimental to teen mothers in that they preclude the effective implementation of policy to address the issue. Social anxiety surrounding teenage motherhood abounds, the roots of which hearken back to President Johnson’s Great Society, and later to welfare reform in the 1990s, as the Personal Responsibility and Work Opportunity Act singled out teenage mothers as siphons on the state who needed to be married off (Lubiano, 1992). The teenage mother is typically stigmatized as someone without proper decision-making capabilities who is doomed to spend the rest of her life in poverty; this predominant ideology is particularly pervasive for minority women (Barcelos & Gubrium, 2014). The social anxiety is indicative of the generalized discomfort that surrounds the sexuality and reproduction of black women (Ginsburg & Rapp, 1995). The fearful and disapproving rhetoric associated with teen mothers, especially mothers of color, has contributed to their perception as dehumanized financial burdens, instead of recognizing them as potential victims of wider, systemic poverty in need of economic and educational assistance (Fraser and Gordon, 1994).

Thus, as posited by Barcelos and Gubrium (2014), it is essential that teen childbearing be approached using qualitative research methods, permitting women to share their own stories. The women interviewed in their study made clear the need for policies to increase contraception and education, but even more so to combat systemic racial and social disparities and beliefs that belittle mothers’ agency and personhood. According to these authors, “A narrative approach can illustrate storied lives in relation to
the discursive contexts that position teen childbearing as an indisputable pathology and exigent social problem” (pg. 467).

This narrative approach was likewise employed by Kathryn Edin and Maria Kafalas (2005) in their groundbreaking research documented in *Promises I Can Keep: Why Poor Women Put Motherhood Before Marriage*. They discover rich complexities in these women’s lives and in the stories associated with their children and their children’s fathers. Specifically, many of the women they interviewed expressed that, rather than unmarried childbirth being seen as a disappointment, as perceived by outsiders, pregnancy and childbirth within their communities were seen as acts of courage and love, and the moment at which girls become women. They expressed that marriage is typically not concomitant, as they believe they can raise the children better on their own without having to answer to a man who may think he “owns” his wife. However, also contrary to perception, these women are typically in a committed relationship with their child’s father at the time of birth and intend to marry once they believe themselves sufficiently independent. Many of these women’s narratives are altogether shocking and fly in the face of conventional wisdom surrounding unplanned pregnancy; yet, hearing and understanding these nuanced perspectives of those who have actually experienced out-of-wedlock childbirth is essential to developing efficacious and feasible policy alternatives. Thus, a narrative approach is essential to the issue of unplanned pregnancy, especially in Mississippi, where many women are not offered the time or space to express their own stories and opinions, and where many women have never been given the opportunity to contribute to shaping the very policies that will affect them.
Centrism

Employing a narrative approach is a necessary, though not sufficient, condition for understanding and addressing young mothers’ stories and life experiences. Also imperative to this research process is using a theoretical framework that interprets these narratives within their own unique contexts. For this reason, I will be utilizing a centrist approach in order to reach conclusions based off of the young mothers’ narratives. The centrist framework emphasizes the idea that any community must be studied and analyzed in its own terms and in its own context. A centrist researcher must draw conclusions based off of equal consideration of the narratives themselves and of the traditions, values, and perceptions of the culture of which the narrators are a part (Asante, 1998). That is, to understand the pregnancy, childbirth, and motherhood experiences of an African American teenage mother from the Mississippi Delta, one must first attempt to understand these women’s backgrounds and inimitable perspectives. The best way to do this is to see oneself as a learner—to immerse oneself in the unique culture, to allow the narrators to be the teachers, and to ensure they are the subjects rather than the objects of research (Collins, 2015; King, 1986).

In this particular study, a centrist approach mandates first that one understand the overarching societal factors in the United States that affect the general African American population in ways different from the general White American population. Throughout the nation’s history, African Americans have largely been pushed to the margins of society, politics, and economy (Cohen, 2006; Collins & Williams, 1999; Geronimus, 2000; O’Connor, 2009; Oliver & Shapiro, 2006). As noted before, in 2018, only 8% of non-Hispanic whites lived below the FPL compared to roughly 18% of Hispanics and
20% of African Americans (U.S. Census Bureau, 2019). Poverty, combined with disproportionately detrimental health outcomes (James, 1994; Williams & Collins, 1995; Collins & Williams, 1999; Geronimus, 2000), can induce Black women to consider early fertility norms an adaptive practice, the best option for themselves and their families given their low socioeconomic status (DeLeire & Kalil, 2002; Geronimus, 1987, 1992, 1994, 1996b, 1997; Geronimus, Korenman, & Hillmeier, 1994; Morgan, McDaniel, Miller, & Preston, 1993; McDaniel & Morgan, 1996; Stack & Burton, 1993; Sullivan, 1989).

More specifically, the brand of centrisrn I seek to employ is that of Afrocentrism, which considers not merely the socioeconomic conditions of African Americans, but also the African culture from which their ancestors came. As articulated by Dickerson (1995), “It is virtually impossible to have an adequate understanding of what African American single mothers are today without having some understanding of what their African forbears’ experiences were, especially those related to the roles, functions, and responsibilities traditionally held within the family unit and their relationship to broader social contexts” (pg. xviii). This approach is supported by the assumption that contemporary African American culture has preserved aspects of traditional African culture (Kershaw, 1992). Central to this approach is the African understanding of family life, which is the core priority of their culture and which extends far beyond the European American ideal of the nuclear family through dense webs of extended kinship (Dickerson, 1995). Also central is understanding the importance African culture places on motherhood, although motherhood is not necessarily linked to marriage but rather to the extended family in helping to raise the child (Sudarkasa, 1987).
Given this, to grapple with the seemingly conflicting research and perceptions surrounding the highly salient issue of teenage pregnancy, I will enter into the role of listener and learner, allowing the women I interview to freely tell their stories and interpreting them through the women’s own contexts. Only these women, after all, truly know their own lived experience of teenage motherhood, with all of its triumphs, joys, and setbacks.
Chapter 4: Methodology

Purpose and Research Question

The purpose of this research is to assess the circumstances surrounding unplanned pregnancies in the Mississippi Delta, particularly for young, unwed mothers. I chose the Delta to study because not only is it a part of the state that boasts the highest birth rate to unwed mothers and the third highest birth rate to teenagers in the country (Martin, Hamilton, & Osterman, 2018), but also the Delta sees the highest rates in these categories within the state (County Health Ratings, 2019). I sought to gain information from young mothers, and planned to ask mothers questions regarding contraceptive access and use, the perceived quality of sex education in their schools, and the receptions and reactions towards their pregnancies within their communities. From the onset, it was my hope that this research could point to clear policy implications for the state to address its high rate of unplanned pregnancies and improve the quality of life and outcomes for young women across Mississippi. Formally, my research question was as follows: What are the causes of teenage pregnancy in the Mississippi Delta—lack of access to effective contraception, insufficient sexual education, indifference, a desire to have a child—and what, if anything, should be done to reduce its occurrence?

Hypotheses

Most of my hypotheses stemmed from the traditional research surrounding teenage pregnancy in minority communities. I hypothesized that the young women, if willing to open up to me at all, would present with stories of abusive and traumatic
childhoods, of sexual exploitation, of lives deprived of love and attention. I thus thought that their reasons for childbearing would be as clear-cut for me as it had been for the researchers who preceded me—a voracious, unfulfilled thirst for love and acceptance. I expected the young mothers I would speak with would be uneducated, would have planned their pregnancies, and would not have lofty goals for themselves. Additionally, I expected to find an utter lack of contraception available to the women. Perhaps this, I reasoned, was why the rates of pregnancy were so high—stymied access to birth control. Further, I hypothesized that most or all of the women would have never received sex education. I think I wanted to find a social ill that, somehow, I could cure.

**Research Protocol**

I first reached out to a nonprofit in the region, the Delta Health Alliance, to see if I could conduct my research through a summer internship. I offered to share my research findings with them and grant them credit upon the conclusion of my thesis, in turn for a paid position with the home health visitation program, through which I could meet young mothers. This specific program involved mothers throughout the Delta. Social workers employed by DHA travel to these mother’s homes on a periodic basis to ensure their children are meeting specific benchmarks and to teach them how to be more effective parents. They also provide friendship and counseling, and are always available by telephone to consult or assist the women. In turn for participating in the program, the mothers receive incentives such as gift cards and supplies, like diapers.

Executives at the Delta Health Alliance readily agreed to my proposal. I spoke with the executives several times over the course of the semester and signed a contract,
which guaranteed a paid position with DHA under the home visitation program. I was given a cabin to stay in, in Stoneville, Mississippi.

I planned for my research to consist of in-person, audiotaped interviews with at least ten young mothers I would meet through my home visit internship with the Delta Health Alliance. The age range I sought to interview was 13 to 21 years old, which roughly represents 50-75% of the national mean age (26.8) of first-time mothers. I planned to interview each mother at least two times. During the home visits, I would talk to the mothers and see if they would be interested in participating. If so, I would return to their homes, or to a different location of their choice, at a future date to conduct the interview. I also planned to engage in snowball sampling and ask participating mothers if they have any friends who would also be interested in speaking with me. I expected each interview would last approximately one hour. I planned to record the interviews, which I would selectively transcribe. The interviews themselves would follow a semi-structured format. Below, I present my introduction for each interview, as well as the list of questions I planned to draw from throughout the interviews. I did not plan to ask all of these questions in every interview, nor would I ask them in any particular order; additionally, if called for by the progression of the conversation, I would ask questions more specific to my interviewee’s experience. At the conclusion of the interview, I planned to pay each woman $30.

**Introduction:** I am writing a research paper about the circumstances surrounding pregnancies in the Delta. If you don’t mind, I am going to tape this conversation. This is so I can listen to you, rather than take notes. First, let’s make up a name for you, so that
your privacy will be protected. You are the expert here. I am the learner. I’ll ask a few
general questions, but you can talk about anything you feel is important, even if I don’t
ask about it. And, if you don’t like my questions, you don’t have to answer them. One
more thing—if you want to answer off the record, we can turn the tape recorder off, and
then turn it on again later. In fact, why don’t you hold the tape recorder? That way you
can turn it on and off yourself. Are you ready to get started?

Let’s start with you telling me a little bit about yourself:

How old are you?

Where did you grow up?

Tell me about your parents, grandparents, brothers, and sisters.

Where did you go to school? (Probe for last year completed).

How have you spent your time since you left school?

Tell me a little bit about your own family. How many children do you have? What are
their names? How old are they?

What do you like best about being a mother? What do you like the least? How did your
expectations about becoming a parent compare with the reality?

Now that you have a baby to take care of, what is a typical day in your life like? What
was a typical day like before the baby?

Now I am going to ask you to think back to the moment you thought you might be
pregnant with this child. What was the first thing that went through your mind?

Was this an expected pregnancy?

If not—

Did you think about the possibility that you may get pregnant?
Were you taking contraception? Using condoms?

If yes to birth control: where did you obtain your birth control? What type of birth control were you using? If oral: were you using it regularly, or sporadically?

If yes, what do you think happened to make the birth control not effective?

What do you know about birth control—the different types, the effectiveness?

Were you ever offered birth control before your pregnancy? If so, when and by whom?

Prior to your pregnancy, were you visiting the doctor regularly?

When you were in school, did you take any sex education courses? What can you tell me about them? Do you think they were effective for you and your classmates?

What sorts of resources were you offered before your pregnancy in regards to family planning?

When did you know you were pregnant?

When you thought about whether or not to have this baby, what went through your mind?

Did you consider not having or not keeping the baby? Giving the child to a family member or a friend to raise? Putting the child up for adoption?

Prior to your pregnancy, did you and the baby’s father talk about getting pregnant? Did you talk about birth control?

How did your baby’s father, your family, his family, and others find out? What did they say? How did they feel?

How about when the child was born? How did your baby’s father, your family, his family, and others respond?

Tell me about your relationship with your child’s father.

How did you meet?
What was your relationship like before you found out about the pregnancy?

How about during the pregnancy?

How about after birth?

How about now?

Let’s talk more about your child’s father.

Tell me about him.

Is he a good father?

Occupation, education, emotional support levels, etc.

So far, what role have your child’s father, your family, his family, and others had in helping you to care for your child? (Does father help financially?)

What role do you think your child’s father, your family, his family, and others will have in helping you to raise this child in the future?

What about your child’s future? Ideally, what kind of future would you like for your child to have?

What can a parent do to help a child have this kind of future?

How might you protect your kids from things like drugs, violence, crime, and economic difficulty?

Do you think your dreams for this child will be fulfilled?

Now let’s talk about your future.

How did you see your future before you found out you were pregnant with this child?

How do you see your future now?

What is an ideal time to become a mother?

When did your mother and sister(s) first become mothers?
When is an ideal time to become a father?

When did your father and brother(s) first become fathers?

What is the ideal time to get married?

Do you see marriage in your future?

Today, fewer and fewer people are getting married. What do you think keeps people from getting married these days?

What about people you know?

Can you list the first names of all your close friends for me? Tell me a little bit about them.

Do you have other people that you associate with but are not really friends?

When did your friends first become mothers/fathers?

What are your plans for the future regarding work, education, marriage?

Do you want to have more children?

Where do you see yourself in 2, 5, or 10 years?

What do you worry about for the future?

Mitigating Risks

I anticipated that mothers would be wary to share their identity; thus, I planned to allow each subject to choose her own name and to refer to each subject by only her chosen name, in the interviews as well as in my own writings and documents. I would allow each mother to choose where and when she would participate in an interview, therefore allowing her control over the process. I planned to adopt a neutral, nonjudgmental, and interested persona, so that the mothers would feel comfortable opening up to me.
Only I would ever have access to the data, and nowhere in the recordings or transcriptions would any woman’s true name be used, nor would any other personal information be noted, such as home address or telephone number. Children’s names would not be included either; instead, I will suggest participants refer to their children as “my daughter” or “my oldest son,” etc. The father of the child also would not be named.

When I requested an interview with each mother, I planned to describe to her the purpose of my research, which is to determine the circumstances surrounding women’s unplanned pregnancies in the Delta, and to tell her that during an interview, she can expect questions about the child’s father and her relationship with him, her use of contraception, and her access to sex education. I would let her know that her participation is completely voluntary, that she can withhold any information she wishes, and that she can prematurely end the interviews at any time. I would explain that I would never record her name or information, and that she will only appear in my records by the name she chooses for herself. I planned to place the tape recorder in a neutral position and instruct the mother that she could shut it off at any point.

I submitted my application for Institutional Review Board clearance to the board at Delta State University, since I would be conducting my research through the Delta Health Alliance. I requested expedited clearance, as there was a possibility I would be working with pregnant women, who are categorized as a vulnerable population in the IRB process, and minors, and thus could not expect to be exempt. I included relevant edits to my protocol per the suggestion of DHA. Karin Scott at the DHA submitted my documents to the Delta State IRB. These documents included IRB Form A, which outlined the project purpose and protocol and a description of benefits to the participants,
potential risks, and informed consent procedures; my certification from CITI; and the informed consent form I would have each woman sign prior to her interview. I sought approval from Delta State rather than the University of Mississippi because DHA requires all of its affiliated research to be cleared by Delta State University. On June 4, 2019, I was informed directly by the IRB at Delta State that my research had been approved. All IRB documents are located in Appendix A.

**Theoretical Framework: Afrocentrism**

I planned to approach each interview through the theoretical lens of Afrocentrism. Afrocentrism is a specialized version of the centrist approach. According to Asante (1990), “Centrism encompasses the view that a group must be understood in terms of its own cultural meanings, attitudes, and values.” This method attempts to reap knowledge from instead of about the community under consideration—in this case, rural African American teenage mothers. The young mothers I planned to speak with in the Mississippi Delta face a unique set of cross-cutting systems of oppression in which they operate as students, daughters, girlfriends, and mothers: abundant and cyclical poverty; poor, failing education systems; conservative, regressive state-level policies; relatively weak economic possibilities for women, relative to men; traditional understandings of women; racist attitudes and perceptions; and a racially stratified economic and political state-level system. Thus, in line with centrism, I planned to approach each interview with an understanding that only these women truly know how it feels to exist in this specific system of intersectionality (Crenshaw, 1989), and that my role is to learn how they have coped with and adapted to the various systems of marginalization at play for poor, black
African American teen mothers in the Mississippi Delta. Truly, it is an experience quite unlike anything else in the rest of the country, being one of these women.

Further, in addition to understanding her social and economic status in the Delta, I planned to consider each woman through the paradigm of Afrocentrism. I assumed that many of the young mothers I would speak with would be African American. Therefore, my plan was to place them in the context of their ancestry in order to understand their adaptive approaches to childbearing and motherhood. As a researcher of European lineage, I do not share many of the cultural attitudes and attributes that these women share and perhaps take for granted. Therefore, it would be essential that I acknowledge and work with this perspective, so as to explore the ways in which these young women’s practices reflect those of their ancestors. According to Dickerson (1992), “Afrocentrism is an ideology re-appropriated by African descended peoples themselves in an effort to restore their own cultural heritage to its rightful place as the center of their experiences and to valuate attributes previously undervalued by others. It is based on the assumption that the culture, history, and current experiences of African Americans are unique because the descendants of African people have retained elements of African culture” (pg. xvii).

Specifically, I was keenly interested in the African cultural norms regarding fertility, childbearing, motherhood, and kinship responsibilities. Adeokun (1983) argues that African cultural traditions shape how modern African Americans approach family life and child rearing. Specifically, the core of African culture is the family, which extends beyond the walls of the “nuclear” family and throughout each branch of one’s family tree. The nuclear family as my culture knows it stems primarily from European
tradition, and differs markedly from how African descendants understand the roles and functions of extended kin (Geronimus, 2003).

Further, scholars argue that current African American traditions and attitudes towards the family represent adaptations and even active resistance to the institution of slavery. According to Omolade (1986), “in opting to have children rather than abort or kill them, in resisting the slavemaster’s attempts to breed slaves like animals and force families apart, black women consciously chose to nurture those children, either with the support of their mates, or, when necessary, without, but always in a supportive slave community. Black slaves struggled to have a right to a family centered on an African-like broad network of kin” (pgs. 2-3). This African-like network, according to Sudarkasa (1987), is defined by a distinct set of qualities: “elaborate lineage systems, the importance of work roles for all family members, the significance of extended family for individuals, and the importance of motherhood, among others. For blacks drawing on their West African cultural heritage, motherhood has not been circumscribed within marriage per se but within an extended family lineage system with a complex system of obligation and reciprocity” (pg. 65).

Therefore, it is through this theoretical framework that my interviews, conducted according to the protocol outlined above, would be conducted, considered, and coded. I believe that this perspective offers a situated understanding of these women’s livelihoods, in contrast to the detached social stigmatization, which primarily colors perceptions of black young mothers.
Chapter Five: Results

Unfortunately, upon my arrival in the Delta, circumstances did not play out exactly as I had hoped. My supervisor at the Delta Health Alliance did not schedule me to go on any home visitations, but rather appealed to the social workers to bring me with them voluntarily. I quickly sensed the social workers’ hesitation to do so. All of these women were African American, and informed me that many of the situations were too private to bring in a stranger. Although an unexpected setback, I understood the problem. I gave all of the social workers my card, and encouraged them to call me if they had any interested parties. On my first day, after just a few hours at the DHA office in Indianola, my supervisor told me I could go home and return in a couple of days, to attend a meeting. It seemed she wanted me to do research on a community project to encourage workplaces to become breastfeeding friendly. I eagerly jumped on the project and watched my phone, although it never rang with a social worker telling me she had found a participant for my study.

I attended sporadic meetings throughout the Delta of the Breastfeeding Coalition, but still did not receive word from any member of the DHA regarding potential interviewees. After roughly a week, I decided it was time to take matters into my own hands. I started traveling around to local high schools, from Greenville to Greenwood, which are about an hour and a half apart from one another. I appealed to guidance counselors and finally got my first participant. I printed fliers and distributed them to clinics, attendees at a healthy parenting event in Greenwood sponsored by the DHA, and
high schools. The fliers described my study, listed selection criteria, and informed potential participants there would be compensation of $30. A copy of this flier is in Appendix B. My phone began to ring in earnest with young women who saw the posters, wishing to participate. For the next several weeks, I traveled throughout the Delta, interviewing and recruiting. Although I had planned to spend the entire summer in the Delta under the auspices of the DHA, after two weeks there, my job was in flux. I went days without hearing from my supervisor. Finally, an executive called me and politely informed me that I was being removed from payroll and wished me the best of luck with my research that was suddenly independent. I was out of a job. Nevertheless, I continued to schedule and conduct my interviews.

Ultimately, I met with 12 young mothers in various towns in the Delta: Indianola, Greenwood, Leland, and Greenville. I also interviewed one mother from Water Valley, Mississippi. We met at Sonic, McDonalds, or Pizza Hut. I always offered to buy them a drink or a meal. Most of the girls politely refused. Some of the girls brought their children with them; some did not.

I found that the majority of the young women were very open about their experiences and were not shy in sharing with me personal details. By the end of the hour, I considered some of them friends. All of the girls were between the ages of 17 and 21, and all were African American. Their home lives varied. Some were from single-parent households, while some had two parents in their lives. Some were from big families with many siblings, and others were not. Some of them were in high school, and two were in college. Some were still in relationships with their child’s father, and some were not. Some had multiple children, and some just had one. Their stories, written under
pseudonyms some of them chose and some of which I chose at the request of the women, are below.

**Childhood**

Jayda Ellison, a seventeen-year-old high school senior from Indianola, has a two-year-old daughter. Jayda has bright, sharp eyes, infectious energy, and clear intellect. Jayda grew up with a single mother; her dad passed away many years ago. Although her grandparents are deceased, she describes her relationship with her grandmother as perhaps the strongest of her childhood. She told me about the impact of her grandmother’s death, explaining, “When she died, it kind of changed me.” This is probably due to the stunted relationship she had with her mother. Even though she grew up living with her mother, Jayda explained she was especially reluctant to tell her mother once she found out she was pregnant. Although Jayda’s mother was herself a teen mom, having Jayda’s older sister around 18, Jayda explained, “We never had that type of relationship to just talk.”

Cassidy Winston’s mother was likewise 18 when she had her, on the cusp of graduating high school. Cassidy is a senior at Gentry High School in Indianola, and she gave birth to her first child, a girl, just two months before speaking to me. Cassidy and I agreed to meet at the Pizza Hut in Indianola at 11 in the morning, which is its opening time. When I pulled up to the restaurant, a line was already forming at the front door. I met Cassidy in the parking lot, a lanky teenager with a baby in tow. We slid into a booth inside, her infant daughter resting below us, sleeping soundly in her car seat. I tried not to look at the baby while I spoke with her mother, but I could not help but steal glances,
taking in her tiny, adorable features. Cassidy was finishing up high school and living with her grandmother.

Bianca Owen, a sophomore at Mississippi Valley State University, is currently pregnant with her first child—a little girl. She was raised by a single mom, who had her first child, Bianca’s older sister, at 20. She and her mom are quite close. She tells me, “I really can talk to her about anything… We are very close. I love my mama.” She describes her childhood to me, one full of cousins and siblings—but not, she tells me, a real father. She tells me almost immediately, “My real father, he hasn’t ever been in my life. I really don’t know much about him. But I know he has like, 11 or 12 kids, and I am number 6.” I ask Bianca if she had ever met him. She goes on to explain, “Yes, I talk to him on occasion. Although he has never been in my life, you don’t have to hold grudges against people. That is the type of person I am, because I go to church, so I don’t hold it against him. That is not my job, to judge him. I don’t know what made him not want to be in my life, but he has to answer to God.” Bianca describes her childhood as rather sheltered, telling me, “My mother, she never let us go to parties because she was scared, but I don’t blame her, because now there is too much stuff happening.” She tells me that, in her childhood, her family would go on a lot of big trips together, and she was always running around playing with her many cousins.

However, it was not all fun and games for Bianca. She explains to me how elementary school was particularly difficult for her, as she was bullied from Head Start onward. She explains how she learned to fight back. “One girl,” she describes, “she used to cut my hair and bite me, and I used to just… go home and cry. When I got older, I stopped and got aggressive back with them. I stopped it, and I had to do what I had to do.
Fight back. Now I am just kind of aggressive. I am still nice, I just don’t let people do me any kind of way.” She has had to extend this tough demeanor in handling the current situation with her stepfather, whom her mother married when Bianca was a baby. She describes her stepfather as “so mean and aggressive.” She tells me, “He hold[s] grudges a lot. He expects people to do for him, and him do nothing…. He treats other people one way, but expects us to treat him another way, and I don’t think it is cool at all. We get along, but not like we should as a family.” Although Bianca’s mother and stepfather are still together, in the same household, Bianca tells me, “It’s just not a home.”

Like Bianca, Arielle Johnson and her father are not particularly close. Arielle is 20 years old, and she grew up in Greenwood. She graduated from Amanda Elzy High School and was a junior at Mississippi Valley State University when I spoke to her; she had a three-month year old son at the time. She described her family, saying, “I really had a loving family, a very supportive family. They actually made me feel better about, you know, having a kid. They support me with that any way they can.” Like many other young moms I spoke with, Arielle’s own mother was a teenage mother; she was 15 when she became pregnant with Arielle. She and her mother are very close. Arielle comments on their relationship, saying, “Anything I go through, I go to her before I tell my friends. She is my best friend. I can talk to her about anything.” Arielle grew up in the household with her mother, her grandmother, and her little sister. She tells me her childhood was “very fun-filled.” Arielle says, “I did everything as a kid. I enjoyed myself…. I did everything a kid was supposed to do.”

And yet, the sting of her father’s absence followed her into her adult life. After I asked her if her lack of interaction with her biological father was difficult growing up,
she replied, “When I was a kid, I brushed it off. When I was in high school, I can remember trying, texting him, trying to get him involved with me. That was very challenging…. I was graduating… I went through a phase where I felt like I had let him down. I still tried my first year of college, but he wasn’t putting in effort.” After that, she tells me, she abandoned her efforts and no longer attempted to contact him. Yet, after he discovered his first grandchild was on the way, he tried for the first time to be involved in Arielle’s life. She tells me, “I am not really accepting of him because he came back because he found out I was pregnant with a kid.”

Similarly, Dee Dee and Tink Martin, sisters from Indianola, grew up in a single parent household. Their mother was responsible for both of them, their older brother, and a niece she took in from her sister. Tink, 19 years old, and Dee Dee, 17, had overlapping pregnancies roughly a year and half prior to my talking with them. Now both are raising their first children together. I asked the sisters how it felt being raised by a single mother. Dee Dee shared, “To me, it was heartbreaking. But now, I hope my son’s dad don’t be like my dad was with me.” Tink nodded in agreement, adding, “For me, when I was younger, I didn’t really know she was single, until I got older and realized my father wasn’t in my life. But now, seeing her be a single mom and still take care of us, you know, for me it motivates me, whether my baby daddy wants to be in my life or not. My momma did it with three of her own kids, and she had her niece on the side, and still did it.” Tink shares that her mother is a significant source of inspiration for her.

Rachael Polk admits that, although she communicates with her biological father, the two of them are not close. Rachael proved to be a particularly interesting mother to speak with for a number of reasons. First, she did not grow up in Mississippi; she lived in
Miami before moving to Water Valley for high school. Second, she went to high school and lived in Water Valley, which, although it is in rural Mississippi, it is by no means considered the Delta. Finally, she brought her son with her to speak with me, but she also had another baby on the way, with her new boyfriend. Rachael is now 19, but was around 17 when she had her first son. She tells me that she and her mother are very close, and her mother was likewise an unmarried mother. I asked Rachael if her mother ever related Rachael’s pregnancies back to her own experiences. Rachael tells me, “I was more younger than her. She told me, it is going to be hard, because she was a young mom.”

Ashley Lancaster tells me that she was raised primarily by her grandparents, as her mother was just 15 when she gave birth to her. Ashley is 20 years old, in her junior year at Mississippi Valley State University, and she graduated from Amanda Elzy High School in Greenwood. She moved in with her mother when she was 13, and they became very close. She tells me she is also close with her father, although her parents are not married. He lives in Arkansas, but had recently visited for Ashley’s daughter’s first birthday. She is very close to her entire family, including her sister on her mom’s side, and six siblings on her father’s side.

Tara Jones was never particularly close to either one of her biological parents. Tara is 20, from Leland, perhaps one of the more dilapidated towns I visited. We sat together in my car at the Sonic Drive In, one of the few places to grab a bite to eat in town, air conditioning on full blast, protecting us from the sticky June heat. She is currently a student at Valley State University and had graduated from Leland High School a couple of years prior. When I first visited Leland High School to recruit mothers, I had been certain the school had been shut down long ago—that is the extent of
the decay of the educational facilities in town. Nevertheless, it is there Tara’s teacher told me about Tara, and I marveled over how anyone from such a school could make it to graduation, much less university. She never lived with her mother, opting instead to stay with her aunt and her grandmother. Tara comes from a family with 9 siblings, although she is quiet about her relationship with her parents. She tells me she believes her mother was a teenager, around 17, when she had Tara’s brother, but she is unsure. Now, she stays with a woman she refers to as her “mother-in-law,” although she is not married.

Mya Hawkins had a childhood a bit different from the preceding mothers, growing up in a two-parent household. Mya’s parents have been together since she was born, although they only got married two years ago. When I asked her why they waited so long to get married, Mya told me, “My dad had been proposing. He proposed so many times. But he will make her mad or something, and she will push the date back. And then they finally got married a couple of years ago. When I was young, like 8 or 9, he proposed then in front of us. But they just never set a date.” We chuckled at this together. Mya was pregnant when I spoke with her at a McDonald’s in Greenwood, where I was beginning to become a regular. We were the same age, 21, and she was pregnant with her first child. She would find out the gender the next week.

Noelle Phillips is likewise close with both of her parents, growing up in a home with her mother, father, and two sisters. Noelle is 20 years old with a one-year-old daughter. Her parents were married when they had her, and they were approaching their 23rd wedding anniversary. When I asked her to describe her childhood to me, she replied, “Kind of rocky. Most of it was fun. If I could go back I would. I didn’t have as much responsibility as now. But life is great.” Latasha Benefield, too, has fond memories of her
childhood. She told me, “I have a nice family—a nice, loving family. It can be a little
crazy at times. I have both of my parents, and both support me and what I want to do.”
Latasha’s mother, like most of the young women’s mother, was in her teens when she
began childbearing. Latasha’s mother had her first child, Latasha’s older sister, when she
was 15. Latasha is 20 years old from Greenville, and became pregnant with her first child
two months shy of graduation from Greenville High School.

Sex Education

I asked each mother about the quality of sex education in her school. All of them
had gone to or were enrolled in high schools in Mississippi, and all except Rachael
attended or were attending high school in the Delta. I asked Cassidy if, when she was in
school, she was ever enrolled in a sex education class. “No,” she told me bluntly. She
continued, “I took contemporary health, but we was talking about diseases and all that
stuff. All the infections, all of the sexually transmitted diseases.” I asked her if any of her
teachers had ever spoken to her about birth control or using condoms. Again, I was met
with a blunt “No.” Likewise, when I asked Bianca if she had ever taken a sex education
class she replied simply, “No ma’am. Our high school didn’t offer any. I don’t know
why, but we don’t have much like other schools. They didn’t offer any.”

When I spoke with Ashley, her answer was technically similar, although she
indicated her teachers employed clandestine methods to broach the important topics. She
tells me that they did not have sex education officially, but that they did have child
development classes, where they learned “how the baby is formed, but not how the baby
is made.” However, she said that the teachers “passed out little goodie bags that had
condoms in them. Like they aren’t supposed to talk about it; it wasn’t in the curriculum.
But, they still talk about it to prevent pregnancies in high school.” She tells me that the teachers told them about STDs, as well as a sort of sexual chronology: “It was like in a row,” she says about the course. “Being sexually active, to actually having a baby, and everything in between.” She surprised me when she told me her class discussed “the different condoms, the shots, the NuvaRing, the female condom, things like that.” But she was quick to qualify that these topics were mentioned “Very briefly—because it wasn’t supposed to be in the curriculum. We talked about it for 2 to 3 days, but then in public school we have to stay on the lesson plan, so that wasn’t on the lesson plan, but she talked about it for 2 to 3 days, then we moved on to the lesson plan.” This was in the ninth grade, she told me.

Likewise, Jayda tells me that the sex education she received in middle school was more comprehensive than most, but also sporadic. Although she tells me she could not really benefit from it, as she was already pregnant when she was enrolled in the class, she does tell me, “I know a lot about how to watch who you be around, and certain types of condoms…. And they really talked about how, if you’re having sex, how to do it the right way.” However, the schedule was irregular; it would not last for the entire year like other classes, but rather a few months. I asked if she thought that, had the course been earlier, she would have considered it beneficial. “I say it probably would have been a good course, but we are kids, we wasn’t going to listen to much. If it was something that…was a constant class that was constantly going on, and you had to be in the class, I feel like you would have been better off, because you get used to hearing it over and over again.”

Arielle also had to wrangle information about safe sex outside of her school’s formal lesson plans, instead turning to concerned teachers to explain to her and her peers
what a healthy sexuality looked like. “We tried plenty of things to get the sex education class there,” she told me, referring to Amanda Elzy High School in Greenwood, “but most of our teachers were our mentors, so they would talk to us about it even if it wasn’t pertaining to their class. Or if it’s like an objective about genes and chromosomes and sex, it will be incorporated into that.”

Mya also recalls one of her childhood teachers incorporating discussions about sex into an off-the-record curriculum. She described the class as “funny because of the teacher.” She told me, “It wasn’t really even a sex ed class, but [the teacher] talked about sex all of the time in there.” However, the teacher did not discuss birth control or pregnancy, but rather venereal diseases and how condoms could be used to prevent their transmission. Mya said the teacher emphasized abstinence. For discussions on how to be sexually active but avoid pregnancy, Mya said she relied on the information her mother gave her in high school and her first year of college.

Latasha does not remember any sex education in her schooling years, and laments the class was never offered. She tells me that in the fifth grade, she did attend a short assembly, in which a speaker talked to the female students about their menstrual cycles and venereal diseases. However, this was the last she remembered anyone mentioning sex in an educational setting, and she does not recalls learning about anatomy, condoms, or birth control in school. She tells me, “I think that’s another reason why teen pregnancy is so high. [The young mothers] are not educated.” Tara expressed a similar dearth of sex education in her schooling years. When I asked her if she ever took a course, she answered negatively. However, when I asked if she had ever discussed STDs at school, she told me, “Yeah, we talked about STDs. A speaker would come to the auditorium and
talk to us about it. And that was about it.” She said sex and birth control, or safe sex, was never discussed.

Noelle told me she never had a sex education class, either, as her school had it at one point but then stopped offering it before Noelle could benefit. I asked her if anyone had ever talked to her in school about using protection or preventing pregnancy, and she replied, “No, not really. Good thing I had mom and dad at home. They sat us down when we were old enough and started to wonder about things, and that is when they started telling us about everything. It was nasty—especially having that conversation with mom and dad.”

Dee Dee Martin tells me she had some form of sex education in middle school, before attending Gentry High School in Indianola. “She would talk about sex,” she told me, “and they would make fun of my best friend, because she got pregnant in the ninth grade.” However, Dee Dee says she only remembers her teacher talking about protection to prevent disease, not to prevent pregnancy. Tink remembers the class she took being a bit more comprehensive. When I asked her what she remembered from the class, she told me, “My teacher, she was an older person, so she was telling us how boys only want one thing, how you shouldn’t believe what boys tell you. Use protection from disease and getting pregnant, because the boys aren’t going to tell you that they got something.” She tells me that no one in her class ever really took it seriously, and she never thought about it once she became sexually active. I pushed Tink further, asking her why she didn’t think the class stuck with her. “Well, with me, it was hard for me to focus,” she said. “I just feel like a teacher—if a teacher got a child, and she talking to her daughter, and her daughter ends up pregnant, then she didn’t take it serious, but then come to school and
tell the students, then no one is going to take it serious. Because females grow up. And some of them want a child, because they see little kids running around her. That’s why I wanted a little girl, because I see little girls running around here.”

Over in Water Valley, Rachael remembered her high school sex education class covered a substantial list of topics. Although her memory was a bit fuzzy, she told me, “I think…we talked about…I can’t even remember. I know we talked about the vagina and the penis; we learned about the different parts. We talked about safe sex, and basically ways to prevent pregnancy and STDs.”

**Prevention**

None of the young mothers I spoke with told me their pregnancies had been planned or intended. I asked if they considered the possibility of becoming pregnant, and if so, what steps they were taking to prevent it. Cassidy told me, “I wasn’t on birth control…. Like, in my head, I just started having sex in the eleventh grade, so I didn’t expect it. Like, all these people doing stuff, and this happens to me?” She told me no one had ever spoken to her about birth control until after she had her child. Now, she is on birth control. I asked her what kind she was using, and she told me she got the shot because she did not trust herself to remember to take the pills. I asked why she didn’t opt for Nexplanon instead, which is implanted in the arm. Cassidy said bluntly, “Because that’s creepy. I saw a girl that I went to school with, she was playing with hers in her arm. I was like, I don’t want nothing like that. And then I had saw on Facebook when this lady had the one that you vaginally insert, it had did something and ended up somewhere and she lost a foot or something like that. Just give me the shot.”
Cassidy told me that she believes that all sexually active teenagers should get on birth control if they are trying to avoid a pregnancy. I pressed her, asking why she had never thought about it before her pregnancy. She told me, “When I first became sexually active, I was like, nothing going to happen. This is my first time, and this is the first person, so, nothing will happen. Then when something happened, I was just shocked. But like, before I got pregnant, people was talking about different birth controls and all that type of stuff, and I was like, I don’t want to get on birth control. Because they were saying like, you could blow up, and all of this stuff could happen, and I was like, I’m not doing nothing no way. Now that I had the baby, you should get on some type of birth control. Especially if you’re still in school.”

Bianca told me that, although her mother had put her on oral contraceptives at one point, she did not believe in birth control: “To me, it messes up your body, and that is not right. Because I know some girls, on different types of birth control, they say they bleed constantly, for months. And that is not normal....” She tells me about her cousin, who had a child around the same time she did, who Bianca says had an intrauterine device (IUD) that got stuck inside of her. She went on, claiming, “It’s just a lot of pain when it comes to birth control. And I be scared. I don’t think that’s normal for birth control to do people’s bodies like that. Just like the shot. I feel as if the shot is a steroid, because it blows people up, and that is not normal to me. And the pills make people depressed. And it’s not good.... But now, since I have a child, I still don’t want to get on birth control, but I am getting on birth control to protect myself from another child.” I asked her if she had thought of this before she had gotten pregnant. She told me, “See, to be honest, my boyfriend and I have been together through high school and middle school.... I lost my
virginity at the age of 17 or 18, and ever since then, he has been ejaculating in me, and I haven’t been getting pregnant. In my head, I’m like, I can’t get pregnant. I’m good. It just happened and happened. And now, when I turned 20, I got pregnant.”

Jayda admitted she was thinking about the possibility of pregnancy, but nonetheless did not use any form of contraception. When I asked her why, she replied, “It’s like, I wanted to, but after I researched a lot of stuff about birth control, sometimes it messes with your health depending on the person, and I was kind of scared of that. But after a while, I was going to do it, but it was too late.” She admits she was not using condoms either. Once she had her daughter, she began to receive the shot. However, when I asked if anyone had ever offered her contraceptives before her pregnancy, she answered with a laugh, “Not really. No.”

Latasha told me that, although she technically was aware she could get pregnant, the possibility was not in her mind. She even told me she thought she could not become pregnant; “I was just shocked when I did become pregnant.” And yet, when I asked her if she was on birth control, or using any kind of protection, she replied simply, “No.” She told me that, prior to her pregnancy, no one had ever offered her contraceptives. Now, however, since the birth of her son, she has gotten on the birth control pill. She tells me, “My doctor chose the pill. I have heard about the side effects of the shot, like a lot of my peers gained weight, put on a lot of weight, and some of their hair falls out. Since I have been on the pill, I haven’t gained weight, nor has my hair fallen out.”

Tara says she wasn’t considering the possibility of getting pregnant, either. She told me, “We were using condoms at first, and then we stopped. I was on birth control, at one point, but then I got off, because it had my cycle on for a long time. So I had gotten
off the shots. Then, a couple of months after I got off, I got pregnant.” I asked if she had been offered any other method besides the shot, seeing as she did not like the side effects. “They told me about the pill,” she said. “I didn’t want the pill, because I know that I would probably forget to take it…. And that thing in my arm, I ain’t getting that. And that patch, I ain’t want to be walking around with no patch on.” I asked her if she had been offered or had considered an IUD, but she had never heard of it. I inquired if she had been offered contraceptive care since having her son, and she said no one had mentioned it to her. Although she tells me she is not ready to have another child, she is not currently using birth control. She says, in fact, that none of her friends at school take any kind of birth control.

Mya likewise was not using contraception when she became pregnant, and she and her boyfriend were only using sporadic protection. I asked if she had ever considered birth control once she became sexually active. She told me, “I was on birth control in 2016, but I had a lot of complications, so I had to stop.” She tells me that she was taking the pill at first, because her clinic had run out of the Depo shot. Once they got more of the Depo shot, the clinic called her in to receive an injection. She told me she disliked both methods because both made her bleed a lot. I asked what she had known about birth control before her pregnancy. She told me, “I have heard a lot of risks with taking it. I know one of them: you bleed a lot. When I was on it, I used to have problems with my left leg. It be numb. And my cousin had back problems from it. And you get real big. She got so big.”

Although Mya was early in her pregnancy at the time of our conversation, I asked her if she would reconsider birth control after she had her child. She says she thinks she
will try a different kind. When I asked her if she would consider an IUD, she asked if this was the method in her arm; when I told her it was vaginally inserted, she replied, “I thought they didn’t do it anymore!” She says her doctor’s office had never offered her an IUD, although they had offered her several other methods. I asked if it were offered, would she consider getting one; she replied, “No, that sounds scary!” She went on to talk about the Nexplanon, telling me, “I have been seeing that one that goes in your arm has been getting lost. A girl I went to school with posted on Facebook, and she went to the doctor to get it removed, and they couldn’t find it.” She tells me she is unsure what method she may be interested in once she gives birth.

Nor was Noelle taking active steps to prevent her pregnancy. I asked if pregnancy had been on her mind when she was sexually active, and she replied, “It wasn’t at the moment. I am fresh out of high school, I am going to school, I am going to do something with myself. And then boom: a baby.” She had never taken birth control prior to her pregnancy, and she had not been using protection. She lost her virginity on prom night, and this is when she conceived her child. Although she briefly received the Depo shot after giving birth, she is once more not on birth control because the shot gave her complications. She told me, “I had been blowing up, constantly eating. After a while, I started bleeding and wouldn’t stop. And then a month later, I was still bleeding. So it was just best for me to get off of it.” Her doctor had recommended the shot to her. I asked her if she ever thought about an IUD or an implant, and she replied, “I did, but I see everyone on Facebook talking about how that stuff be falling out and how you can just mess with the thing in your arm. And I am scared, because if that thing is in my arm, I know me, I
am going to pick at it. I just save myself the trouble and use protection. That is the only option now.”

Dee Dee also expressed surprise when she discovered she was pregnant, although she had gotten off her Depo shots and was only sporadically using protection. Asked why she stopped receiving the injections, and she replied simply, “Because it was blowing me up.” Tink told me she wasn’t considering the possibility she could get pregnant, she was not using protection, and she was not taking birth control. Like her sister, Tink had at one point gotten the Depo shots, but started gaining weight, so stopped. She then became pregnant. Now, after the birth of her child, she tells me she is getting back on the Depo shots, and will begin receiving them again after her son turns one month. I asked why the sisters would not move on to other methods, seeing as they had not liked the shot. Dee Dee told me, “I thought about getting the one in your arm. But I heard they were too dangerous…. My friend told me that she had a hole in her arm” Tink said to me, “I got back on shots because with the arm thing, you can still get pregnant. Then you mess your baby up and you mess your arm up.” I asked her if she would consider an IUD. “That goes in your vagina?” she asked me, and I nodded. She replied, “I was going to try that, but I was like, no, because it probably ends up doing something to your vagina.” They tell me that their doctor at the family medical clinic in Indianola had encouraged them both to get back on the shots.

As we discussed prevention, Rachael and I talked about her first pregnancy. She told me, “I knew that I could possibly be pregnant. I was not on birth control. But what shocked me was that I was actually using protection…. So, it’s possible! If anyone thinks it isn’t possible, it is possible, because he is here.” She told me she had used birth control;
her mother had put her on it in high school “just to be safe.” She, like many other young women, began receiving the Depo shot. She told me of its complications, saying, “It didn’t sit well with my body. I would bleed a lot, and my appetite was changing. So, I just stopped. I didn’t want to do it anymore….I didn’t want to take the pills because I would forget.” She said at the time of her first pregnancy she was only aware of the patch, the shot, and the pill. After she had her son, her doctors again put her on the Depo shot. She stopped receiving the injections roughly a year after her son’s birth, because her Medicaid had been cut off, and she couldn’t get her prescription refilled. She says, “I had to go through this long process of filling out applications again, and all of that. And I guess during the process of me not taking the shot, I ended up getting pregnant again.” She says, the second time around, she wasn’t really thinking about getting pregnant, and that although she was concerned about having another child, her boyfriend actually wanted one.

Rachael tells me that once she gives birth, she is thinking about using a new method of contraception. She said, “Someone was telling me about the Nexplanon. That is what I plan on getting because I don’t like the shot.” However, after her son was born, she had initially been afraid of the arm implant. She told me, that, at the time, “I am not going to lie, I was scared to get the thing in my arm because they telling me they actually have to dig in and put it in there, and I was just afraid of the process basically.”

Arielle had a similar experience with falling off of her birth control regimen due to changes in her health insurance. When she turned 18, she stopped receiving her Children’s Health Insurance Plan (CHIP) coverage, and her Depo shot was no longer covered. She had been using protection, although did not use a condom the night she
conceived. She admits, however, that shortly before she discovered she was pregnant, she began to warm to the idea of becoming a mother. She divulged to me, “I remember when I was in high school, I was like, I don’t want any kids now. My freshman year, I was saying the same thing. Then it came to my sophomore year, I was like, I could probably take on a kid now. And then, suddenly, I find out that I am pregnant.”

Ashley was the sole mother I spoke with who had been actively taking birth control when she became pregnant. She had been on the shot at one point, but disliked the side effects; “My bones felt weaker,” she complained, “and I was having to build up my potassium, drink more milk to even feel better. So I got off of that, because I was feeling really bad from the shots and the side effects.” She then switched to oral contraceptives and had been taking them regularly when she conceived. However, she was taking antibiotics at the same time, and she did not know these could weaken the potency of the pill until she had already discovered she was pregnant. After her child’s birth, she opted for an IUD. It had been fully covered by her parents’ insurance, and she told me there are very few side effects, “just a little cramping from time to time.”

Reactions to and Perceptions of Pregnancies

I asked each young mother how she had felt the moment she discovered she was pregnant, as well as how her loved ones and community reacted to the news. Latasha told me, upon seeing the positive pregnancy test, she immediately thought, “I can’t have a child. It was just so shocking. I was devastated, in a sense, because I was very surprised at myself. For some reason, I thought I couldn’t get pregnant. It was so scary. It was horrible.” Latasha tells me she was in denial about her pregnancy, and waited to take a test until she was about 3 or 4 months pregnant. After she found out, she kept it a secret
from everyone in her life. She told me her fear of her family discovering her pregnancy caused her to delay prenatal care for 5 months; when she finally made a doctor’s appointment, her grandmother followed her to the doctor and discovered the truth. I asked Latasha how everyone reacted. She said, “No one was angry or mad at all. I stay with my Godmom, so she wasn’t mad but upset I didn’t tell her. They was proud of me because I had finished high school.” I asked Latasha how her biological mother responded to the news, and she told me, “My real mom was kind of sad, because she had us at a young age, and she didn’t want that for me.” Likewise, her boyfriend’s mother was disappointed, as she wanted Latasha to go directly to college, but Latasha told me it wasn’t possible. I asked her if she was ready to become a mom, and she replied simply, “No.”

Jayda told me she was scared when she found out. “I was in shock that it would happen. Like, it wasn’t too bad of a thing because I still acted normal. Like, when we used to be in gym, we would exercise, I used to be on the floor and exercise…I was still doing that. Like, I was just still being normal.” She was able to conceal her pregnancy from her classmates and neighbors until she was nine months pregnant, and from her mother until she was 7 months pregnant. When her mother did find out, she was incredibly disappointed. Jayda said, “My mom…she wasn’t talking to me about the situation. But then she was really trying to find an abortion clinic for a long time. And I was like, no. Then she was like, give her up for adoption…. I’m just listening to her but…that’s not an option, but I’m just not going to say it out loud.” She says that her sisters showed her much more support, and encouraged her to keep the baby as her own, in spite of her mother’s feelings. Jayda did, and her daughter is now two years old.
Ashley shared the moment with her boyfriend, her baby’s father. “I told him, and then he hugged me, and I am like: you planned this, didn’t you! So it was a happy moment, and then we were still kind of scared because I was in my freshman year of college, and he had just graduated from MDCC. It was a lot of different emotions: happy, sad, anxious, scared. But we got through it, and we are very blessed and happy that she is here.” She told me her friends were very excited when Ashley told them the news. She says, however, they weren’t surprised; she and her boyfriend had been together for so many years. “They were like, y’all gonna have babies! But they weren’t expecting it so soon.” Her boyfriend’s family was worried, because she and her boyfriend were so young. I asked how her own mother took it, and Ashley said her mother was worried because Ashley was still in school. “Mostly she didn’t want me to get pregnant in high school,” Ashley said. “That wasn’t a problem, but she just didn’t want me to make the same mistake [as her]. She said she wanted me to do better. She said she didn’t want me to follow in the same footsteps and remain here in Mississippi. She felt like she couldn’t leave. She wanted me to graduate and move. That is still my plan—to do that. She just didn’t want me to backtrack.”

I asked Ashley how her community reacted and if she ever felt as if she were judged or bullied. “No, everyone always had something nice to say about me. But I did feel a little shameful because I knew everyone was striving for me to do better. And I guess they thought, oh, she got pregnant. It’s over for her. She can’t do anything now. My grandma actually said that: you’re having a baby, you can’t do anything now. I actually felt put down. But actually, I thought, hmmm I’m going to show you!”
Bianca laughingly told me that she knew she was pregnant the moment she conceived. “Something was telling me I was pregnant the day we had sex, and he ejaculated in me. And I was like, I might be pregnant.” She tells me her boyfriend had wanted a child, but she wasn’t ready yet. Then she missed her cycle and decided to take a test in the middle of the night. It came back positive. When I asked her if she was scared, she said, “I wouldn’t say scared. I was disappointed…because I am still in school and I didn’t plan on having a child at this time in my life. And plus, I really didn’t know how I was going to provide for the baby in the right way.” She had planned on finishing school before having the child, and when this did not happen, she was convinced she would have to drop out and work. She worried most about how her mother would react. “Then I was thinking about my momma. I didn’t want to hurt my mom’s feelings, have her feel like she didn’t do her job. Because parents can talk to you and talk to you about things, but at the end of the day, we make our own decisions and choices in life…. I didn’t want to hurt my mom, because she used to talk to us and talk to us about it, and it probably made her feel like I didn’t listen to her. And most people think it was planned, but to me it wasn’t planned.”

Bianca, however, decided to tell her mother she was pregnant the same day she found out for certain. Her mother called her and her boyfriend to their house, chastised them, and then resigned herself. “But at the end of the day, she was like, it happened, now you just have to step up and do what you have to do for the baby. She was disappointed because she got pregnant at the age of 20, and she knows how it is around that age. Plus, she didn’t have a lot of help…. She probably felt as if I was going to be in the same situation. But in my eyes, I am not in the same situation. I am really blessed at
this moment, because I have a lot of help and a lot of people with me to do for the baby. And plus the dad is still in my life, and planning on being in the baby’s life.”

Cassidy told me that her family was likewise disappointed. “They was just upset,” she said. “They didn’t expect me to do something like that. All of them just said they was disappointed. Like, they wasn’t mad… But my daddy took it the hardest. He speaks of me so highly….. But now, everybody happy, and everybody think that’s their baby.”

Cassidy’s child’s paternal grandmother reacted in a similar manner, at first, disappointed, then ecstatic when the baby arrived. Cassidy said, when she found out, she was primarily concerned with passing her state tests in order to graduate high school, as her due date conflicted with some of the test dates. Nevertheless, Cassidy persisted, determined to keep her child and continue on to graduation. She told me, “Everybody at school, like my principal and stuff, they was shocked. They was like, how could you maintain your grades? Because we have these awards ceremonies, and they call you out. Every time, I got on the principal’s list. Everyone was just shocked, that I kept my grades up and didn’t get out of school or nothing.” I asked her why she thought everyone at school was so surprised she was having a child. She said, “[because] who I am. There had been a lot of other boys trying to talk to me, and if they do talk to me, they would tell other people, don’t waste your time with her because she ain’t gonna have sex…. Now, when I finally did it with him, they was just shocked. They was like, that girl just started doing something, and now she pregnant. So the boy I had a baby by, he was my first, so it was scary at the same time.”

Tara likewise faced the pressure of a new pregnancy and an impending high school graduation. She told me, “When I first got pregnant, I was like—what am I finna
do? I was still in high school and about to graduate. I found out the morning I graduated that I was pregnant.” She told me, immediately, “I was crying…. I’m too young to have a baby. I have still gotta go to school. I was just…lost. ” She said her aunt and the other people in her family were more excited about the news than Tara herself, who claimed, “I was like, I ain’t ready for no baby.” She said that people in her community have bad-mouthed her, but she “don’t be caring what people say.” She also said people were very surprised. I asked her why, and she told me, “Because I was going to go to Alcorn and run track. Everybody would ask, are you still going to Alcorn? I was like, no, I am just not going. Then I popped out on Facebook and posted a picture, and they was like, oh, this is why you ain’t doing this.” She said she received criticism because her boyfriend had been dating someone else when Tara discovered she was pregnant. She said, “Because everybody was like, oh you got pregnant by somebody else’s boyfriend. I got a lot of hate. I was about to fight while I was pregnant and everything.”

Dee Dee told me that she was shocked when she found out she was pregnant, and when she found out, she immediately began to cry. She told me, “I was scared, but I was happy, too, because I am finna be a mom. And, you know, I was scared at the moment, too, because I had school. Then I had to miss days to go to the doctor.” She said her classmates reacted quite negatively. “When I got pregnant, they made me feel like I wasn’t going to do anything. School, it is hard, because you are trying to focus on your schoolwork, but the kids keep telling you things that get in your head. Like, a lot of bullying.” Her boyfriend, on the other hand, was happy, as he had been wanting a child. Her boyfriend’s family did not. “It was some drama, because they thought it wasn’t his
baby. But then, when they came to the hospital, they wanted to be all buddy buddy and stuff. But me and his family, we are not close.”

Mya had mixed emotions when she found out. “I found out I was pregnant when I was two months,” she said. “I got excited; then, I was like, No! I started crying, I was like, I am so young. And I was like, I can’t change it now. I am not giving my baby up. I just have to woman up and do what I have to do.” She told me she did not stay frightened for long, because she had her mother to guide her. “So then everything just felt okay. I was okay with it.” Her mother was surprised, she admits, but she was proud of Mya for graduating high school, and excited to meet her first grandchild. She told me the story of the night she found out she was pregnant. Her mother had made her take the test and waited outside of the bathroom. “I slid [the test] under the door, and [my mom] was like, you pregnant! I got on the bathroom floor and just started to cry. She was like, what you crying for? I am happy! I was like, no, Mom, I am finna have a baby!” Her mother encouraged her to call her boyfriend. “[My mother] was like, well, you need to tell [your boyfriend] before I tell him! So I had to prepare myself real quick to tell him. And he was excited!” She told me this with disbelief. “Everybody is happy, and I am crying! So I told his mom, and she gasped and said, ‘I hope it is a girl!’ And I am like, why is y’all so happy? Everybody was excited except for me. I didn’t understand it at the moment.”

Rachael had a similar immediate reaction. “When I first found out I was pregnant, I cried a lot. Because I knew, like, I knew that my life would be different, having a baby…. I already had a lot of stuff going for myself, which I wasn’t going to let a baby stop that anyway. But I was just scared. I was really scared and upset.” She told me she was especially nervous to tell her mother, because she had been very strict on Rachael
and was afraid she would throw her out of the house. “But when I told her,” Rachel recounts, “she basically told me, ‘It’s going to be hard.’ And she was like, just make sure you graduate, and I am going to help you.” Her dad, on the other hand, did not react positively to the news, which has strained their relationship ever since. “I think that is what made us not so close. After I got pregnant, we weren’t close anymore. He didn’t take it well. He stopped talking to me for a while. Eventually, my grandma and all of them, everybody was excited except for my dad. Eventually, he came around when I graduated. And he talked to me and had a conversation with me about, don’t let the baby stop me, basically.” However, she tells me that she and her dad no longer speak, but the rest of her family has proven to be a great support system.

Rachael also confided she had received judgment from her community for being unwed and pregnant. She explained, “I actually went to this pregnancy center in Oxford when I found out I was pregnant with him, and they were like, you’re not married? You’re not going to be married? Do you know that it’s a sin? And they even tried to make me consider giving my baby up for adoption because we aren’t married.” Rachael said her former boyfriend’s grandmother had a similar reaction, asking if Rachael and her son were going to get married. “And my boyfriend’s family, his dad’s mom, of course she brought it up, but honestly we were just young. We ended up going separate ways.”

The second time around, Rachael admits she was anxious again, because she did not think she could handle another child. But, after speaking with her mother and other family members, she felt better, as they told her she was a grown up this time. They told her, “So you want to have your babies young, and…it was going to be hard, especially
having two babies, but you got your own place, your own car. So there is nothing to worry about. You just have to be prepared for the responsibility.”

Arielle was unaware of her pregnancy until she was five months pregnant. She and her mother found out together, her mom outside the bathroom on as Arielle took the test with her friend looking on. Arielle told me about her own reaction to the positive test. “I broke out into tears…. But I stopped crying almost immediately, because I am like, I know what I have to do to take care of it, because I do not believe in abortion because I feel like, depending on the situation, in my situation, I knew what I was getting into, and I have baby now. So the only thing I owed my child is to take care of him. I cried, but it wasn’t sad. It was surprising.” As for her mother, “She was upset for like a day, but she came back. She was like, at least I wasn’t 16 like she was. That’s what she was proud of.” She tells me her mother was scared because it had been hard for her as a teenage mother. “She didn’t want me to go through the same things she did, like how she did with my father. Now, she tries to help me, guide me in the right direction. My child’s father, he’s well in his life, and that was all I had wanted, because I had never had the chance to interact with my dad. But my child gets to. That was her thing, to get him involved more than what she did when she was a young mom. But she didn’t know.” She told me her child’s father was not receptive to the news at first, and did not express interest in being in the child’s life until Arielle posted a picture of the child on Facebook, one month after his birth. He then called and apologized, and now he helps support the child.

Arielle’s feelings about abortion recurred throughout my interviews. All the young women expressed opposition to abortion. Even if they considered it for a brief moment when they immediately found out, all of them told me they never seriously
considered the option. Nor did any of them seriously consider adoption. Cassidy told me, 
“I did think about abortion at the beginning, but as I started to develop, I just said, I am 
gonna keep her. I don’t care what anybody say.” When I asked Latasha if she believed in 
abortion, she replied, “No, not at all. I just feel like—well, it depends on the 
circumstance, if someone is raped or something, I believe that they should be able to get 
one. But if you just don’t want a child, I feel like you knew the consequences of your 
actions, so why do it?” Bianca felt similarly: “We ain’t finna do anything to harm the 
zygote or the egg or whatever, because it happened. I don’t believe in destroying a baby. 
That’s not right.” Likewise, Ashley told me, “I was never really thinking about abortion. I 
would rather give her up. I will go through the whole pregnancy before I kill an infant.”

The girls, for the most part, also were opposed to adoption, unless the child would 
end up with a close family member who would allow the mother to visit often. When I 
asked Bianca if she had considered adoption, she replied enthusiastically, “No ma’am! I 
want my own baby, and my boyfriend, he wouldn’t go for that, my momma, my family, 
no ma’am! We don’t do no adoption. The only person who would adopt her would be my 
grandma. That’s who wants to keep my baby when I am at school.” When I asked 
Ashley, she replied, “I was thinking about giving her up for adoption, but it was like—no 
one gave me up for adoption!” So she, like all of the other mothers I spoke with, never 
really considered an alternative to keeping the child and raising it.

Motherhood

For those young women who had already given birth to their first child, I asked 
them to discuss what it was like being a mother, especially curious about systems of 
family and community support. I asked about difficulties and victories, and how they
managed being students, or employees, and mothers. Ashley told me about her favorite aspect of being a mother: “Just waking up to her every day and seeing her smile…. I had a happy pregnancy and support from both sides of he family. It just helped with creating a happy baby, too…. But it is just the best feeling in the world.” Ashley’s most challenging aspect has been time management, balancing college and a daughter. She scheduled her classes to coincide with the times her daughter is in, Head Start, which is free. When she isn’t in school, she takes her daughter to visit relatives. “That’s my biggest thing, that she knows both sides of her family.”

Cassidy told me she was particularly surprised at the amount of help her loved ones have offered. “I didn’t expect this much support. I felt like everybody was upset to the point where they weren’t going to talk to me no more, but now, I have so much support. Even my dad, he come back around, talking about how he can’t wait to get her and all that type of stuff. So it’s actually cool now because I have support.” This starkly differed from her expectations. “Now when I was pregnant with her, I was just worried about, was I gonna have nobody? Things gonna be different. But now—everything is better.” I asked Cassidy what has changed most in her life, besides her daughter. She replied, “You know, before I had her, I was like going places, I would be ready to go out every weekend, just to have fun, drink, party, all of that. But now, you gotta stop all of that. You just gotta be a mom sometimes. You’re gonna miss out on a lot of things, but it will be worth it in the end.”

Jayda had similar fears that she would lack a support system; her mother was extremely disappointed and had encouraged Jayda to get an abortion or put her daughter up for adoption. However, things changed drastically once the baby came, and her mother
takes care of her daughter and has been a vital support. She said, “I felt like my mom didn’t want to see me grow up that fast.”

In addition to her family, Mya has support within her circle of friends; many of them are young mothers as well, and she has been asking them numerous questions throughout her pregnancy. She also told me about a Health Department program she was placed in because she was underweight, where she consults with social workers and nutritionists. She told me that, when the baby comes, she is planning on securing a voucher to place her child in daycare.

Arielle glowed as she told me about her experience thus far being a mother. “It is actually amazing…. It’s actually cool to me, just to know someone is dependent on you with all their life: them eating, getting a bath, just simple stuff. He need me to do that. It is really amazing.” She struggles, however, sharing her child with his father. “My hardest part was letting him go to his father’s house. Not because I don’t trust him—I trust him with everything. I guess I just have separation anxiety, because just the thought that he was over there not with me….“ I asked Arielle how motherhood has changed her as a person. “I have changed a lot. Now, my momma be like, you ain’t never buy nothing for yourself. But I just feel like, if I get some money, I have got to go buy him something…. But other than that, I am still a fun person, happy person. Now, with my child, I don’t let too many things bother me. I always think if it is not pertaining to my son or our wellbeing, I shouldn’t let it stress me.” Arielle’s family helps her substantially, as does her child’s father’s family. While Arielle’s mother has been keeping her son while she is in school, he will start daycare in the fall on a government voucher program.
Noelle shares a similar feeling that she has changed significantly since becoming a mother. “At first I [was] like, I am scared, I don’t know what to do with another human. My mom, she was like, you have to prepare yourself! And I had to prepare myself when I had him. It is a work in progress. I have grown a lot…” She continued, saying simply with a chuckle, “My baby comes before everything. It’s her world, and I am just living in it.” Noelle likewise has a strong support system, with her own mother and her child’s father’s mother.

Dee Dee and Tink told me how much they love the unconditional affection that results from being a mother. When I asked Dee Dee what her favorite part of motherhood, she told me, “I have somebody to talk to. They can love me.” Likewise, her sister Tink said, “My favorite part of being a mom is that I get someone to call me mom. I can have someone to play with, love me, you know. Just somebody to be there for me. I know someone is never going to leave.” The girls are not close to their children’s fathers’ families, but, they say that their own has been a vital resource, taking care of their children while they are busy and at school. Tink told me her daughter made her grow up a bit. “I have a really smart mouth, bad attitude. It just really changed because when I have a daughter, I don’t want her to go out and be rude to anybody because she’s seen me do it, so I had to change my ways.”

Rachael told me that being a young mother has proven to be more difficult than she anticipated. “My momma always told me it would be hard being a mother—I was like, I got it, I got it!” She said, laughing. “But, now, like actually taking care of them—especially a newborn baby—you’ll have sleepless nights, and you have to basically surround your whole life around him. My whole schedule goes by him—me going to
school, me working…. So my expectations—reality really hit me, basically. I didn’t expect it to be as hard.” However, she said her mother and grandmother help her greatly to raise her son, and she anticipates that they will help her even more when the new baby is born.

Tara had a markedly different experience from the other mothers. She does not speak to anyone in her own family, save her aunt, with whom she communicates sporadically. Her support system comes fully from her boyfriend’s family, as she moved in with his mother after having the baby. She told me all of his relatives love her as their own, and they are always asking her to bring the baby over. However, like the other mothers, she told me how having the child forced her to grow up a bit. “I used to be a hothead,” she admitted. “I used to want to fight every day, beat people up, argue with everybody. I was going crazy up in here. Now I can’t because I can’t go to jail no more because I got a child.”

I was particularly interested in how the young women felt about the relationship between marriage and childbearing—were the two interdependent? Did the young women feel as if they were inextricable, or did they not associate the two to a great extent? I was also curious about when the young women felt was the best time that one could become a mother. Arielle believed when she got pregnant, it was a good time. When asked to explain, she told me, “Because I didn’t want to be too old having a kid, and I wasn’t too young. My whole thing was the same as my mother’s, to not have a kid in high school.” While she does believe marriage is a good thing--“That’s even better, for kids who have both of their parents actually, and both of their parents being together, that’s even better because they are both in the house, and they are both working together
as equals. They are equally taking care of the kid and loving the child”—she thinks it is better to wait a bit longer before marrying. When I asked her the best time she thought someone could get married, she told me, “I wouldn’t say so young. I would probably say around 25 or 26, close to 30. You know exactly what you want in life; you know exactly what you want to do. Essentially, if you have kids, you know what you’re looking for in a man.”

Bianca explained she was a strong proponent of marriage, too, and hopes to get married. She noted how a lot of people her age are reluctant to get married, “But me? I am different because I still believe in marriage. I think, if you’re going to get married, you have got to make sure that it is what you want to do and be committed to it…. Well, my boyfriend said he would marry me in a couple of years. I want to get married when I am 24 or 25. Since it’s him, though, and we have been together a minute, I will probably do it after college. We have been together for so long, and we have experienced ups and downs. And plus, the child will probably bring us closer. I hope it does.”

Latasha had similar opinions. She said her ideal time to get married is around the age of 24 or 25, when she has certain things in place in her life already. “I want to be working my dream career. And I want to have my own business started. I want to start my own funeral home business, and I want all of that to be in place and going good for me.” However, becoming a mom is something that can take place earlier. Latasha told me, “I would say around, it’s young, but like 21 or 22…. It’s an advantage becoming a young mother, because when you do get older, you can just go. No one has to watch your kids, you don’t have to ask nobody can they watch him because they’ll be old enough to stay at home by themselves. Compared to other mothers, they’ll have to find babysitters.
for their newborn child.” Then, she questioned herself, continuing, “But, again, if you can put it off, put it off.” I asked if she thought it matters whether or not someone is married when they have a child. “I think it does because a lot of people have kids by people they barely know. They are intimate with people they barely know, and that is horrible. A lot of men aren’t claiming their kids.”

Noelle told me that she wants her child to grow up in a two-parent household like she did, and thus she plans to get married in the next 2 or 3 years. I asked her when the best time for someone to get married was, and she told me, “When they are ready, I always say. Because you can’t force yourself to do something that you’re not totally ready to do. So you have to prepare yourself and make sure your spouse is prepared, too.” She had different opinions when it came to the best time for someone to become a father. “That is kind of hard because some don’t plan on being a dad, they just want to make the kid and not be there. That is hard. But you still have a handful out here that take on the responsibility, do what they are supposed to do. And I tip my hat off to those guys, because you don’t find many like that. Most boys want to be in the streets, killing, shooting. You still have some good dads out there.”

Cassidy is a believer in marriage, and hopes to get married someday herself, but emphasizes it should be approached with caution. I asked if she thought people should get married. She told me, “I believe they should, but I really, really question it…. For me, I would want to get married in the future. But it’s like, you should only get married when you feel like you and that person built trust, and have a good bond, and be able to have communication…. Like wait a couple years. You know how some people get together and just get married right after 6 months, but it be like that sometimes. But me, I would
wait longer. You really don’t know who a person really is. Just wait.” She emphasized the importance of financial status, that people should wait until they are in a good spot financially to marry.

Jayda explained she wasn’t certain about when the best time to become a mother was, seeing as she had her first child at such a young age. “I honestly can’t say. Since I was—I think I was 14—when I was pregnant, going on 15, and had her, so I can’t really say. The best option is if you are ready. You never know what a person’s childhood is like, and how they childhood was. Like, a lot of folks get judged for having babies at an early age. I feel like, you shouldn’t be judged about that, because they childhood way different from yours. You never know what might have happened to them.” Her feelings towards marriage are more dubious. She says marriage is only called for “If it’s a happy, healthy relationship. Just don’t do it too fast. Wait some time.” I asked Jayda if she thought it was best to be married when someone became a mother. “To me,” she replied, “it doesn’t matter because I feel like, either way, if you’re married or not, it’s not different, you should always be there for your child, regardless of the situation. I feel the best is not marriage. Because you can be in a relationship and end up getting married and having kids, and y’all probably get into it, and y’all are going to want a divorce, and that’s going to make the kids grow up. They gonna be upset and angry. They gonna hold everything inside.” She is unsure if she will ever get married. I asked if she ever felt pressure to get married. She told me, “People here don’t really—marriage is not a thing they talk about here.” Underlying this is “Fear. Basically. Because when you get married, things change from just being in a relationship. They probably feel like, since we married now, this and this gotta happen and all this and that. But when y’all wasn’t married, all of
that wasn’t going on, and it’s just tearing the relationship apart. And y’all just get a divorce.” While she doesn’t dream of marriage, she told me she has always dreamed of becoming a mother.

I asked Rachael when she thought it was the best time to become a mother. “I really do think becoming a mom at a young age is good. You know, a lot of people try to bash young moms, or say that it’s not right, but honestly, I feel like it is better. It will push you more, because it pushed me a lot. It’ll help you be more responsible at a young age. It’s matured me a lot, to where certain things that I used to do when I was younger I don’t do anymore. I would really say being pregnant—not too young, like 14 or 15—but 18, 19, 20. That is the best time.” She had a unique opinion on the relationship between childbirth and marriage. She told me, “I really think you should get married before you’re pregnant. I feel like people show a different side after you’re pregnant. His father, I never seen some stuff that he did…. It just basically tests your partner. It gets so hard. Some people end up leaving. He would tell me all the time that he wanted a family with us, and he tried.” It did not, however, work out between Rachael and her son’s father.

**Current and Future Plans**

One of the primary aspects of the mothers’ lives I was interested in concerned if, or to what extent, becoming pregnant altered their life plans. I asked them about their career aspirations, and whether those aspirations changed since their pregnancies. Cassidy was in her senior year of high school when we spoke, on the cusp of graduation. I asked what she saw herself doing after graduation before she was pregnant. She replied, “Going to college. I planned on going to colleges out of state. LSU was my biggest one, or Jackson State. But now, I want to go somewhere close around.” Cassidy confided she
had had some wild dreams before the pregnancy, such as going into the military or joining the police force. She admitted that, with a daughter, she does not believe she could do that now. “The police stuff, I feel like that would take too much time away from her and put my life in danger.” Now, she told me, she plans on going to college and nursing school, perhaps at Mississippi Delta Community College.

Tara was in her sophomore year of college at MS Valley State University, majoring in Social Work, when we talked. She told me that her plans had changed, as she had originally planned to run track at Alcorn State University. “But then, I was like, I am going to go to Valley since I got a baby now.” I asked if she felt she had to give up things for her son. “Yeah, I did. My school I really wanted to go to—can’t go there no more.” But, when asked if she felt as if she were missing out, she replied, “Not really. Because I ain’t care.” She told me, also, that she had always wanted to be a social worker.

Rachael discussed how she had graduated high school early, at 17 and pregnant. She then did a semester at Northwest Community College, and now plans to pursue nursing. I asked if her plans for her future had changed since she found out she was pregnant with her second child. “Actually, it has kind of made me want to do stuff sooner. Like, I was attending this CNA program, so I was really trying to just shoot forward to my RN, my LPN, but because I want a better job for now, I just want to go get my CAN license. So, that is what I am aiming for right now, so I can be working and still going to school, and still making good money.”

Noelle was a recent high school graduate when she had her daughter. Since then, she has been in nursing school, and is moving towards her certification. She began at MDCC, and is studying for her CTA test. She is then aiming to get her LPN and RN.
asked if having her daughter had changed her plans. She replied, “No, I always wanted to be a nurse, so everything is still the same with her.”

Mya was pregnant with her first child and enrolled at MS Valley State University, studying to go to law school. I asked if she had reconsidered her plans since she discovered she was pregnant again. She replied, “Not really. It was sort of like, a push. Like, I want to do more, now that I have a baby coming.” She has always wanted to be a lawyer and has participated on the mock trial team. She told me she didn’t “feel like anything was ruined.”

Dee Dee admitted that, when she was pregnant, her grades dropped, mainly because she was so tired. However, she told me her pregnancy has inspired her future plans: she may want to help other young people understand what safe sex looks like. I asked Dee Dee and her sister if they thought young people were getting that information now, and they both definitively said no. Tink told me while the pregnancy has slowed her down, she still has career plans. “While I was in school, I was thinking about college, and then I found out I was pregnant. I knew I couldn’t do college right then and there because I had to focus on her. But now, you know, she is getting older, and when she gets about one, when I will be 19, I want to go back to school to become an NR.”

Bianca also attends MS Valley State University. She is not entirely sure what she wants to do career-wise, but is interested in either being an athletic director or entering the medical field, perhaps as a physical therapist assistant. She hopes to get her Master’s Degree after she graduates. I asked her if these plans are a departure from her plans prior to pregnancy. “No ma’am,” she replied politely. “It hasn’t. It’s just, me going to another school. I have to think about my child. After I graduated from Valley, I planned on going
to Delta State or Jackson State; now I still can go, but it has to be online. So basically, it has, but it hasn’t. I can do online for my Master’s. Plus, I plan on going in to the medical field, so I can just go to MDCC for that.”

Arielle is also a student at Valley, majoring in Early Childhood Education. She tells me she wants to “be with the babies. Probably pre-k, kindergarten.” She told me, “I started out wanting to be a pediatrician, but it didn’t work out with biology. So I went to the second best, which was early childhood [education]. I can open my own daycare or teach.” She never considered taking time off of college or not going back once she had the baby, and she had always wanted to be a teacher. I asked if her plans had changed. She told me, “A little. Because now I know I have to go ahead and do things, accomplish things, as far as graduation and all that type of stuff. I have got to get a degree, now more than ever. It matters more now. Like, how I used to prolong and put things off, I can’t do that now. And I am okay with it.”

Ashley, a junior at Valley, is studying Social Work and Business Administration. She shares similar feelings about her child being an impetus for hard work. After I asked her what her favorite part of being a mom was, she told me, “Still being in school, trying to give her an example to look up to. Even though I had her in college, I can still pursue what I am going to do. Never stop with your education.” After she graduates college, Ashley plans to move out of Mississippi, or into the northern region of the state. I asked if her vision of her future had been altered since she became a mom. She told me, “I knew I was going to move…. I just wanted to move and help. I feel like I am here, I am limited, but if I move to a bigger area, there’s more space and opportunity. [Now], it’s still the same. I just have someone looking up to me. That’s actually what drives me. Like
she is a daughter, she is a girl, I’m a girl. I just want her to have positive things to say to others when someone brings her mom up.”

Jayda shared a similar dedication to fulfilling the plans she had always had for herself, regardless of what people said. She is 17 years old and attends Gentry High School in Indianola, with a 2-year-old daughter. “At first, folks were telling me that my plans were going to have to change in life, but I didn’t listen to that because I was like, if I said I want to do something, I am going to do it. I feel like [my daughter] is gonna keep me on that right track of going straight to my plans that I want to achieve.” I asked her what those plans entailed. “Basically,” she replied, “I want to graduate, at least top of my class. I want to go to a college, it’s in Florida, and major in carpentry.” She does not see her plans altered now that she is a mother.

Relationships with Child’s Father

I asked the girls about their relationships with their children’s fathers. How had they been changed by the pregnancy? How had the pregnancy shaped the fathers? Cassidy met her child’s father at school, and they have been dating since before Cassidy had her daughter. She told me he is constantly busy with basketball and football, but is with Cassidy and his child in all of his spare time. He hopes to go to college on a sports scholarship.

Although Bianca had not been ready to become a mother, her boyfriend was eager to become a father at the time of her pregnancy. “I planned on having a child senior year of college, when I graduate,” she told me. “But it happened earlier than that. He been wanting a child. He told me he wanted a child because he don’t want to grow old. Plus, he wanted a girl, and that is what we are having, a girl…. But yeah, he planned it. He
planned on having a baby. He really don’t let stuff like this get to him, because he know he can provide for the baby.” She told me he is extremely eager for the baby to come. She confided, however, that he has been acting out since Bianca became pregnant. “We used to be together 24/7. Now, I guess since he’s got a baby on the way, he’s been trying to get out so he can enjoy the time out with his cousin, because he knows he has a baby on the way, and he’s going to have to take care of his family. I don’t really like that, because he is my only friend. I be depressed. He is still not fully mature yet, although he is 20. I have to tell him, it is time for you to grow up and be a man. You have a responsibility now. You have to leave some of the stuff you’re doing alone because it’s not right. I am trying to prepare him.” I commented that this was surprising, as he had planned the pregnancy. She agreed, then continued, “I don’t know if he’s trying to go ahead and have all of his fun at the pool hall…. Because he knows when the baby comes, he will have to go to school and work. That’s probably what it is.”

Tara’s boyfriend, her child’s father, is in the Marines and lives in California. At the time of her son’s birth, they were in an on again, off again relationship; now, they are committed to one another, she says. She told me he is now very involved in their child’s life. However, during the pregnancy, their relationship was rocky. He had another girlfriend who did not approve of the ongoing communication between Tara and him. Now however, “It is actually better. I guess the baby made him act more mature…. The Marines made him grow up too. He felt like he could tell everyone what to do, but you can’t tell those folks what to do.”

Rachael is no longer with the father of her first child. They had been dating sporadically since she was 13 years old. “He was my boyfriend,” she told me. “He was
my first love.” Although they have parted ways, he is still very involved with and supportive of their son. However, now that Rachael is dating the father of the child she is currently pregnant with, he is trying to reduce his support. “He used to help out a lot, until I got a boyfriend. When I got a boyfriend, he was like, your boyfriend is supposed to help you. So he doesn’t help as much… But if I were to need him, he would help. I think one day I needed some diapers, and he gave me the money for it. So it’s not a problem, I just don’t ask for too much.” Their son goes back and forth between their homes. Her current boyfriend is very excited for the upcoming birth. “We are still together… He was so excited… He is happy that it is a girl, because he loves my son, so he was like, we got a little boy, and a little girl.”

Noelle is still with the father of her daughter. He was her high school boyfriend. “He is amazing at times, but, you know, every relationship has problems,” she shared. “But we are still young, we are still learning, so nobody is perfect. We are still going together. We have been together almost 3 years.” She believes he was ready to have a child, although Noelle had not been. “I think he knew he was ready because if he didn’t, he would have used protection that night.” I asked how their relationship had evolved throughout the pregnancy and childbirth. “Before I was pregnant, he was kind of childish, back and forth. During the pregnancy, he was always there, every doctor appointment, making sure I have everything I want. And now, all of the attention is to the baby!” She said he spoils their daughter immensely. Her daughter has changed him for the better, Noelle confided. “He’s not as childish as he used to be. He really manned up. He do what he got to do. He takes care of his responsibilities. He has improved a lot.”
Latasha and her child’s father are still together as well. “He was very nice. We dated for a while, and you know, we are still together. And he helps a lot. When I first found out, both of us were scared, but he was trying to comfort me in any way that he could. Really nice.” She told me neither one of them had been ready to have a child. I asked how the pregnancy impacted their relationship. “At first, you know, the first is always the best part. Then, when I was pregnant, it was still okay, but it was kind of rocky. When he came, I guess the baby changed him. He tried to mature for him.” I probed further into why the pregnancy was rocky. “At the time, there was another girl saying that my child’s father was her child’s father,” Latasha said. I asked what happened to this girl. “I just ignored her because it was his child. And that was horrible. You know, I wanted to stress about it, but then I had to think—I have a child. I had to think about his health, and my health, so I just couldn’t let it get to me.” She told me her boyfriend is very involved in the other child’s life too. The two boys have an age difference of just two weeks, and they love each other as brothers. Latasha hopes the boys grow up together.

Ashley laughed and told me while she did not plan the pregnancy, her boyfriend may have. “He’s been through a lot during the course of his life. A lot of people in his family have been passing away. His dad passed, both grandfathers passed, his great grandmother passed. And you know, there’s not much of his dad’s side left but him. It’s him and his sister, but his sister isn’t having kids any time soon. So he’s always saying he wanted a big family. I didn’t know he wanted to start it so soon! I am like, wait until I finish college at first! But you know, it makes him happy that he can come home to a family.” She and her boyfriend seem to have a romance out of a movie: they met in
middle school, she a cheerleader, he a football player. They were best friends until high school, when they started dating. They dated for four years before becoming sexually active. “I actually wanted to wait longer,” she said. “I actually wanted to wait until marriage. It wasn’t peer pressure. I feel like both of us was the same, that it made the relationship even better.”

I asked how their relationship had changed since the baby came. “He works more. I feel like it is only me [during the day], but then at night he comes home and takes over. In the beginning, I just felt overwhelmed, because he worked…8 hours a day, every day. It just felt like I was by myself most of the time…. It did put a damper on our relationship, but we are good now. He is doing it for the better of us.” Regarding how the baby has changed her boyfriend, she explained, “It made him better. He do it for his father, because he had a father in his life but just lost his father…so he try to do everything in his power to be as good as a father as he was. His dad was kind of like a father to me because my dad wasn't really in my life, like he was in my life.” She told me that, while the baby has made him grow up, he “wasn’t really like the average boy” to begin with. “Most of them just play games, chase girls. He just wasn’t like that…. He is very work-oriented.”

Arielle’s relationship with her child’s father has evolved since she gave birth to their son. While initially he did not receive the news well, after seeing a picture of his child on Facebook one month after his birth, he called Arielle and apologized, telling her he did want to be involved with his son after all. While they were sporadically seeing each other throughout high school and college, they have really reconnected in the past year. She told me she was the one initially reluctant to be serious. “Before the pregnancy,
he wanted a relationship, but I didn’t. I was in the 10th grade…I still wasn’t focused on nothing like that. And then…he came back, and we talked. We got more involved with each other. Now, it’s somewhat the same. My whole thing is, as long as he comes and sees his child, as long as his child knows who he is, and he is involved with him so much that he can happily say that that is his dad.”

Tink and Dee Dee are also still in relationships with their children’s fathers. Tink told me, “Before we had our baby, [our relationship] was okay. It was good, then the baby came, and I had a little problem with [my boyfriend]’s foster mom. But now he’s out of the system, and he sees the baby every day. And our relationship is good. It has its ups and downs, and it ain’t perfect, but we are there for the baby.” Dee Dee said that, while her child’s father was happy upon receiving the news that he would become a dad, he was cheating on Dee Dee while she was pregnant. “Then he was terrible. When I had my baby, he wasn’t there.” Now they have gotten back together. Dee Dee explained, “I mean, he takes care of the child…. My mind was like, we should not be going through this because this is both our baby together. I mean, he is a really nice guy.” She said the baby has caused him to improve. “It changed him because he used to get in trouble. He was a troubled child. Now that he has a son, he has slowed down. He don’t get in trouble. He helps his child.” Tink shared a similar sentiment, saying of her boyfriend, “Same, he was a troubled child before he had the baby. And then, when she came, well he be there now for her. He don’t be in trouble anymore.” Dee Dee, however, does not see herself with her boyfriend long-term, while Tink could see a future with her child’s father.

Jayda told me she and her child’s father were in a quasi-relationship until he ended things seven months into her pregnancy, nearly immediately getting a new
girlfriend. “I guess she got in his head, and he was like, that wasn’t his baby. And I was like, we can get a DNA test. We set one up, and it was going to be free for us to do it, and he made up every excuse not to go. So, he got another girlfriend, and she ended up pregnant. She had a miscarriage, then she got right back pregnant. I guess she gonna have his baby…I don’t worry about it. If he doesn’t want nothing to do with [my daughter], I can’t make him. I feel like it’s better off without me trying to push him onto her, because you never know…he probably treat [his girlfriend] way worse than he treat me. So I just leave it alone.” She told me he is neither financially or emotionally supportive, but she prefers it that way. “I don’t want my baby being mistreated by someone she isn’t wanted by.” Mya, likewise, is no longer with the father of her child, although they have kept up a friendship. She believes, however, that he will be involved in her child’s future, as he is very involved with the children he has with other women. She told me, “I think we will get back together in the future.”

Closing Thoughts

At the end of each session, I asked the women if they had any closing thoughts. To some of them, I posed the question: what do you believe people should know about being a young mother? Arielle told me, “They need to know that it is okay. There are some people younger than me that have kids, but it is okay. As long as you’re doing what you are supposed to do. Sometimes, there are kids younger than me taking care of their kids better than I have seen any older person take care of kids….. But to know that it is okay. It happens. It is not the end of the world. It is not the end of your life. You can still be your own person, but you have stipulations to what you can and can’t do. Most of the girls that are young and have kids, they change their whole thing once they actually have
the child. Taking care of themselves wise, their image, all that type of stuff, they change their whole life, when they actually have the kids. Like I said, just to tell them it’s not the end of your life. You can still be that young person, you just have a child, taking care of your child to the best of your ability. You know what you have to do, as long as you do that. And you can do it.”

Ashley shared, “There are a lot of young mothers here. They need to feel that they have a purpose, that they don’t need a man to feel validated. That they can do things. I understand if they want to do things themselves, but still don’t push men away. A lot of them are like, I don’t need a man, my mom did it. Don’t have that mindset. It’s good to be independent, but you can also be independent in a relationship.”

Bianca urged people to see the struggle of young motherhood. “People should know that young mothers need help, be depressed sometimes, and just need to be talked to every once in a while, asking what’s wrong. If they see us, not looking some time of way, they should come talk to us. Because we do go through things. And it’s hard. Because sometimes you have to lift yourself up and be strong, because you really can’t depend on no one to talk to. Because people judge, I think that is why I don’t talk to people about that. I try to lift my own self up. And I think they should know that we could get any help that we need. We need help, and people to talk to, because it do get depressing and hard a lot. And in school, we may want to give up, because it be so challenging. I be up in the middle of the night sometimes, thinking about how I am going to take care of my baby and school at the same time. It will be so stressful, because my first priority really is my child. And then school. Then, you got to make sure that the mother takes care of herself, she has to take care of herself. She will be depressed and it
will be hard, but you have to lift yourself up as well. You need to pray as well. It will help a lot.”

Jayda, however, was quite positive. “Kids are actually more fun to have. You enjoy more your time with them than being around your friends. When you have your baby, you just want to be with them so much.” Latasha shared a similar opinion. “It’s fun. It’s amazing, they grow up fast, very very fast. I remember when he was born, he was so small, cute thing, and now he is just walking and talking and singing.”
Chapter Six: Discussion and Policy Recommendations

Although I did not know what I would find when I traveled to the Delta, a part of my state that I had never before ventured to, I certainly did not expect what I discovered—a regretful myopia on my part. I expected a culture severely foreign to my own, girls my age who were unlike me and had fears and worries I could only imagine. Yet, this did not prove to be the case. What I found, instead, were a dozen girls with anxieties, thoughts, and goals not too dissimilar from my own—boy problems, dream careers, family woes and family closeness. Further, I found myself inspired by these young women, girls who arguably had so many odds stacked against them, girls who faced an event in their youth many would argue would dramatically change the courses of their lives, and yet girls who persisted, who held their heads high, who eschewed dependence on any boy, who studied, and worked, and mothered, all at the same time. After just a handful of interviews, something started to become quite clear—these young women were not starkly different from my friends and me, but the circumstances their socioeconomic status and crumbling communities imposed upon them were quite different. Instead of pathologizing teen mothers, I began to see, we should instead be examining the obstacles they faced just by being born where they were. Instead of thinking of these young women as individuals deprived of love seeking external founts of fulfillment, such as motherhood, we should instead be acknowledging the poverty they were reared in, the forgottenness of their towns, and the apathy of different levels of government. These women were not broken, dependent on a child or a man to provide
them with love and purpose. These women were positively resilient: faced with a lack of proper education and adult support for pregnancy prevention, they nonetheless doggedly pursued a better future for their children. These young women have already overcome more than I perhaps ever will have to.

The most interesting results from this study, in my view, include the girls’ experiences with contraceptive access and sex education. While I learned from speaking with local doctors and nurse practitioners that most forms of contraception were available to these women, including IUDs at the Indianola Health Department fully covered under both private and public insurance, eleven out of twelve of these girls were not using birth control at the time of their pregnancies. Virtually none were taking active steps to prevent pregnancy, yet all told me their pregnancies were unplanned. These girls were not seeking to become mothers, but they were not using birth control, nor did most use condoms consistently. Meanwhile, so many of these young women told me their first response to their pregnancies was complete shock. Overall, the sentiment seemed to be “it couldn’t happen to me.”

While the reasons why the young women had strayed from contraceptive use or never used it in the first place became clear, I have continued to struggle to make sense of the reasons why the girls would be surprised at their pregnancies. Complications from birth control were a large factor in the girls’ decisions not to use it. Tara, Mya, Dee Dee, Tink, and Rachael had been using birth control prior to their pregnancies, but ceased taking it due to complications. These girls spoke of significant weight gain and excessive bleeding resulting from the injection; although the negative sentiments regarding the injection were abundant, several girls informed me that it was the method their doctor
had suggested. There was a lot of talk regarding complications; after giving birth, many women, like Noelle, opted to get on birth control, but again stopped due to complications. Others got back on the method they had previously rejected after giving birth; for instance, Dee Dee and Tink both told me they were back on the injection, even though they had stopped using it before their pregnancies due to the negative side effects.

However, in addition to complications, a culture of fear emerged among the women regarding all forms of contraception. There seemed to be an overall lack of understanding regarding the technical aspects and benefits of different forms of contraception, primarily fueled by rumors on social media and circulating around the girls’ schools and communities. For instance, Cassidy called Nexplanon “creepy” and shared that talk on Facebook and amongst girls about the side effects dissuaded her from using contraception before her pregnancy. Bianca, too, expressed fear of birth control and a belief that it was “not normal.” Jayda, Latasha, Tara, Mya, Noelle, Dee Dee, Tink, and Rachael all likewise divulged to me the discomfort they felt about various forms of birth control and the rumors they had heard regarding disastrous side effects, many stories coming from their Facebook feeds. These young women, it seems, had so little formal exposure to birth control that they regarded it as too foreign, too potentially dangerous. A few of the girls were even unaware as to what certain kinds of birth control were, especially the IUD. When I asked if they would even consider getting it, so many gasped in surprise, and gave me a hearty no. They were scared, because they were never acclimated to accepting such methods as commonplace, as beneficial. Perhaps if these young women had always been told about different methods and educated about their pros and cons, they would not regard contraception as so strange and distressing. Some of
the girls were never given the opportunity to try any methods at all—Jayda and Latasha both described how they had never been offered birth control before their pregnancies or had even discussed it with anyone in the medical field. There is a pressing need for contraception to be normalized.

Thus, I could understand why the girls resisted contraception—they were never offered it, they used a certain method and disliked it, or they were fearful of ingesting or being implanted with a foreign substance. Yet, as most of the girls admitted to sporadic condom use at best, nearly all of them expressed genuine surprise when they discovered they were pregnant. Was this willful ignorance, masking a deep-seated desire for motherhood and affection, as the literature suggests? Was this interview deception, as the girls sought pregnancy for personal purpose, for a reason to live, as many scholars have argued? I do not think so. These girls had other goals. None of them had dropped out of high school. Most were pursuing college degrees and seeking careers in respected professions like nursing. They were straining themselves to make their grades, work, and be present for their children, because all expressed an innate desire to succeed—not just as mothers or girlfriends or wives, but on their own merit, in their chosen career paths. These girls had fulfillment before they became mothers. And so many of them had love in their lives, expressing close relationships with their mothers, cousins, and siblings, although it is true only two of the girls grew up in dual-parent households.

As I considered the lack of prevention and the alleged unplanned nature of all the pregnancies, the absent father factor was one I considered a great deal. Ten of the girls save for Mya and Noelle, grew up with single mothers or extended family; nine did not have a real relationship with their fathers. It could perhaps be argued that this left a gap in
their hearts and lives they attempted to fill with a child. But virtually all the girls spoke positively of their childhoods and family members with whom they did have relationships, although not everything was perfect. Nevertheless, the girls did not divulge significant traumas or particularly problematic childhoods. Many told me they were always quite happy as children.

Another inconsistency is that almost all of the girls were raised by young mothers themselves: one might think the girls would understand it could, indeed, happen to them, as it happened to their own mothers. And yet, nearly every girl told me she was quite surprised when those pregnancy tests came back positive. While there are likely several underlying factors regarding these unplanned pregnancies, I found a predominant factor is a simple lack of understanding about pregnancy and who can become pregnant. Cassidy believed “nothing will happen” when she started having sex because she had just started. Bianca told me she always thought she couldn’t get pregnant, because it had not happened up to that point. Latasha, Noelle, and Tara expressed similar feelings. This lack of understanding, I believe, was a symptom of another characteristic of the Delta that became apparent over the course of my interviews—the blatant lack of sex education in the schools. While some of the girls did take formal sex education in school, the majority of these classes or seminars focused primarily on the prevention of venereal disease rather than pregnancy. Many of the girls took classes that were sporadic, only lasted for a short time, or were selective about the students they let in.

Interestingly, however, some of the girls informed me that some teachers strayed from the formal lesson plan to slip in lessons on safe sex. While these diversions never lasted more than a couple of days, their occurrence indicates a desire to teach these things
to students, even if it is frowned upon by the school district or community. These girls were stripped of the opportunity to learn about how their own bodies worked, how they themselves were formed in their mothers’ wombs, how they could take control of their own future by having positive sexualities while avoiding early pregnancies. How can we expect girls to be responsible for their own bodies when they were never taught about their bodies? How can we expect them to prevent their pregnancies when they may not know precisely what occurs during a pregnancy, or how pregnancy prevention methods work? Sex and birth control are transformed into abject topics by permitting silence to surround them, and information about them becomes further shrouded as a result, leaving the girls to reap their understandings from Facebook posts and rumors.

Another particularly intriguing result of my study surrounds the reactions to and perceptions of the girls’ pregnancies by their families and communities. In the literature and in popular opinion, members of the white community expect teenage childbearing must be so commonplace in the African American community as to be an almost expected part of adolescence, one met with the typical anxieties of becoming a first-time mother but not necessarily shame or disappointment. However, in many cases, that is not what I found. Instead, reactions were similar to those I would expect in my own family and community. Latasha described herself as “devastated” and was in denial for months. Jayda concealed her pregnancy from her own mother for 7 months; upon discovery, her mother attempted to arrange an abortion. Ashley and Dee Dee described how their communities believed their lives were over. Bianca and Cassidy faced disappointment from their families. Many expressed their mothers’ disappointment that their daughters were making the same mistake they had, becoming a teenage mother. These girls were
not seeking motherhood, and they were not necessarily expected to become young mothers.

In line with the literature, however, were many of the young women’s perceptions of the relationship between marriage and childbearing. In line with the West African, as opposed to European, tradition, neither necessarily implies or requires the other. While the girls largely believed in marriage, they did not believe it was required to have a stable family or to be a good mother. Interestingly, their ideal marrying age was typically older than their ideal childbearing age, so they did not necessarily believe marriage to be a prerequisite. As noted in the literature, this likely stems back to the poor economic opportunities for young men in the Delta and the state as a whole. In Mississippi, educational attainment favors women; for 18-24 year olds, 56.5% of women but only 44.2% of men had obtained an Associate’s degree or some college, and 7.9% of women but only 5.8% of men had obtained a Bachelor’s degree. For 25-34 year-olds, 28.8% of women had obtained a Bachelor’s degree or higher, compared with only 19.3% of men (Census Data, 2018: table ID, s1501). Marriage’s costs -- fear of infidelity, of divorce -- outweighed its potential benefits for the women I interviewed, at least at the time.

They were mothers, but marriage was quite far off in most of their minds, if it was on their minds at all. When asked when is the best time to get married, many of the women emphasized financial security as a key concern. Marriage to these women was less of a mechanism to raise a child, as the women could do that with the help of their mothers and grandmothers, but rather a deeply considered contract of sorts only to be entered when the terms are just right—in sharp contrast with those in more affluent socioeconomic brackets, and in the European tradition.
And yet, perhaps what surprised me most about my time in the Delta with these girls, was the gradual understanding that perhaps their situations did not represent a social ill, a problem to be remedied. The literature I had read and studied, the government reports I had analyzed, even the television shows I had watched—virtually all had painted teenage childbearing as a cancer on society, as trapping women and their children in poverty throughout their lives. Perhaps there may have been some truth to this in earlier generations; again, my teenage mothers had themselves been the product of teenage childbearing, and several told me they were dependent on government assistance for health insurance. Yet, many of the girls were actively pursuing financially stable careers, and almost all of them were pursuing some sort of higher education. Jayda continued her high school career, with a daughter in tow. These girls were not the fictional villains of the Moynihan Report. If they stayed on course, these girls would nearly all be gainfully employed and productive members of society. A few even expressed an interest in improving the dilapidated conditions of their neighborhood. And nearly all told me that they wished to move from Mississippi in search of better opportunities. The girls were not stunted by their early pregnancies—they were motivated by them. Again, in the words of Arielle: “…now I know that I have to go ahead and do things, accomplish things…. I have got to get a degree, now more than ever. It matters more now.”

Of course, this raises the inevitable question of whether or not it is likely these young mothers will stay on course. Again, as discussed in the Literature Review, while more dated studies argue that teenage childbearing greatly derails a young woman’s life and limits her prospects for the future, more recent studies with more robust methodology do not find such deleterious effects (see Furstenberg, 2003; Maynard, 1997; Geronimus
& Koreman, 1992; Geronimus et al., 1994; Hoffman et al., 1993; Hotz, McElroy, & Sanders, 1996). As noted in the following Discussion, a protracted study following rural young mothers into adulthood would be optimal to give further insight.

Thus, while the stereotype of “welfare teen mothers” still persists in American society, and while some of these young women could arguably be criticized on this front, we are misconstruing the causal chain. These women were poor before they had children. They are still poor; not because they are lazy or their parents do not work or because their mothers themselves had been teen mothers, but because the Delta offers extremely limited economic opportunities and its schools are crumbling. Yet, all of these mothers professed a strong urge to escape the circumstances in which they were raised, and were doing everything in their power to do so.

I could not help but contrast the sheer drive of these young mothers, their hunger and persistence in getting a degree, with my affluent white peers—even with myself. For so many of us, college was much more than a degree we knew we would someday obtain. It was about socializing, about joining Greek Life, about meeting boys, doing something our parents and we ourselves took for granted. For these young mothers, attending higher education was a daily, difficult choice, an investment into the future of their children. I found myself in awe of them. They were some of the strongest individuals I had ever had the privilege of meeting.

However, in saying this, I am not implying that we as policymakers and thinkers should wash our hands of the situation. We should not continue to allow the general lack of understanding and discomfort surrounding contraception, human anatomy, and reproduction to persist. The racial disparities in early childbearing and poverty continue
to be yawning and point to an asymmetry in resources, primarily in education. While matriarchal families and rearing by extended kin should not be demonized, while young childbearing itself should not be demonized, what should be criticized and mitigated is the stripping away of choices from minority young people in places of poverty such as the Mississippi Delta. None of these girls explicitly chose motherhood. All were terrified, anxious, and disappointed in themselves upon discovering their pregnancies. All of them had hopes and dreams outside of motherhood and outside of merely being loved. All of them deserved to have the same information, knowledge, and agency as their white contemporaries across the nation. These girls deserve to be empowered with information. They deserve the ability to make informed decisions. And they will not have that ability until policies surrounding sex education in this state are altered.

The most conservative option would be to enhance communication and oversight, while modifying the sex education law on the books. While the law technically requires sex education in all public schools, the law itself is incredibly lenient, and could look like a few lessons on STIs in an optional health course that only a handful of students took per year. One approach could be to keep the abstinence and abstinence-plus curriculum requirements but making these semester-long, traditional courses with an opt out standard rather than the opt in standard that is currently in place. The state government could work in tandem with school districts, such as the ones the mothers I interviewed attended, by informing them about the CHART training and PREP funding available to them. Then, after initial training, a state government oversight committee could be convened to assess the curriculum and track outcomes among students. However, this may not even prove to be effective; as of the 2014-2015 school year, when many of the women I interviewed
would have been in school, 33 districts in the state had adopted the CHART initiative, including districts in the Delta such as Sunflower County and Leland (Teen Health MS, n.d.). Perhaps this is due to the opt-in nature of the curriculum; perhaps it is due to schools not following through on their curriculum and MSDH failing to impose rigorous oversight.

An alternative, more radical approach would be to remove the constraints on curriculum and permit schools to teach students about all aspects of sexual reproduction—including condom demonstrations. Further, sex education being confined to one semester at best is absurd. As preteens enter puberty and reach teenager status, they should be taking a course every year teaching them about how their bodies are changing and work. Students take science every single year of school, from elementary to high school graduation. Sex education should be similar—a staple of modern public education, not a few lessons haphazardly thrown into a P.E. class in someone’s seventh grade year.

Implementing comprehensive sex education statewide could dramatically alter students’ understandings of their own bodies, dispel rumors around contraception, quiet fears, and, most importantly, normalize information about sex. Given how talk about sex and birth control are hushed and slighted, sex and our bodies are rendered foreign to us, almost forbidden. This simply should not be the case. As students, we should be taught thoroughly about our own bodies, so we understand them, rather than fear them. Learning about our own anatomy is as essential to our education as learning the rules of grammar or multiplication. It is time that we recognize this, and treat it as such.
Chapter 7: Conclusion

I regret that I was only able to spend a few short weeks in the Delta, and that my research was limited to meeting with each woman just one time, as I believe this research contributes to filling a dearth in the literature on unplanned pregnancy. Specifically, the existing body of literature lacks intensive narrative projects from rural regions of the United States. While acclaimed studies such as Promises I Can Keep focus on inner city, unwed mothers, I had difficulty finding thorough studies with women from towns few have ever heard of. Rural America is markedly different from urban America in endless ways, and a larger, protracted study in a region similar to the Delta would render intriguing new insights regarding politics, religion, economic opportunity, kinship ties, structural racism, and cyclical poverty, and how these factors relate to unwed motherhood.

Likewise, it was beneficial to focus specifically on rural African American women, as I was able to situate their experiences within the context of their ancestry. More studies should follow this lead, and take it further, by inquiring more deeply about the roles of interviewees’ own mothers and grandmothers, both prior to their pregnancies and following. Additionally, it would be helpful to speak with the interviewees’ mothers, too, asking about parenting styles and how, and whether, they talked to their daughters about sex; further, it would be beneficial to ask them about their own experiences as unwed mothers, if applicable.

Of course, future research in this vein should be much more extensive than this study. An ideal subsequent study fashioned after this one would be more thorough,
including several interviews with each woman in the base year, including more thorough and intimate questions about their childhoods. Further, I regret I did not gather more information regarding each woman’s health care coverage; this is an important factor to consider, especially in rural America, where many fall into coverage gaps due to Republican state legislatures refusing Medicaid expansion. Subsequent studies would ideally span several years, keeping up with the young women and assessing whether or not they are continuing in their plans for the future. The studies would follow their children in school and determine educational outcomes and would analyze the young women’s future behavior with contraception. Most importantly, future research should not seek to pathologize the young women, relying most heavily on internal antecedents to pregnancy, but rather thoroughly investigate the potential external antecedents in their communities.

An especially intriguing vein of potential research that emerges from this study is to turn to the fathers of these children, asking the same questions. Four women -- Ashley, Bianca, Dee Dee, and Noelle -- told me explicitly they believed their boyfriends had planned the pregnancies. Other women divulged how happy their boyfriends were, even when they themselves were in tears. Other things that emerged regarding the fathers included their infidelity, and, in some cases, children with other women. This is in line with certain existing literature, and is expounded upon in *Promises I Can Keep* (Edin & Kefalas, 2005) as well as theorized in Jesmyn Ward’s (2013) memoir, *Men We Reaped*. Edin and Nelson (2014) explore this avenue further in their study *Doing the Best I Can: Fatherhood in the Inner City*. These authors suggest men with poor economic prospects and marginalized sociodemographic status seek sexual prowess and fatherhood as a
means to having power in a world in which they frequently feel slighted, disrespected, and inadequate. While this “path to fulfillment” thesis sounds dubiously familiar, adding to this body of literature would be fruitful, and would diversify it geographically, as Edin’s studies were conducted in urban settings.

In terms of policy implications, the most clear and pressing proposal revealed by these results is that of drastically reforming sex education. Clearly, in our poorest communities at the very least, sex education is not merely lacking but nearly nonexistent. The first step in reform involves accountability—first and foremost, regardless of the comprehensiveness of the curriculum, are schools teaching sex education at all and to what extent? Once this is assessed, relevant schools can be informed of the state resources available to implement their programs, and subsequently can be monitored for administration. However, as noted in the Discussion, merely implementing accountability is not enough. Under the auspices of our current state law, even if a sex education program is in place, it can be for such a short duration or reach such a small pocket of students as to be virtually worthless. Policymakers’ and educators’ interpretations of the purpose of sex education must be altered. We must have extended, thorough, and default sex education for all public school students with a curriculum that destigmatizes sexual reproduction, the female body, and all contraception methods. Sex education need not merely be about sex, either; rather, students should learn over the course of their educational careers about their own bodies so as to understand the changes they are experiencing and how to best take care of their health. Such innovative and expansive classes would not merely serve the purpose of permitting adolescents to better time their
pregnancies, but would also produce benefits in other areas in which our state is lacking, such as obesity and venereal disease rates.

From a federal perspective, an additional implication of this research is the benefit programs such as Head Start and childcare subsidies provide for young mothers. Many of the young women indicated they made great use of these services, which enabled them to attend high school or college. However, some pointed to the long waiting lists; thus, expansion of such programs could deliver tangible benefits to young mothers who are seeking to lift themselves and their children out of poverty.

In terms of cultural implications, I hope this research has the ability to change minds like my own mind was changed. It needs to be clear to the public that young women of color are not a monolithic group of welfare dependents pursuing motherhood as a path to emotional fulfillment. They are not deviant drains on the taxpayer. They are Jayda; they are Natasha; they are Noelle. They are girls with aspirations, courage, and hardships. They are girls who want to escape the poor circumstances they were born into. We must begin to comprehend that the problem is not teenage childbearing per se—it is poor economic conditions and structural racism such as educational segregation that are the true ills.

I never spoke with or saw Bianca again. I feel guilty about this, but I never saved the girls’ phone numbers because I did not want to use their real names in my phone, but had not yet given them pseudonyms. So her number was lost amongst a slew of other numbers ranging from Greenwood to Greenville. Upon defending this, I plan to text each of those unsaved numbers, informing them that the research project is complete and
inviting them to read it, as promised. I hope Bianca opts to read. I hope she sees the pride I have in her and in the other women, and I hope she knows that I am rooting for her.


10.1016/j.jadohealth.2007.08.026


Teen Health MS (n.d.). Become a CHART district. Retrieved from
https://teenhealthms.org/programs/chart/become-a-chart-district/


APPENDIX A: IRB Clearance Documents
Unplanned Motherhood in the Mississippi Delta: Characteristics, Causes, and Outcomes

Informed Consent Form

Purpose
The purpose of this research is to assess the circumstances surrounding unplanned pregnancies in the Mississippi Delta, particularly for young, unwed mothers. It is my hope that this research will point to clear policy implications for the state to address its high rate of unplanned pregnancies and improve the quality of life and outcomes for young women across Mississippi.

Description
You are being asked to share your story with me regarding your pregnancy, which is a part of research I am conducting for my undergraduate thesis in my capacity as a student in the Sally McDonnell Barksdale Honors College at the University of Mississippi and as a policy intern at the Delta Health Alliance. I will ask you questions regarding contraceptive access and use, the perceived quality of sex education in your school, and the receptions and reactions towards your pregnancy within your communities. Although I have structured questions, this is really a conversation between you and me, and you are free to share or not share any information you wish. Essentially, I am just looking to have a conversation with you about your own experience with your pregnancy and childbirth.

Privacy
Your identity will be kept private, as I will ask you to choose a new name at the beginning of our interview. From then on, I will only refer to you in the audio recording and the thesis by your chosen name. You are free to choose where and when you would like to participate in an interview. Only I will have access to data, and nowhere in the recordings or transcriptions will your true name be used, nor will any other personal information be noted, such as home address or telephone number. Children’s names will not be included either; instead, I will ask you refer to your children as “my daughter” or “my oldest son,” etc. The father of the child will not be named, but will be referred to as “the father of my child” in all of my transcriptions.

Risks
There are minimal mental or physical risks expected as result of taking part in these interviews, as I am simply here to listen to your stories and experiences. You may stop the interview process and any contact with me at any time you wish, and I will immediately delete any information I have recorded in reference to your interviews.

Benefits
I believe you can benefit by participating in this research because I am offering you a safe space to talk about things in your life that perhaps no one has ever thought to ask you before. These interviews may offer you a unique opportunity to reflect upon your pregnancies and think about your future with an unbiased, understanding third party. Also, your participation can help me propose ways to change Mississippi laws.
surrounding contraception, entitlement programs, and sexual education in a way that actually reflects the real lives of the women that are affected by such policies. Additionally, you will be compensated $30 for each interview you participate in.

Subject’s Rights
Your doing this is completely up to you. You may refuse to answer any question. You may stop at any time. All collected information is private and will only be published under your fake chosen name. No one will ever garner your true identity from this research.

Legal Rights
This consent form is a copy of your legal rights. By participating in interviews, you are giving consent to take part in this study. You are not giving up any legal rights by taking part in this study.

If you are interested in taking part in this research project, please read the following very carefully. Then, if you would still like to take part, please sign and date this form. You will be given a copy of this form for yourself, and you should keep this copy in case you have any questions or concerns later.

I wish to be interviewed for this study, and I give permission for my stories to be included in the thesis, under my chosen pseudonym. I give permission for my stories to be used as anecdotal evidence in the drafting of a policy proposal to be submitted to the legislature at the conclusion of this research.

I understand that giving consent is voluntary and valid from the date signed. This consent expires when the research project is ended.

By signing, I say that I understand and accept what I am consenting to in participating in Unplanned Motherhood in the Mississippi Delta: Characteristics, Causes, and Outcomes, an undergraduate thesis written by Julia Grant in her capacity as a student at the Sally McDonnell Barksdale Honors College at the University of Mississippi and as a policy intern at the Delta Health Alliance, as well as the policy proposal that will subsequently be submitted, using this thesis as evidence.

Participant Signature  Date
Form A
Request for Institutional Review Board (IRB) Clearance
(Please complete the form in its entirety. Do not say “see attached”)

Primary Researcher
Name: Julia Grant Email: jrgrant2@go.olemiss.edu
Mailing address: 1550 University Avenue Unit 114 City: Oxford
State: MS Zip: 38655 Phone: 2282979064

Names of Additional Researchers for this study:
Please include Thesis/Dissertation Director (or other research sponsor). This information is required if primary researcher is not a DSU Employee

Name: Dr. Melissa Bass Email: mlbass@olemiss.edu
Mailing address: 108 Odom Hall City: University
State: MS Zip: 38677 Phone: 662-915-1440

I request review for status of: Exempt Expedited ❑

Title of Research: Unplanned Motherhood in the Mississippi Delta: Characteristics, Causes, and Outcomes

Start date of research: June 10, 2019 Completion date of research: July 27, 2019
If human subjects are involved:
Anticipated date of first contact with participants: June 17, 2019
Anticipated last date of contact with participants: July 26, 2019

Identify all sources of funding:
The Sally McDonnell Barksdale Honors College at the University of Mississippi

Agreement to follow IRB procedures: My signature below indicates that I understand and agree to adhere to relevant principles and ethical responsibilities expected by my profession. I have included below all information and documents as required by the University’s IRB policy. I understand and agree to adhere to general principles required for the protection of human subjects. I agree to immediately report any incidents, major irregularities, and major changes in this research to the IRB Chair. I agree to request a Continuing Review from the IRB if the research is still in progress 12 months after the start date shown above.

Signed: ___________________________ Signed: ___________________________
Primary Researcher Research Sponsor
Date: 5-13-19 Date: 5-11-19

Send to: Dr. Beverly Moon, IRB Chair; KW Hall 239, Delta State University; Cleveland, MS 38733
Phone: 662-846-4700 Fax: 662-846-4313 Email: irb@deltastate.edu

Narrative:

Revised August 22, 2012
Form A, continued.

Narrative:
(For items that do not apply please mark N/A)

1. Brief statement of project goals/research questions

My research seeks to answer the following question: What are the causes of teenage pregnancy in the Mississippi Delta—lack of access to effective contraception, insufficient sexual education, indifference, a desire to have a child—and what, if anything, should be done to reduce its occurrence?

2. Research Protocol including:
   • Research procedures
   • Description of the subject population
   • Recruitment procedures
   • Length of research procedure and time commitment required of subjects
   • Location of the study
   • Methodology
   • Description of who will gather the data and how they are/will be trained
   • Sources of funding
   • Special circumstances

My research will consist of in-person, audiotaped interviews with at least ten young mothers. The age range I seek to interview is 13 years old to 21 years old. This range roughly represents 50-75% of the national mean age (26.8) of first-time mothers. I am to interview each mother at least two times. I will meet these mothers on the home visits that I will be attending in my capacity as an intern with the Delta Health Alliance. During the home visits, I will talk to the mothers and see if they would be interested in participating in an interview with me. If so, I will return to their homes, or to a different location of their choice, at a future date in order to conduct the interview. I also plan to engage in snowball sampling and ask participating mothers that I meet on home visits if they have any friends that would also be interested in speaking with me. I presume that each interview will have last approximately one hour. I will utilize a tape recorder for the interviews, which I will selectively transcribe after each interview. The interviews themselves will follow a semi-structured format. Below, I list my introduction for each interview, as well as the list of questions I will be drawing from throughout the interviews. I will not ask all of these questions in every interview, nor will I ask them in any particular order; additionally, if called for by the progression of the conversation, I will ask questions more specific to the experience of the woman I am speaking with.

Introduction: I am writing a research paper about the circumstances surrounding pregnancies in the Delta. If you don’t mind, I am going to tape this conversation. This is so I can listen to you, rather than take notes. First, let’s make up a name for you, so that your privacy will be protected. You are the expert here. I am the learner. I’ll ask a few general questions, but you can talk about anything you feel is important, even if I don’t ask about it. And, if you don’t like my questions, you don’t have to answer them. One more thing—if you want to answer off the record, we can turn the tape recorder off, and
then turn it on again later. In fact, why don’t you hold the tape recorder? That way you can turn it on and off yourself. Are you ready to get started?

Let’s start with you telling me a little bit about yourself:
How old are you?
Where did you grow up?
Tell me about your parents, grandparents, brothers, and sisters?
Where did you go to school? (Probe for last year completed).
How have you spent your time since you left school?

Tell me a little bit about your own family. How many children do you have? How old are they?

What do you like best about being a mother? What do you like the least? How did your expectations about becoming a parent compare with the reality?

Now that you have a baby to take care of, what is a typical day in your life like? What was a typical day like before the baby?

Now I am going to ask you to think back to the moment you thought you might be pregnant with this child. What was the first thing that went through your mind?

Was this an expected pregnancy?
If not—
Did you think about the possibility that you may get pregnant?
Were you taking contraception? Using condoms?
If yes to birth control: where did you obtain your birth control? What type of birth control were you using? If oral: were you using it regularly, or sporadically?

If yes, what do you think happened to make the birth control not effective?

What do you know about birth control—the different types, the effectiveness?

Were you ever offered birth control before your pregnancy? If so, when and by whom?

Prior to your pregnancy, were you visiting the doctor regularly?

When you were in school, did you take any sex education courses? What can you tell me about them? Do you think they were effective for you and your classmates?

What sorts of resources were you offered before your pregnancy in regards to family planning?

When did you know you were pregnant?
When you thought about whether or not to have this baby, what went through your mind? Did you consider not having or not keeping the baby? Giving the child to a family member or a friend to raise? Putting the child up for adoption?

Prior to your pregnancy, did you and the baby’s father talk about getting pregnant? Did you talk about birth control?

How did your baby’s father, your family, his family, and others find out? What did they say? How did they feel?

How about when the child was born? How did your baby’s father, your family, his family, and others respond?

Tell me about your relationship with your child’s father. How did you meet? What was your relationship like before you found out about the pregnancy? How about during the pregnancy? How about after birth? How about now?

Let’s talk more about your child’s father. Tell me about him. Is he a good father? Occupation, education, emotional support levels, etc.

So far, what role have your child’s father, your family, his family, and others had in helping you to care for your child? (Does father help financially?)

What role do you think you child’s father, your family, his family, and others will have in helping you to raise this child in the future?

What about your child’s future? Ideally, what kind of future would you like for your child to have? What can a parent do to help a child have this kind of future? How might you protect your kids from things like drugs, violence, crime, and economic difficulty? Do you think your dreams for this child will be fulfilled?

Now let’s talk about your future. How did you see your future before you found out you were pregnant with this child? How do you see your future now?

Do you want to get pregnant in the next year? Yes, no, not sure, or are you okay with it either way?

What is an ideal time to become a mother?
When did your mother and sister(s) first become mothers?

When is an ideal time to become a father?

When did your father and brother(s) first become fathers?

What is the ideal time to get married?

Do you see marriage in your future?

Today, fewer and fewer people are getting married. What do you think keeps people from getting married these days?

What about people you know?

When did your friends first become mothers/fathers?

What are your plans for the future regarding work, education, marriage?

Do you want to have more children?

Where do you see yourself in 2, 5, or 10 years?

What do you worry about for the future?

I will be paying each mother $20, which will be funded by the Sally McDonnell Barksdale Honors College at the University of Mississippi.

My research will have two primary components, one inward and one outward. I will use my data to first and foremost inform my undergraduate thesis; based on the data collected in the interviews, I will extract themes and draw general conclusions to answer the research question presented above. The outward component of this research will be a policy proposal based on the implications of the conclusions I draw. This proposal could potentially regard policies surrounding contraceptive access, entitlement programs, and/or sex education curriculum, depending on the data collected. I will subsequently submit this research proposal to state policymakers. This proposal will also be included in the appendix of my thesis. General findings from my data collection will be shared with the Delta Health Alliance for care coordination, although this will exclude personal identifying information.

3. Benefits to the subject or to others

I believe that the subjects can benefit by participating in this experiment because I am offering them a safe space to talk about things in their lives that perhaps no one has ever asked them before. Thus, they may have a unique ability to reflect upon their pregnancies and conjecture their futures with an unbiased, understanding third-party. Overall, I believe my research has the potential to affect Mississippi statutes surrounding contraception, entitlement programs, and sexual education, as, after I have conducted my research and synthesized the predominant themes, I will be using it to write a policy proposal for the state on how to best address teenage pregnancy.
4. Risks –
   • Describe the possible risks, discomforts, and inconvenience to the subjects and the precautions that will be taken to minimize them (include physical, psychological and social risks).
   • Describe appropriate controls, screenings methods, follow-up procedures.
   • Describe what constitutes termination from the study before its completion.
   • Describe how confidentiality will be maintained including confidentiality of data collection and who will have access to the data.

I anticipate that subjects will be wary to share their identity; thus, I am allowing each subject to choose her own name and will refer to each subject by only her chosen name, in the interviews as well as in my own writings and documents. I am allowing each subject to choose where and when she would like to participate in an interview, therefore allowing her control over the process. I will adopt a neutral, nonjudgmental, and interested persona, so that subjects may feel comfortable opening up to me. I will be screening through the Delta Health Alliance, as I will meet the majority of the women through my home visits with them, and the remaining through these women’s friends, if applicable. I am looking for mothers who had children when they were unmarried and were in their teens or early twenties.

Only I will have access to data, and nowhere in the recordings or transcriptions will any woman’s true name be used, nor will any other personal information be noted, such as home address or telephone number. Children’s names will not be included either; instead, I will suggest participants refer to their children as “my daughter” or “my oldest son,” etc. The father of the child will not be named, but will be referred to as “the father of my child” in all of my transcriptions.

5. Informed Consent. Describe the procedures that will be used in obtaining informed consent, keeping in mind that informed consent is a process, not just a form.

When I request an interview with each mother, I will describe to her the purpose of my research, which is to determine the circumstances surrounding women’s unplanned pregnancies in the Delta, and tell her that during an interview, she can expect questions about the child’s father and her relationship with him, her usage of contraception, and her access to sex education. I will tell her that I am looking to do two interviews with her, each ranging about an hour in length. I will tell her that I will pay her $20 per interview. I will let her know that her participation is completely voluntary, that she can withhold any information she wishes, and that she can prematurely end the interviews at any time. I will never record her name or information, and will tell her that she will only appear in my records by the name she chooses for herself. I will provide her with my card and tell her she can call me at any time. Additionally, during the interviews, I will allow each mother to hold the tape recorder herself, so that she is able to go on and off the record as she pleases. I will also allow each mother to choose the location of each interview so that she feels the most comfortable.

REMEMBER:

WITH YOUR REQUEST TO IRB, YOU MUST SUBMIT ALL RELEVANT DOCUMENTS. FOR YOUR ASSISTANCE, A LIST OF MINIMUM REQUIREMENTS IS PROVIDED AS A CHECKLIST
Informed consent documents/forms. Ensure that informed consent addresses at the minimum the following:

- Purpose and description of the research
- Amount of time required of the subject
- Voluntary participation
- Confidentiality of data
- Contact information of the researcher
- Information concerning the IRB

Any additional and necessary documents such as:

- Survey/research instruments
- Copy of Consent and Assent forms
- Communication that will be provided to parents and/or external organizations such as schools, clinics, etc
- List of external organizations that will be contacted
- Current certification (NIH)
- Attached (OR) on file
This is to certify that:

**Julia Grant**

Has completed the following CITI Program course:

**Human Research**  
Group 4A SBR Undergraduate Students at the University of Mississippi.  
1 - Basic Course

Under requirements set by:

**University of Mississippi - Oxford**

Verify at [www.citiprogram.org/verify/?w70eb3715-2baf-420b-814e-6f898a994ed6-21364857](http://www.citiprogram.org/verify/?w70eb3715-2baf-420b-814e-6f898a994ed6-21364857)
May 30, 2019

Ms. Julia Grant
1550 University Ave Unit 114
Oxford, MS 38655
(Additional Researcher: Dr. Melissa Bass)

Study:  Unplanned Motherhood in the Mississippi Delta: Characteristics, Causes, and Outcomes
IRB Protocol number:  19-028
Approval date:  May 30, 2019
Project start date:  June 10, 2019
Project Completion date:  June 27, 2019

Dear Researcher:

On behalf of the Institutional Review Board (IRB) at Delta State University, I am pleased to inform you that your request for IRB clearance for the project identified above appears to be in order. I see no deception, coercion, or harmful effects to your participants. Participants are voluntary and they do not appear to be vulnerable.

This project is approved as an EXPEDITED request and for a period of one year from the project’s start date of June 10, 2019. Please notify this office of continuation yearly of the continuation of the project.

As with other projects, you are required to report major changes and to report any incidents that may affect or have affected research subject welfare.

You are free to begin data collection.

Sincerely,

Beverly M. Moon, Ph.D.
Institutional Review Board, Chair
DSU ID Number:  IRB00011020
APPENDIX B: Recruitment Flier
RESEARCH STUDY IN SEARCH OF YOUNG MOTHERS

LOOKING FOR EXPECTANT OR CURRENT MOTHERS AGES 13-21 TO TALK ABOUT THEIR EXPERIENCES.

COMPENSATED $30 PER INTERVIEW.

CONTACT:
JULIA GRANT
THE UNIVERSITY OF MISSISSIPPI
228.297.9064