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Presenting the Good Mother: Experiences of Canadian Adolescent Mothers Living in Rural Communities


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Abstract

Adolescent mothers and their children are at risk for suboptimal health outcomes making adolescent motherhood a public health concern. However, the experiences of rural-living adolescent mothers are not well understood. Using Lieblich, Tuval-Mahiach, and Zilber's (1998) narrative methodology approach, the experiential accounts of three rural-living adolescent mothers was explored. Reflecting Goffman's (1959) presentation of self, the findings of this study revealed how adolescent mothers attempted to construct and present their notion of being a good mother, while coping with complicating rural factors. The need to present as a good mother, the lack of anonymity associated with rural living, and geographical barriers had particular implications for the way in which adolescent mothers access and use professional and personal supports. Maintaining relationships with the infants' fathers, even when that relationship exhibited unhealthy characteristics, was important for study participants. Implications for practice, education, and recommendations for future research are discussed.

Keywords

Rural, Adolescent Mothers, Goffman, Narrative Methodology

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Presenting the Good Mother: Experiences of Canadian Adolescent Mothers Living in Rural Communities

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Adolescent mothers and their children are at risk for suboptimal health outcomes making adolescent motherhood a public health concern. However, the experiences of rural-living adolescent mothers are not well understood. Using Lieblich, Tuval-Mahiach, and Zilber's (1998) narrative methodology approach, the experiential accounts of three rural-living adolescent mothers was explored. Reflecting Goffman's (1959) presentation of self, the findings of this study revealed how adolescent mothers attempted to construct and present their notion of being a good mother, while coping with complicating rural factors. The need to present as a good mother, the lack of anonymity associated with rural living, and geographical barriers had particular implications for the way in which adolescent mothers access and use professional and personal supports. Maintaining relationships with the infants' fathers, even when that relationship exhibited unhealthy characteristics, was important for study participants. Implications for practice, education, and recommendations for future research are discussed. Keywords: Rural, Adolescent Mothers, Goffman, Narrative Methodology

Background

Adolescent mothers are bridging two developmentally important stages in a woman's life: adolescence and motherhood. Adolescence is an important transitional stage between childhood and becoming an adult, with the developmental task of forming an identity (Fleming, 2004). Adolescence can be a time of trials and conflicts, while navigating through a significant developmental stage (Sadler, 2011). This turbulent time may be aggravated by impaired problem-solving skills and limited abstract thinking abilities, which are both just beginning to develop (Currie et al., 2012). These skills may be inconsistently applied, leading to increased risk-taking behaviours, such as experimenting with drugs or permissive sexual behaviours causing additional stress (Fleming, 2004; Sadler, 2011). The substantial task of developing self-identity may be more difficult when the transition to motherhood is simultaneously occurring with its own challenges.

Transitioning into being a mother, in the year after one's first birth, has been shown to often be a challenging time (Brunton, Wiggins, & Oakley, 2011). One UK-based research synthesis reviewed 60 studies about the transition to motherhood for mothers of all ages (Brunton et al., 2011). The main findings of this review were that motherhood is physically, mentally, and emotionally overwhelming, and women often question their ability to be good mothers. The transition to motherhood has been found to have significant effects on relationships with peers and intimate partners, which are also known to be important developmental tasks of adolescence (Brunton et al., 2011; Sadler, 2011). As women transition,

they develop friendships with other new mothers for support (Brunton et al., 2011). Although pregnancy has been shown to strengthen romantic relationships for adult-age mothers, parenting has also been identified as a stressful and divisive time for both adolescent and adult women (Brunton et al., 2011; DeVito, 2010). The literature reviewed by Brunton et al. also suggests that navigating relationship changes and challenges may be particularly difficult for adolescents who are only beginning to develop their own peer groups and becoming intimately involved with a partner.

In the literature, many adolescent mothers report being caught in between the two worlds of adolescence and motherhood (Clemmens, 2003; DeVito, 2010). In a metasynthesis of 18 qualitative studies focused on adolescent mothers, Clemmens found the idea of “living in two different worlds” to be an overarching metaphor for an adolescent mother’s life (p. 96). Yet while navigating these two worlds was found to be difficult and full of hardships, the literature indicates that it was also seen as a time for transforming oneself for the better because of the baby (Clemmens, 2003). Though Clemmens’ meta-synthesis provides some insight into the experiences of adolescent mothers, it drew primarily on studies from the United States, and did not account for the experiences of living in rural environments. There continues to be a need for more recent research related to the experiences of adolescent mothers.

While there is a dearth of information specifically focusing on rural adolescent motherhood in the first year postpartum, rural health research can provide some insight into the broader issues of rural living for women, especially related to maternal and child health. The literature indicates that rural living is associated with poorer health outcomes across all residents (Pong, DesMeules, & Legace, 2009). Rurality was identified by the Romanow Report (2002) as a key determinant of health. The Romanow Report, which examined the Canadian healthcare system, identified that as a population, rural residents had poorer health status, fewer available health resources, and greater difficulty accessing health services despite their significant need for primary health care. When compared to those living in urban centres, rural dwellers have been shown to have less favourable nutrition habits, higher smoking rates, and are less physically active (DesMeules et al., 2006). Although the literature suggests that many residents feel safer in these smaller communities, Canadian statistics reveal that rural communities have higher levels of injuries and death caused by homicides, road collisions, and farm injuries, all of which are significantly higher for children and youth when compared to those in non-rural areas (Best Start Resource Centre, 2010; Northcott, 2015; Pong et al., 2009; Ruddell, 2016; Statistics Canada, 2007). This suggests that parents, particularly adolescent mothers, may require special consideration within the rural population, given the potential for negative long-term health consequences.

The Canadian Institute for Health Information (2009) reported poorer outcomes for pregnant women who live in rural areas and noted the lack of available health resources. In addition, a qualitative study in Southwestern Ontario examined rural women’s health issues and identified specific determinants of health related to rurality (Leipert & George, 2008). When compared to urban-living women, rural living was associated with disparities related to gender issues, poverty, and isolation (Leipert, 2005; Leipert & George, 2008). A literature review of rural Canadian women’s health issues indicated a lack of research in this area, specifically related to young rural women’s health and called for health promotion strategies specific to this population (Leipert, 2005). Therefore, it is timely to investigate the experiences of adolescent mothers in rural communities to better understand and provide some insight that can be used to address their specific health concerns.

The literature indicates that despite a lack of evidence-informed policy making, rural maternity services were reduced across Canada from 2000 to 2004 creating barriers to accessible maternal healthcare (Grzybowski, Kornelsen, & Cooper, 2007; Kornelsen & Grzybowski, 2006; Sutherns & Bourgeault, 2008). Grzybowski et al. (2007) posited that

policies made without supporting evidence were detrimental to rural maternal health and may create challenges for rural health professionals and the families receiving their services. Sutherns and Bourgeault (2008) suggested that women needed local care that was appropriate, continuous, and empowering and reflected the importance of rurality as a determinant of health. While the existing literature indicates that women in rural areas have diverse and unique social and health issues, Canadian studies have not exclusively focused on the experiences of young mothers living in rural communities.

The purpose of this narrative study was to contribute to filling a gap in the literature by exploring the experiential accounts of adolescent mothers who are parenting infants under a year of age and are living in a rural community. The research question was: What are the experiences of first-time adolescent mothers living in a Canadian rural community, with an infant under one year?

Methods

Research Design

While the assumptions of critical theory were used as an overarching theoretical lens to guide the research, narrative inquiry was the research methodology. Narrative inquiry is defined as a study that elicits and analyzes the narratives of individuals (Lieblich, Tuval, Mashiach, & Zilber, 1998). We followed the narrative methodological framework of Lieblich et al. who are guided by the notion that people are inherently storytellers and stories are a useful way of holistically explaining an experience. Collectively, an experience shared by many individuals has a core of common traits, processes, or facts that exist to bring understanding, which can be conveyed through narratives (Lieblich et al., 1998).

Participant Sample

Interested participants were eligible for the study if they met the following inclusion criteria: currently a first-time mother with an infant under the age of 12 months; between 15-19 years at the time of delivery; currently living in a rural community in Ontario and have been a resident of a rural community for a minimum of six months; and English-speaking.

For the purposes of this study, we used the Statistics Canada (2011) definition of a rural area, which includes any area with a population density of less than 400 people per square kilometre. Although other classifications for rurality are available, Statistics Canada promotes this definition to improve the sharing of rural data. As such, I decided to use this commonly accepted definition as it was both realistic in the context of this study and could potentially help increase the relevance of my findings to other rural communities. Rural municipalities were located in one particular region of Southern Ontario located outside of the Greater Toronto Area.

We recruited participants using two sampling strategies: purposeful sampling and snowball sampling (Creswell, 2013). In using narrative as a mode of inquiry, deep, intensive interviews yield more sufficient data than many, short, superficial interviews (Josselson & Lieblich, 2003). We expected that hearing the experiential accounts of participants would garner a large amount of data (Lieblich, Tuval-Mashiach, & Zilber, 1998); therefore, we aimed for a small sample consistent with narrative methodology (Creswell, 2013; Josselson & Lieblich, 2003) including three participants and one to two interviews with each participant as my strategy for gathering sufficient data for this particular research approach.

Data Collection

For this study, we conducted one semi-structured, individual, in-depth narrative interview with two participants and two interviews with one individual (see Table 1 for interview questions). Additionally, we planned to collect journal entries to elicit their personal experiences. However, none of the mothers participated in the journaling activity despite receiving journals and writing utensils. Interviews were based on a semi-structured guide, which is used in narrative research as more of a listening tool for the researcher rather than a guide for the interview (Josselson & Lieblich, 2003). As narrative researchers, we wanted to elicit the stories of the participants; therefore, it was important to listen for the story rather than lead the interview. Consequently, many of the actual questions emerged based on the responses of each participant. Interviews were conducted in a comfortable, quiet, private space chosen by the participant and lasted 45-60 minutes. The interviews were double digitally-recorded and transcribed verbatim. A field log was generated at the end of each interview, which included my (KC) immediate reflections, questions, thoughts, or concerns that arose as the interviewer. These field logs were used to enhance trustworthiness and facilitated discussions during data analysis.

Table 1. Interview Questions

1. Can you tell me about what it's like to be a young mother living in a rural community?
2. When you think of being a young mother in a rural community, tell me what is your most memorable experience? What is challenging about being here? What is the best thing about it?
3. What or who supports you as a young mother in a rural community?
4. If a nurse were designing a program to support young mothers living in rural areas, what would you tell him/her that is important to know about a young mother's experience or something that would be important to include in the program?
5. Where do you see yourself in 2 years from now? What do you think will help you get there? What might make it difficult?
6. Before we close, is there anything else that you feel is important to tell me?

Data Analysis

The approach to data analysis followed the methodological model for narrative analysis outlined by Lieblich, Tuval-Mashiach, and Zilber (1998). In this study, I used the categorical approach, which Lieblich et al. recommend when the researcher is "interested in a problem or phenomenon shared by a group of people" (p. 12). This approach includes a categorical-content perspective where the following cycle was applied to analyze the data: (1) select relevant text from the interviews; (2) develop meaningful categories; (3) sort the material into categories; and (4) draw conclusions from the results (Lieblich et al., 1998). Narrative analysis of the data required multiple readings of the transcripts. I also incorporated the categorical-form approach in my data analysis. This perspective is closely linked to categorical-content and allowed for deeper analysis of the participants' narratives (Lieblich et al., 1998). Unlike the content approach, using the form approach allowed me to focus not only on the text but also the linguistics of how the participants present the narratives (Lieblich et al., 1998). The synthesis of both categorical-content and categorical-form in data analysis allowed for depth and breadth

by focusing not only on the content but also examining the emotion and linguistic features of the narratives (Lieblich et al., 1998).

Reflexivity

As a narrative researcher and the primary investigator, I (KC) located my assumptions of motherhood and rural-living directly into the research, while attempting to construct knowledge from the narratives in a way that was true to the participants and meaningful to scholars (Josselson & Lieblich, 2003). To embed self-reflection into the research process from the very beginning, I started journaling my stories about adolescent motherhood as I began to develop this study. I recognized that the researcher's position is never fixed so I was continuously self-reflexive. I was critical of my own philosophical, personal, and professional assumptions, which helped me to listen to the participants and find similarities and differences in how their narratives were shared and stories were formed. Continual reflexivity was important to enhance the credibility of this qualitative research and allowed me, at each stage of the research, to consider how my own interests and views were situated within the research (Streubert & Carpenter, 2013).

Ethical Considerations

Ethical considerations for this study were guided by the Tri-council policy statement (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2014) and approval was obtained from the Ryerson University Research Ethics Board. Although adolescents are considered to be capable of independent consent related to low risk health-related research (Santelli et al., 2003), I (KC) encouraged the one participant under 18 years old to talk to a parent, guardian, or another trusted adult about the research prior to participating in the study. Reading the consent form aloud helped to mitigate the low literacy levels that were encountered. Because it was a small study, I anonymized all defining data gleaned from the narratives, such as organizations, names, and locations. At the end of the interview, we provided each participant with a cash compensation in the amount of ten dollars.

Results

Overarching Narrative Idea: Presenting Self as a Good Mother

The idea of presentation of self was apparent and reflected in the narratives of the three study participants. As a result, the data directed me into the literature about presentation of self, and specifically to the seminal sociology work of Goffman (1959), who offers a theatrical metaphor for the way in which people carefully craft and manage how they represent themselves to others based upon their ideas, values, and beliefs. I therefore drew on Goffman's work to conceptualize the overarching theme of "the good mother" that emerged through my analysis of the data. Elements of Goffman's work were clearly evident by the way in which the participants constructed and then worked to maintain their presentation of themselves as good mothers. Rural culture both guided and interfered with what was expected of a good mother and was noted in the narratives of all participants. The constructs of the "good" mother were similar for each participant. Reflected in participants' narratives, the key characteristics of the good mother included: meeting the infant's needs, being actively engaged with the infant, and enjoying motherhood.

Each participant attempted to portray these attributes as she told the story of her experience of being an adolescent mother in a rural community. Anna explained how she is a good mother in providing for her baby's needs:

I'm a good mom. I know I'm a good mom. My doctor even says I'm a good mom so that's okay. I'm not doing anything wrong. I am doing everything right. Well, what I think is right. Everything that he needs, he needs. He needs food, shelter, changed, cared for. I do everything right.

There is a repetitive element in Anna's excerpt where she emphasized the "good" mother. However, there is also some uncertainty noted in her self-declaration of being a good mother when she stated, "well what I think is right." This may suggest that she questions herself as a good mother but wants to construct her presentation of self as such.

Calling upon authority was one strategy participants used to verify their role as a good mother. While Anna used her physician in the previous quotation, Caitlin called on the hospital social worker when she said, "And she [said], 'Tell [the hospital nurses] that you talked to me and that you met with me and you're good'." Caitlin's intention was to mitigate any potential questioning of her good mother presentation by presenting the authority of a social worker to indicate that she was good mother. The data suggest that the use of authority figures was perceived as a strategy that could assist the adolescent mother in this study in their presentation of self as a good mother.

In the narratives, the participants recognized the possible negative impact of their young maternal age and reframed it to be an advantageous element in presenting as a good mother. They noted that their age aided in the good mother plot by recognizing how their youthfulness will allow them to engage with their infants. Caitlin's comments are an exemplar of this notion:

Like, I have longer to love her. You know what I mean. Like, I love her. So I just, I feel like, I'm also, more like, I can keep up with her. Like, she is a good baby in general, but, I'm younger so I can keep up.

Each of the mothers extended their own thoughts on motherhood by making comments such as, "I love it" (Caitlin), "I love spending time with him" (Bella), and "I don't regret my son. I love being a mom" (Anna). Presenting oneself as a good mother was important to their experience and using these statements disassociated participants from the predominantly negative social construction of the teenaged mother narrative.

The "bad" mother narrative was also deeply ingrained, and all participants were aware of and used that image as a measure of their own achievement in presenting as a good mother. Each described her own reflections on teenaged mothers and the social images that are prevalent and inherently accepted. Anna contrasted her engagement in parenting activities with the bad mother narrative when she commented, "I don't want to just be one of those lazy moms who just like kinda lay around and let your child play in the play pen, the crib, the exerciser." Anna described the lazy mother versus the good mother and noted that good mothers would attend parenting programs, despite not being able to access these types of resources in her rural community. Caitlin also commented on the "bad" mother narrative in relation to teenagers and said, "Like some teenagers just pawn their kids off on their parents..." Bella also had a similar notion associated with teenaged parents when she shared the following comment, "I don't just dump him on my parents or anything." The negative image of adolescent mothers as "bad mothers" may be so socially embedded into society that even the adolescent mothers in this study held these assumptions of teenage mothers.

Key Narrative Ideas Supporting the Good Mother Presentation

For the adolescent mothers, presenting self as a good mother was difficult in the rural context. The stories of the adolescent mothers in this study lay the foundation for the key narrative ideas that emerged from the texts as complicating rural factors: (a) Judgment and Stigma, (b) Everyone Knows You and Your Business, (c) Social and Physical Isolation, (d) Being an Autonomous Mother, (e) Presenting the Good Father, and (f) Rural Adolescent Mothers' Supports.

Judgment and Stigma

Presenting as a good mother required that the adolescent mothers separate themselves from existing stereotypical presentations of teen moms. However, judgment and stigma complicated their ability to present as a good mother in a number of ways. The characterization of a "teen mom" as someone who does not have adequate ability to parent her child necessitated each participant to construct and present a narrative that disproved the prominent stereotype of the adolescent mother. The participants described negative perceptions from others because of their young age. For example, Anna commented, "If you are in town ... a lot of people stereotype you and basically say you are a bad mother because you are a young mother and that you shouldn't have kids." Anna said, "I just don't think it's fair that I get ... labelled as a bad mother for being a young mother. I'm a good mom. I know I'm a good mom," she was explaining her experience of perceived stigma and judgment. This excerpt focuses on her determination to be seen as a good mother despite her age and despite perceived stigma. There was repetition of this notion throughout her interview, highlighting the judgment and stigma she encountered and resisted in her presentation of the good mother.

Judgment and stigma were also reflected by limited opportunities for social activities and further exacerbated by the swift pace that negative perceptions were spread. For example, Bella shared a story of judgment and stigma when she explained going out with friends and unfairly being labeled as a "party mom":

I went out. It was my first time out since I had him in 10 months. Just with the girls, we went to the bar. And I was the designated driver so of course I wasn't drinking. Then all of a sudden I heard that it was going around that I was a party animal, which I found pretty funny since it was my first time out and everyone knows that I'm not the type to go out.

During the interview she explained how quickly this judgment spread throughout the town, primarily by word of mouth, "It's a small town. Everyone knows everyone. It just gets around pretty quick ... Mostly through people talking." This suggests that the stigma existing in rural communities may be aggravated by the speed at which rumours can be spread throughout the small town.

As reflected in participants' narratives, the most offensive and significant judgments came from reporting the adolescent mother to child protective services (CPS). All participants had some level of interaction with CPS either through their own experience as a child, as a mother, and/or through their boyfriends' families. The idea that CPS could be contacted specifically because of their age frustrated participants. Caitlin was the only mother who disclosed that she had been reported to CPS since becoming a mother. For Caitlin, this notion of being stigmatized for being a young mother began immediately after the birth. While Caitlin was still in the hospital she was visited by a social worker and noted that it was entirely because of her young maternal age. Caitlin birthed in a large hospital outside of her home community

and although the intent of the social work visit may have been of a supportive nature, Caitlin did not perceive it as such. She feared that this may result in an unwarranted report to CPS, questioning her ability to be a good mother. Any potential benefit of involvement with social work was outweighed by her fear of CPS.

Everyone Knows You and Your Business

For these adolescent mothers, being known by everyone in their rural community was both positive and negative and reflected in: “everyone knows you,” and “everyone knows your business.” This lack of anonymity was noted across all of the narratives. Some aspects of rural living and community connectivity created support for parenting, but other times the lack of privacy created challenges for these adolescent mothers. This was problematic because it inhibited the adolescents’ ability to move beyond their previous image in the community and reconstruct themselves as a “good” mother. Among narratives, there was an overwhelming sense that everyone knew of the participants and their backgrounds; that people in the town, both acquaintances and strangers, knew about current and past experiences of the participants. Caitlin expressed this succinctly, “Everyone knows your business.”

Findings show that rurality negatively influenced the experiences of all of the adolescent mothers in some way. Although Caitlin also mentioned the familiarity of the town residents as a positive aspect of being an adolescent mother in a small town, she also found it to be the most challenging issue. She stated:

‘Cause it’s not like a start like a fresh start where you can start your family because everyone already knows you. Everyone already knew you were pregnant, and everyone already assumes what’s happening in your life [pause]. So, there is no privacy.

The linguistics of Caitlin’s comments, specifically the idea of an opportunity for a “fresh start,” reflect the difficulty in repairing one’s identity in a rural community. Bella similarly acknowledged the impact of rurality when she said, “It’s a small town. Everyone knows everyone. It just gets around pretty quick.” She further described how “everyone knows everyone” encourages and facilitates the spreading of rumors, stigma, and judgment, factors that ultimately affected her presentation of self as a good mother.

The lack of anonymity experienced by all the young mothers in the study caused unique concerns for each. Caitlin had an ongoing conflict with her boyfriend’s sister, another young mother living in this small town. As a result, she avoided the only young mother support group in town because she worried about the presence of this person, which inherently decreased the opportunities available to Caitlin to socialize and interact with other young mothers. This then further socially isolated her from potential peers in similar life situations and limited the supports she could draw on.

While there were negative impacts of the lack of anonymity inherent in a rural environment, the narratives suggest that there is some duality within this concept. There was also a comforting element to living in a rural town where “everyone knows you.” Caitlin described the benefits of a small rural community when she shared her hopes for her daughter’s childhood:

I grew up in a really tight neighbourhood. Like, I loved my block. Like, I want that for [my daughter]. Like, you could go into someone else’s backyard and jump on their trampoline without asking and no one would care ... I would rather live where I am now rather than Toronto or even [another city] but I do like how

it's small [here]. Like, everyone is like, "I hate [this town]! I can't wait to get out!" But they stay [here] forever. It's, like, a nice town but it's small. So when you grow up and stay in it everyone knows you or knows who you are or some kind of history about you.

Social and Physical Isolation

Findings indicate that isolation affected the good mother narrative by interfering with the rural adolescent mother's ability to present a contented disposition as a new mother. There were multiple factors that led to the feelings of isolation, including a lack of social time with non-parenting peers and the inability to acquire new mother acquaintances for participants in this study. Bella described the lack of relationship she had with her friends who were not parents and the difficulty in finding the time to socialize with them: "Like I said the only time I get to see my friends is when I have [the baby]." Being the sole caregiver inhibited the time that she could spend with friends and participate in conventional teenage activities. Because the mothers' interests now include parenting, they may be quite different than those of their non-parenting friends. Caitlin said the following about her social group, "I haven't lost any friends but I haven't gained any friends." This suggests that Caitlin has been unable to develop a new mother social network. Beyond feelings of isolation related to the inability to create new social networks with parenting peers, the mothers experienced feelings of being tied down to the child. For example, Bella expressed the problem when she stated, "the only time I get to see my friends is when I have [the baby] ... I lack babysitting to see friends ... it's hard."

Rural life created obstacles in developing friendships with new mothers and in maintaining in their non-parenting peer groups. Anna explained how the lack of anonymity of rural life contributed to her hesitancy in sharing her experiences in a group-based new mother support group when she said, "Someone takes [what you say] the wrong way and says it to someone else and then it gets all around." Rurality shaped Anna's narrative by restricting the resources that she was able to access and inhibiting the development of new parenting peers.

Geographical distance also served as a barrier to the participants being able to socialize and make connections with parenting or non-parenting peers. This was a particular problem for Bella. In the area where Bella lives there are no sidewalks and only one small park; to meet other new mothers she would need to drive a distance and she commented on not being able to afford transportation, "I live like 15 minutes out [of town] and like I said I don't have the gas to just drive into [town]." Anna also commented on peer support after birth saying, "No one came. I was too far away." Geographical barriers, primarily distance, lead to isolation for these mothers. Being the sole and primary caregiver for the infant also resulted in feelings of isolation.

Bella's boyfriend did not participate in caregiving, "My boyfriend also lacks on helping out with the babysitting while I get to see friends, so, umm, it's, it's just not fair because he can see his friends and I don't get to." The gendered act of being a parent and the responsibilities associated with mothering were strikingly clear between all participants and their infants' fathers. In different ways, the obstacles associated with rural living and being an adolescent mother led to isolation, and the associated feelings of loneliness, for the mothers in this study.

Being an Autonomous Mother

As the findings reflect, the principle of autonomy was important to the narrative for each of the participants. In particular, being an autonomous mother seems to have been a strategy to authenticate the good mother presentation and thus reflect the legitimacy of the

narrative. Anna showed a sense of pride and accomplishment when she shared her ability to care for her son on her own, “No one really helps me. I do it all on my own.” This finding was pervasive across each participant’s narrative and suggests that participants were determined to persevere towards independence. They all shared that they were the primary caregiver of the baby. This was especially apparent in discussions around the importance of education as a way of both gaining financial independence and bettering themselves for the benefit of their child. None of the participants had completed secondary school but was a means by which they could imagine themselves as autonomous. Anna, who had the youngest baby, showed the most determination in completing her education. Unlike the other two mothers, Anna had actively enrolled in high school education program that caters to the needs of young mothers at the time of the interview. She states:

I’m determined to get this credit because school ends in June and I’m determined to get this one credit because I know I can do it and a child. He’s not going to stop me he’s just going to encourage me more because I’m going to think ‘ok well it’s in my best interest to get a career... (sighs) high school diploma’ so that I can get a career and then show him the good examples.

Beyond being motivated by her son, she was resolute and unwavering in her professed commitment to education, using the word “determined” repetitively in the excerpt above. In addition, having a child allowed Anna to enroll in an education program designed specifically for new mothers and provided her with an alternative to the traditional education system where she was previously unsuccessful.

Caitlin was also not on the graduation trajectory prior to her pregnancy. She had frequent delinquencies and truancies at school as she explained, “But I was always on and off with school. Like, I was a skipper. Like I would go for two months and then skip a month. I was really on and off.” Even though her future goals included graduating, Caitlin had not yet begun her young mother’s education program; however, she was enrolled. Caitlin indicated her interest in education and was motivated by the immediate financial incentive of graduating high school. Caitlin said, “It’s a nice thing. They give you \$500 when you graduate to put towards her school or mine. I would probably put it towards [baby’s education].” Caitlin’s future aspirations included completing school so that she could independently be a financial support to herself and her baby and enhance her image as a good mother by providing educational funds to her daughter.

For one participant, autonomy assumed a different meaning. Bella was not focused on education as her main priority but rather on her future with her baby’s father and creating a stable family for her son. Bella had completed more schooling than either of the other girls prior to becoming pregnant; however, she was the only participant not currently enrolled in a high school program. Bella’s independence and autonomy centred on remaining in a relationship with her son’s father and showcasing her ability to create a traditional nuclear family. Notwithstanding these differences, being autonomous was important to all participants and was seen as a crucial step towards presenting as a good mother.

Bella had the most complex romantic relationship but was the most committed to ensuring that the baby had a traditional nuclear family. All participants described characteristics of unhealthy intimate partner relationships, including manipulation, control, and abandonment. Her boyfriend was in his mid-twenties and precariously housed when she became pregnant shortly after they began dating. When the baby was born, he briefly moved in with Bella and her family. Bella shared details of her relationship with her boyfriend and their need for separation, excusing his behaviour: “he was stressed out about money” or “he can get frustrated ... he doesn’t come from the best family.” She described his family as “cold-

hearted” and “hot-tempered” and although she does not get along well with his mother, Bella still regularly visits with his family. In contrast, Bella’s boyfriend had an argument with her parents, and despite the emotional and financial support that her parents provide to her, he will no longer go to her house, “They [parents and boyfriend] got into an argument and he won’t go there, hasn’t for months” (Bella). The burden of maintaining family relationships was exclusively Bella’s responsibility as she continued to justify the actions of her boyfriend, even when they did not serve Bella’s best interests. This suggests that, for Bella, the need for a “good” father for the infant superseded the mother’s need for a positive relationship because it fit the mould of a good mother.

Rural Adolescent Mothers’ Supports

The importance of support systems was evident across all narratives. Support systems were integral to the construction and presentation of the “good” mother. The following are discussed below: (1) Family support; and, (2) Professional support in the rural community.

Family support.

Family was the main source for financial resources and maternal family interactions were noted as positive for all young mothers. Indeed, findings indicate that this support was useful in enabling the adolescent mother to present as a good mother. For example, Bella commented on how the support, both financial and emotional, that she received from her parents helped her to cope with the realities of being a new mother, stating, “They’ve helped me out so much. Really, I wouldn’t have been able to do this without them.” Being able to provide their infants with a comfortable living space was important to all the mothers in the study and they relied heavily upon their parents to be able to meet this expectation. All participants indicated that they chose to live with their own parents to be able to achieve the basics needed to be a good mom. They also all remarked that living with their parents was necessary in rural communities because affordable housing was not safe or readily available. Findings suggest that providing emotional and financial support had a significant and positive effect on the experiences of the rural adolescent mothers in this study as it enhanced their ability to provide for their infants and promote their good mother presentation.

Professional support in the rural community.

Study findings suggest that despite the potential impact of professionals on building the capacity of mothers, participants were hesitant to draw upon these resources. Participants’ narratives indicate that despite being aware of public health nursing services that could support their transition to motherhood, they seemed to perceive that accessing these services could be construed as weakness or an inability to cope with the baby or life as a new mother. Caitlin was aware of the services offered from public health nurses to new mothers, but those services were intended for someone else who needed them. Similarly, despite struggling with symptoms of postpartum depression, Bella hesitated to access services of health professionals, “My mom told me to go see the doctor about it but ... I believe that you just need to keep yourself occupied.”

Participants’ narratives also reflected a perception that rural professional services were not confidential and thus, acted as another barrier to accessing supports for the adolescent mothers in this study. Anna chose not to use the nursing services offered at a new young mother support program because of the nature of the support being offered in a group session. She said, “Because I’m too afraid to speak out and say like I have a question or something that is

concerning or any little thing.” This quote indicates Anna’s fear of disclosing personal information during group sessions. When asked what Anna would like to see in a nursing program designed to support young mothers, she stated, “So, like, maybe, a little bit of one on one time with the moms.”

Findings suggest that Anna’s recommendation for more individualized nursing care for adolescent mothers may have been due to her discomfort with revealing too much of herself in group situations and not being able to control how others interpret her information. She required more connection with the nurse in order to facilitate a trusting relationship and be able to share her full story. Anna remarked on the fear of sharing personal information in a group setting indicating, “... because it might be something that someone takes the wrong way and says to someone else and then it gets all around.” This quote reflects Anna’s perceptions of rural support groups, specifically that they were not anonymous, and any information shared was at risk of being misinterpreted. However, as previously indicated, she stated that it would be beneficial for young mothers with private questions to be able to share their concerns and receive support from a nurse on an individual level.

Even when the participants wanted to use services, rurality complicated their ability to access and use health services with geographical distance as a barrier. For example, Bella had difficulty accessing the only young mother support group because of its distance from her house and no available or affordable transit service in her area: “Transportation is an issue. Money for gas would help.” Caitlin also noted that she was unable to access birth control and needed to travel 50 kilometers to the nearest clinic: “I had to go all the way out to [the city] and I had to have a friend drive me because I’m afraid of driving. It would be much easier if I could have just gotten [an IUD] in town.” Based on the study findings, the remoteness of rural living created barriers in accessing nursing care. The distance between available services made it difficult for the young mothers in the study to be able to access the support of nursing services.

Discussion

It is relevant to note that the desire to present as a good mother is not unique to adolescent mothers. A dominant discourse known as “the ideology of intensive mothering,” has underpinned the prevailing ideology around motherhood over the last few decades (Bell, 2004, p.48). This ideology promotes mothers as primarily responsible for the nurturing and development of the child (Bell, 2004). Within this, a good mother is expected to be “child-centered, expert-guided, and emotionally absorbed, with the child’s needs taking precedence over the individual needs of their mothers” (Hays, 1996, p. 46). It is further reinforced and confused by popular media, which includes the most dichotomous array of mothering advice books ranging from intensive mothering to encouraging the infant’s independence (Ennis, 2014; Ezzo & Bucknam, 2012; Hogg & Blau, 2005; Hunter & Holland, 2018). In addition to print, and perhaps more influential for adolescent mothers, is a juxtaposition of mother images on television shows, where middle-class, suburban mothers meet the needs of their infants while low-income, single, teen mothers are often stereotyped as immoral mothers (Guglielmo, 2013). Popular culture embraces and highlights the negative attributes of teenaged mothers (Duncan, 2007). MTV’s *Teen Mom* series is one example of how the media has emphasized the most extreme and negative life consequences for adolescent mothers, such as incarceration, child apprehension, drug addiction, and promiscuity. These popular cultural images may contribute to the messages that adolescent mothers hear and experience about what it means to be a good mother in society, including the notion that being a teen mom is incompatible with being a good mother.

While dominant mothering ideologies affect all women, they have particular implications for young mothers. Johnston and Swanson (2006) found that adult-aged mothers constructed their own good mother ideology from their work status, either full-time, part-time, or stay-at-home, and determined that they made choices about their employment specifically to benefit their children. Yet constructing a good mother narrative based on employment is not always an option readily available to young mothers, who generally have limited employment or employment potential. Indeed, adolescent mothers are still in the process of developing their own identity, completing their secondary school education, and transitioning into adulthood. As such, adolescent mothers may be more apt to build their own narratives based on popular culture, dominant discourses, and their own limited life experiences. At the same time, the good mother narrative is important to them, as my study and others (Connolly, Heifetz, & Bohr, 2012; Romagnoli & Wall, 2012) suggest that adolescent mothers may seek acceptance by attempting to depict their good mother stories. In particular, women who mother outside of conventionally accepted values and morals, such as single mothers or gang-members, have been found to recreate how their identity is viewed and to represent themselves to society in a manner that creates a positive image (May, 2008; Moloney, Hunt, Joe-Laidler, & MacKenzie, 2011).

The finding of presentation of self as a good mother is important because it highlights the tension between the presentation of self, and the realities of the young mothers' lives and how they are perceived in society. In particular, findings from my study suggest that the need to be seen as a good mother may influence decisions that young mothers make about their lives, especially if there is a potential that their decisions will cast them in (what they consider) a negative light. This can then create difficulties for adolescent mothers, who not only need to do what they believe is best for their infants, but also what they perceive other individuals want them to do in order to not be stigmatized.

The need to present as a good mother has particular implications for the way in which adolescent mothers access and use professional and personal supports. Findings of my study are congruent with other literature (Boath, Henshaw, & Bradley, 2013; Nesbitt et al., 2013), which indicates that adolescent mothers may not actively seek out professional services, such as those of nurses, when they have health-related concerns. The findings of my study suggest that instead of being indifferent to using health resources, it may be a fear that they will be seen as unable to cope with motherhood that prevents a rural adolescent mother from seeking professional support. Indeed, Bella believed that she needed to deal with the symptoms of postpartum depression on her own rather than by visiting her health care provider to be diagnosed and treated. This belief may have derived from her fear that asking for help would indicate that she was not an ideal mother; admitting depression may have compromised her good mother narrative. The adolescent mothers in my study also had difficulty accepting childcare support from their parents, concerned with the perceived lack of autonomy if they were unable to solely care for the baby.

The good mother narrative may also affect how young mothers seek and access support. A developmental task of adolescence is to establish social networks (Sadler, 2011). The findings of my study echo other research (Beers & Hollo, 2009; Clemmens, 2003; DeVito, 2010) that suggests that forming new peer connections may be difficult for adolescent mothers who are no longer well-connected with peer groups established prior to pregnancy, and unsuccessful at forming new friendships with non-mother peers. At the same time, participants in my study indicated that they were also reluctant to engage with other new mothers in the rural context. While the literature shows that as women transition into the being a mother, it is important to form friendships with other new mothers (Brunton, Wiggins, & Oakley, 2011). The adolescent mothers in my study were less inclined to engage in peer group sessions where they could meet and connect with other young mothers, preferring individualized nursing care

instead. It may be that despite the plethora of evidence corroborating the benefits of peer support and the need for mother-to mother interaction (Barlow et al., 2012; Beers & Hollo, 2009; Clemmens, 2003; Dykes, Moran, Burt, & Edwards, 2003; Gaff-Smith, 2004; Grassley, 2010; Letourneau, Stewart, & Barnfather, 2004; MacGregor & Hughes, 2010; Nelson & Sethi, 2005; Riesch, Anderson, Pridham, Lutz, & Becker, 2010; Roberts, Graham, & Barter-Godfrey, 2011), the participants in my study did not want to show their vulnerabilities, as this had implications for how their good mother narrative may be perceived. Additionally, most new mothers are older than the adolescent group and thus, the participants may have felt a sense of difference.

It can be argued that in group settings, adolescent mothers lack control over their audiences and may not be able to determine how their narratives are understood and relayed to others. This may be especially relevant in relation to rurality. Findings of this study suggest that the challenges of presenting as a good mother may be further complicated by the historical memory and lack of anonymity that exist within a rural community; for example, Anna's expressed anxiety of her stories being shared widely may have represented her concern these stories would broadcast her past as a "bad teen." As such, it may contribute to a public perception of her mothering narrative that was inconsistent with the good mother image that she was working hard to create and display. In particular, the lack of anonymity in a rural community may make it especially challenging to present oneself in a new light, because existing perceptions of one's identity will already be deeply permeated in the community. Previous studies also noted the lack of anonymity occurring in rural communities (Fisher, Smith, Nairn, & Anderson, 2017; Geske, Quevillon, Struckman-Johnson, & Hansen, 2016; Rudolph, Young, & Havens, 2017). If the need to reconstruct oneself and present a public persona as a good mother overrides the need to connect with either service providers or peers however, a potential and important source of new mother support can be lost.

Being connected with the infant's father also had a substantial influence on how the mother constructed and presented herself as a good mother. Participants' narratives reflected the importance of maintaining their relationships with the infants' fathers, even when that relationship exhibited unhealthy characteristics. All three of the mothers in my study remained in relationships with the father of their infant, which is inconsistent with literature showing that adolescent mothers are more likely than their adult counterparts to have no partner (Al-Sahab, Heifetz, Tamim, Bohr, & Connolly, 2012). It may be that adolescent mothers in rural communities are more concerned about their presentation of self and in presenting a good father given the lack of anonymity in rural communities. Therefore, they may be more likely to remain with the same partner, at least for a period of time.

Considering Goffman's (1959) metaphor of the theatrical performance to create one's presentation of self, the adolescent mothers in this study may have used their relationships with the infants' fathers as props to maintain their image of a good mother. Including the infant's father in a narrative that aligns with the traditional composition of families in her community may help an adolescent mother to improve her good mother narrative by allowing her to present as a nuclear family despite her young age. Indeed, given the lack of anonymity and the value of the nuclear family in rural communities (Winters & Lee, 2013), it may be that adolescent mothers who fail to maintain a relationship with their infants' father may be perceived as not meeting the moral standards expected from the community. Not meeting this societal expectation can interfere with the good mother narrative and potentially lead to further feelings of stigmatization. Therefore, it may be that despite the challenges of the relationships with the fathers, the contribution of these men to the good mother narrative of the adolescent mothers in my study outweighed the negative implications of not having the baby's father involved in their lives. This finding is especially important, as it suggests that there may be few options for the rural adolescent mother to leave their boyfriend and that the desire to maintain the good

mother persona may supersede her entitlement to a healthy intimate partner relationship. The notion that a rural adolescent mother may remain in a difficult relationship in order to manage how she is perceived in her community is a significant concern and may impact her safety, self-esteem, and development of self-identity.

The families of these mothers provided instrumental support to the good mother narrative in participants' stories. Specifically, the families of adolescent mothers heightened the image of the good mother both by helping them provide necessities that they could not otherwise afford and through this supported their presentation of self. Whereas most existing literature focuses on the negative outcomes suffered by the entire family unit, such as increased stress for the infant's maternal grandmother and increased promiscuity for sisters of the adolescent mother (Beers & Hollo, 2009; DeLany & Jones, 2009; DeVito, 2010; Riesch, Anderson, Pridham, Lutz, & Becker, 2010), this study suggests that there are also positive factors in parental involvement. For example, the informal support provided by the participants' families was perhaps the most important factor in strengthening their ability to present as a good mother. The relationship of each of these three rural adolescent mothers with their own immediate family was significant in bolstering her good mother narrative and her presentation of self by providing both financial and emotional support, and perhaps even more importantly, a stable home. Being able to provide necessities for their infants was important to all of the study participants and it also reinforced the good mother narrative by showing their ability to provide. Accommodations for the infant were important to the presentation of self as a good mother because they became essential props in showcasing the adolescent mothers' ability to be able to provide for her infant, a hallmark of being a good mother.

Rural living and young motherhood are often associated with lower education levels that may adversely affect health and well-being (Al-Sahab, Heifetz, Tamin, Bohr, Connolly, 2012; Romanow, 2002). Yet, my study findings suggest that the presentation of the good mother may also contribute to the desire for continued education. In particular, the desire to present as good mother may encourage adolescents, who previously had precarious attendance at school, to complete their secondary education. Mothers in my study often described how their desire to be autonomous led them to consider, and in some cases pursue, their educational goals. This is evident, for example, in Caitlin's story; she was not on the graduation trajectory prior to pregnancy but her daughter became an impetus towards the goal of completing secondary school. Similarly, Anna, who had the lowest education level of all participants, described her determination in obtaining enough credits for high school graduation through a young mother program. Other literature supports this finding and suggests that adolescent mothers may use motherhood as a turning point to make healthier life choices (Clemmens, 2003; Roberts, Graham, & Barter-Godfrey, 2011).

Although becoming a mother in adolescence has been described as a turning point for many mothers, who experience a transformational change to self and make healthier life choices (Clemmens, 2003; Roberts, Graham, & Barter-Godfrey, 2011), my study suggests that rural environments may complicate the ability to use motherhood as a turning point. For example, Caitlin described being challenged in her presentation because of the lack of privacy and Bella explained how she was apprehensive to socialize with friends after being labeled as a "party mom." Specifically, my findings indicate that it may be difficult for rural-living adolescent mothers to restart with a fresh life because the community is aware of prior acts deemed socially immoral (e.g., skipping school, drug use, and teenaged pregnancy). The lack of anonymity is a challenge for rural adolescent mothers who may want to reconstruct a positive image but struggle to transform existing perceptions.

Strengths and Limitations

The strengths of this study derived from my focus on Canadian rural-living adolescent mothers, who have not commonly been included in the existing literature. Applying a critical lens supported and strengthened this study by guiding each aspect of the research process and reminding me to continuously be aware of the myriad of factors that are affecting how I asked, analyzed, and interpreted the narratives. The use of narrative interviews was a strength of this study because it garnered substantial and rich data about the experiences of first-time, adolescent mothers living in rural communities. The cultural contexts of parenting may not be transferable or generalizable to other geographical regions or populations. The study was conducted in one rural area in Southern Ontario and the geographical context may not be similar in other regions across Canada. This rural area was not ethnically diverse, which limited the ability to include different cultural groups.

Implications for Practice

Given the complexities associated with rural nursing and the challenges of adolescent mothers, providing nursing care in a holistic and comprehensive manner is important. As such, it is relevant to describe how the findings of this study can inform nursing practice, education, and policy and thus support rural-living, adolescent mothers. The finding of presentation of self as a good mother is especially important, as it has particular implications for the way in which community health nurses understand and interact with adolescent mothers in rural communities. Indeed, if nurses do not understand the concept of presentation of self, they may perceive only the surface presentation of their young clients and miss important information that may explain their needs and behaviours. This study suggests that nurses may need to consider how they can establish trusting and meaningful relationships with rural adolescent mothers in order to move past the presentation of the good mother and discover the backstage stories of the mothers' lives. This may assist nurses in assessing and meeting the needs of rural adolescent mothers and could benefit from beginning early in the prenatal period.

This study suggests that it is important for nurses to establish and maintain a lasting relationship with clients where adolescent mothers are willing to disclose truthful information about their lives. Community health nursing programs, which are based in relationship and strength building, may be particularly relevant and adaptable to the rural context. Some intensive nursing programs have demonstrated effectiveness in developing long-term client relationships and increasing maternal and child health outcomes with low-income, socially disadvantaged, young mothers in the United States and in Canadian urban centres (Jack et al., 2012). However, the effectiveness of rural maternal-child, community-based programs have not been considered within a rural Canadian context. Considering the differences in geography and in health care delivery, researchers and practitioners need to consider the adaptations required to deliver programs to rural populations.

The idea of a good mother narrative has particular implications for community health nurses and other health professionals working with adolescent mothers. Because adolescent mothers are not likely to remain in their pre-pregnancy peer groups and may have difficulty associating with adult-aged mothers, focusing on facilitating peer networks for adolescent mothers is a potential strategy that nurses could use in promoting social networks. Providing an environment that focuses on peer engagement and development may support the formation of lasting friendships and provide a much needed peer group during a time of transition for new adolescent mothers. This peer support may be even more important in a rural environment where a lack of anonymity may make young mothers feel uncertain about initiating and sharing their experiences with other mothers. To address geographical barriers, specifically distance,

nurses may want to consider the use of online or electronic forums to facilitate peer support programs and provide health education. Text messaging programs may be particularly useful for mothers who are living in rural communities without reliable internet access. Given the importance of social networks as a determinant of health (Currie et al., 2012; Public Health Agency of Canada, 2015), community health nurses may want to prioritize social development over the health education that would typically be the focus of parenting groups. Parenting programs often focus on an educational element; however, they may be overlooking an opportunity to engage adolescents and facilitate the development of peer networks. For example, programs for adolescent mothers could include sharing a meal or focusing on a social activity rather than typical parenting education sessions, which may be intimidating for adolescent mothers who could perceive that nurses are judging them when ideals do not align. To potentially impact the services intended for adolescent mothers, the implications of my study will be disseminated to the community agencies involved in participant recruitment through a brief information document.

The findings of this study indicate that geography can have an influence on the presentation of self for adolescent mothers. For example, the lack of anonymity that exists in rural communities makes it difficult to construct a new presentation of self and may influence adolescent mothers to believe they are confined to existing relationships in order to mitigate further perceptions of stigma. It may be that nurses who are considering or working in rural communities would benefit from education and training that is specific to rural nursing theory (i.e., lack of anonymity, strong connections to the community; Winters & Lee, 2013). For example, nurses interested or working with this population need to understand the particular challenges of rural living and thus, education programs that focus on the unique needs of rural communities may be appropriate for potential nurses. Equipped with this knowledge and theoretical base, nurses in rural communities may be able to better plan and implement the services they offer to young mothers. Nurse educators could promote the concept of rural nursing and rural nursing theory within undergraduate nursing programs to provide all nurses with an understanding of geographical differences associated with health. For example, strategies that work with urban populations should not be assumed effective within rural environments and consideration for the ethics of rurality. Ethically, nurses need more education about how to protect the confidentiality of their clients within rural environments where lack of anonymity may be prevalent. Furthermore, nurses who are aware of the social norms associated with rural communities may be able to better promote their services so that the community is receptive to the healthcare that is accessible to them.

Beyond their importance to the good mother narrative, rural families may also be a significant support towards the emotional well-being of the adolescent mothers. The findings of my study suggest that families may be underutilized as a way for nurses to reach young mothers. For example, it was Bella's mother who noticed and suggested that her daughter seek medical care for her symptoms. Although Bella's mother was unsuccessful at helping her daughter, it may be that the parents of rural adolescent mothers are in an ideal situation to monitor adolescent mothers for potential maternal health concerns but may require new strategies to help them parent their now parenting daughters. DeVito (2010) noted that adolescent mothers themselves still require mothering; however, this may pose challenges for family units as adolescents are transitioning through a developmental stage where they are seeking independence from their parents (Sadler, 2011), yet are still dependent on their parents for support in order to present the good mother narrative. Indeed, the complexity of parenting a teenaged child who is also a mother may require specialized parenting support, which could be offered by community health nurses. Parents of adolescent mothers may be valuable in identifying and supporting the health needs of adolescent mothers in rural communities. Given the importance of these naturally occurring support systems and the limited research examining

them (Letourneau, Stewart, & Barnfather, 2004), nurses may need to consider how the inclusion of family support systems influences the health and wellness of rural adolescent mothers and their infants.

Recommendations for Future Research

Given the limited Canadian public health research that exists, the findings of this study provided additional insight into adolescent mothers' experiences and were consistent with existing literature. At the same time, the finding of presentation of self suggests that there is far more to the experiences of adolescent mothers than current research suggests. In particular, the findings of my study raise questions about how the presentation of self shapes adolescent mothers' narratives, and how this affects their ongoing ability to parent. Future research could focus on creating a better understanding of the effects of presentation of self on the development of self-identity for adolescent mothers in rural communities. Understanding more about the decisions that rural adolescent mothers make surrounding their intimate partner relationships and its effect on their social and emotional well-being is warranted and important in ensuring that they have safe and respectful relationships. More information is also needed about the family units of rural adolescent mothers and the type of support system they provide to young mothers.

Future research could provide much needed evidence for the development of nursing interventions that assist adolescent mothers, especially those living in rural communities. Because rurality adds complexity and complicates the experiences of adolescent mothers, further research that considers how to address the fear of disclosing in group situations, thus leading to the lack of peer support, is warranted and urgently required in order to ensure that adolescent mothers are able to create social networks. New models for peer support, such as those involving electronic formats, need to be developed and evaluated because they may address some of the issues related to rurality. In addition, nurses may consider geography in research as a method in determining the best practices and providing evidence that may inform nursing initiatives with rural communities.

References

- Al-Sahab, B., Heifetz, M., Tamin, H., Bohr, Y., & Connolly, J. (2012). Prevalence and characteristics of teen motherhood in Canada. *Maternal and Child Health Journal, 16*, 228-234. doi: 10.1007/s10995-011-0750-8
- Barlow, J., Smailagic, N., Bennett, C., Huband, N., Jones, H., & Coren, E. (2012). Individual and group based parenting programmes for improving psychosocial outcomes for teenage parents and their children. *Cochrane Database of Systematic Review, 3*, CD002964. doi: 10.1002/14651858.CD002964.pub2
- Beers, L. A. S., & Hollo, R. E. (2009). Approaching the adolescent-headed family: A review of teen parenting. *Current Problems in Pediatric and Adolescent Health Care, 39*(9), 216-233. doi:10.1016/j.cppeds.2009.09.001
- Bell, S. (2004). Intensive performances of mothering: A sociological perspective. *Qualitative Research, 4*(1), 45-75. doi:10.1177/1468794104041107
- Best Start Resource Centre. (2010). *How to reach rural populations*. Toronto, ON: Retrieved from http://www.beststart.org/resources/howto/pdf/rural_manual_fnl_web.pdf
- Boath, E. H., Henshaw, C., & Bradley, E. (2013). Meeting the challenges of teenage mothers with postpartum depression: Overcoming stigma through support. *Journal of Reproductive and Infant Psychology, 31*(4), 352-369. doi:10.1080/02646838.2013.800635

- Brunton, G., Wiggins, M., & Oakley, A. (2011). *Becoming a mother: A research synthesis of women's views on the experience of first-time motherhood*. London: EPPI Centre, Social Science Research Unit, Institute of Education, University of London. ISBN: 978-1-907345-06-7
- Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada. (2014). *Tri-council policy statement: Ethical conduct for research involving humans, December 2014*. Retrieved from <http://writeanswers.royalroads.ca/a.php?qid=529822>
- Canadian Institute for Health Information. (2009). *Hospital births in Canada: A focus on women living in rural and remote areas*. Retrieved from https://secure.cihi.ca/free_products/Hospital%20Births%20in%20Canada.pdf
- Clemmens, D. (2003). Adolescent motherhood: A meta-synthesis of qualitative studies. *American Journal of Maternal Child Nursing*, 28(2), 93-99.
- Connolly, J., Heifetz, M., & Bohr, Y. (2012). Pregnancy and motherhood among adolescent girls in child protective services: A meta-synthesis of qualitative research. *Journal of Public Child Welfare*, 6(5), 614-635. doi:10.1080/15548732.2012.723970
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.) Thousand Oaks, CA: Sage.
- Currie, C., Zanotti, C., Morgan, A., Currie, D., de Looze, M., Roberts, C., ... Barnekow, V. (Eds.). (2012). *Social determinants of health and well-being among young people. Health behaviour in school-aged children (HBSC) study: International report from the 2009/2010 survey*. Copenhagen, Denmark: WHO Regional Office for Europe, Health Policy for Children and Adolescents, No. 6.
- DeLany, J., & Jones, M. (2009). Time use of teen mothers. *The Occupational Therapy Journal of Research*, 29(4), 175-182.
- DesMeules, M., Pong, R., Lagacé, C., Heng, D., Manuel, D., Pitblado, R., ... Koren, I. (Eds.). (2006). *How healthy are rural Canadians? An assessment of their health status and health determinants*. Ottawa, Canada: Canadian Population Health Initiative.
- DeVito, J. (2010). How adolescent mothers feel about becoming a parent. *The Journal of Perinatal Education*, 19(2), 25-34. doi:10.1624/105812410X495523
- Duncan, S. (2007). What's the problem with teenage parents? And what's the problem with policy? *Critical Social Policy*, 27(3), 307-334. doi:10.1177/0261018307078845
- Dykes, F., Moran, V., Burt, S., & Edwards, J. (2003). Adolescent mothers and breastfeeding: Experiences and support needs - An exploratory study. *Journal of Human Lactation*, 19(4), 391-401. doi: 10.1177/0890334403257562
- Ennis, L. R. (2014). *Intensive mothering: The cultural contradictions of modern motherhood*. Ontario, Canada: Demeter Press.
- Ezzo, G., & Bucknam, R. (2001). *On becoming baby wise: Book one: the classic reference guide utilized by over 1,000,000 parents worldwide*. Sisters, OR: Parent-Wise Solutions.
- Fisher, K., Smith, T., Nairn, K., & Anderson, D. (2017). Rural people who inject drugs: A cross-sectional survey addressing the dimensions of access to secondary needle and syringe program outlets. *Australian Journal of Rural Health*, 25(2), 94-101. Retrieved from <https://doi.org/10.1111/ajr.12304>
- Fleming, J. S. (2004). *Erikson's psychosocial developmental stages*. Retrieved from <http://swppr.org/Textbook/Ch%209%20Erikson.pdf>
- Gaff-Smith, M. (2004). Attachment, self-esteem and social support in rural adolescents during pregnancy and early motherhood. *Birth Issues*, 13(4), 139-145.
- Geske, S., Quevillon, R., Struckman-Johnson, C., & Hansen, K. (2016). Comparisons of contraceptive use between rural and urban teens. *Journal of Pediatric and Adolescent*

- Gynecology*, 29(1), 33–41. Retrieved from <https://doi.org/10.1016/j.jpag.2015.06.002>
- Goffman, E. (1959). *The presentation of self in everyday life*. Toronto, ON: Anchor Books.
- Grassley, J. S. (2010). Adolescent mothers' breastfeeding social support needs. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 39(6), 713-722. doi: 10.1111/j.15526909.2010.01181.x
- Grzybowski, S., Kornelsen, J., & Cooper, E. (2007). Rural maternity services under stress: The experiences of providers. *Canadian Journal of Rural Medicine*, 12(2), 89-94.
- Guglielmo, L. (2013). *MTV and teen pregnancy: Critical essays on 16 and Pregnant and Teen Mom*. Lanham, MD: Scarecrow Press.
- Hays, S. (1996). *The cultural contradictions of motherhood*. New Haven, CT: Yale University Press.
- Hogg, T., & Blau, M. (2010). *The baby whisperer solves all your problems: Sleeping, Feeding, and behavior--Beyond the basics*. New York, NY: Simon and Schuster.
- Hunter, V., & Holland, R. (2018). *Parenting: The joy and pain: An exploration of mindful attachment parenting*. Independently Published.
- Jack, S. M., Busser, L. D., Sheehan, D., Gonzalez, A., Zwygers, E. J., & MacMillan, H. (2012). Adaptation and implementation of the nurse-family partnership in Canada. *Canadian Journal of Public Health*, 103(Suppl.1): S42-S48.
- Johnston, D. D., & Swanson, D. H. (2006). Constructing the “good mother”: The experience of mothering ideologies by work status. *Sex Roles*, 54(7-8), 509-519. doi:10.1007/s11199-006-9021-3
- Josselson, R., & Lieblich, A. (2003). A framework for narrative research proposals in psychology. In R. Josselson, A. Lieblich, & D. McAdams (Eds.), *Up close and personal: The teaching and learning of narrative research* (pp. 259-274). Washington DC: American Psychological Association.
- Kornelsen, J., & Grzybowski, S. (2006). Reality of resistance: The experiences of rural parturient women. *Journal of Midwifery and Women's Health*, 51(4), 260-265.
- Leipert, B. D. (2005). Rural women's health issues in Canada: An overview and implications for policy and research. *Canadian Woman Studies*, 24(4), 109-116.
- Leipert, B. D., & George, J. A. (2008). Determinants of rural women's health: A qualitative study in Southwest Ontario. *The Journal of Rural Health*, 24(2), 210-218. doi: 10.1111/j.1748-0361.2008.00160.x
- Lieblich, A., Tuval-Mahiach, R., & Zilber, T. (1998). *Narrative research: Reading, analysis, and interpretation*. Thousand Oaks, CA: Sage.
- Letourneau, N. L., Stewart, M. J., & Barnfather, A. K. (2004). Adolescent mothers: Support needs, resources, and support-education interventions. *Journal of Adolescent Health*, 35(6), 509-525. doi: 10.1016/j.jadohealth.2004.01.007
- MacGregor, E., & Hughes, M. (2010). Breastfeeding experiences of mothers from disadvantaged groups: A review. *Community Practitioner*, 83(7), 30-3.
- May, V. (2008). On being a ‘good’ mother. *Sociology*, 42(3), 470-486. doi:10.1177/00380385080888836
- Moloney, M., Hunt, G. P., Joe-Laidler, K., & MacKenzie, K. (2011). Young mother (in the hood): Gang girls' negotiation of new identities. *Journal of Youth Studies*, 14(1). 1-19.
- Nelson, A., & Sethi, S. (2005). The breastfeeding experiences of Canadian teenager mothers. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 34(5), 615-624. doi:10.1177/0884217505280279
- Nesbitt, S. A., Campbell, K. A., Jack, S. M., Robinson, H., Piehl, K., & Bogdan, J. C. (2012). Canadian adolescent mothers' perceptions of influences on breastfeeding decisions: A qualitative descriptive study. *BMC Pregnancy and Childbirth*, 12, 149. Retrieved from <http://www.biomedcentral.com/1471-2393/12/149>

- Northcott, M. (2015). *Domestic violence in rural Canada* (Department of Justice, Issue No. 4). Retrieved from: <https://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rd4-rr4/p2.html>
- Pong, R. W., DesMeules, M., & Lagacé, C. (2009). Rural–urban disparities in health: How does Canada fare and how does Canada compare with Australia? *Australian Journal of Rural Health, 17*(1), 58-64. doi:10.1111/j.1440-1584.2008.01039.x
- Public Health Agency of Canada. (2015). *Healthy behaviour in school-aged children in Canada: Focus on relationships*. Retrieved from http://healthycanadians.gc.ca/publications/science-research-sciences-recherches/health-behaviour-children-canada-2015-comportements-sante-jeunes/index-eng.php?_ga=2.12792055.173953317.1530128910-419572897.1530128910
- Riesch, S. K., Anderson, L., Pridham, K. A., Lutz, K. F., & Becker, P. T. (2010). Furthering the understanding of parent-child relationships: A nursing scholarship review series. Part 5: Parent-adolescent and teen parent-child relationships. *Journal for Specialists in Pediatric Nursing, 15*, 182-201. doi: 10.1111/j.1744-6155.2009.00228.x
- Roberts, S., Graham, M., & Barter-Godfrey, S. (2011). Young mothers' lived experiences prior to becoming pregnant in rural Victoria: A phenomenological study. *Australian Journal of Rural Health, 19*(6), 312-317. doi:10.1111/j.1440-1584.2011.01228.x
- Romagnoli, A., & Wall, G. (2012). 'I know I'm a good mom': Young, low-income mothers' experiences with risk perception, intensive parenting ideology and parenting education programmes. *Health, Risk & Society, 14*(3), 273-289. Retrieved from <http://dx.doi.org/10.1080/13698575.2012.662634>
- Romanow, R. (2002). *Building on values: The future of healthcare in Canada* (Cat. No. CP32-85/2002E-IN). Retrieved from <http://publications.gc.ca/collections/Collection/CP32-85-2002E.pdf>
- Ruddell, R. (2016). *Policing rural Canada: Police, partners and public safety*. Regina, SK: de Sitter Publications.
- Rudolph, A. E., Young, A. M., & Havens, J. R. (2017). A rural/urban comparison of privacy and confidentiality concerns associated with providing sensitive location information in epidemiologic research involving persons who use drugs. *Addictive Behaviors, 74*, 106–111. <https://doi.org/10.1016/j.addbeh.2017.06.006>
- Sadler, K. (2011). Normal adolescent development. In Goldstein, M.A. (Ed.), *The MassGeneral Hospital for children adolescent medicine handbook* (pp. 23-26). New York, NY: Springer. doi: 10.1007/978-1-4419-6845-6
- Santelli, J. S., Smith Rogers, A., Rosenfeld, W. D., DuRant, R. H., Dubler, N., Morreale, M., . . . Schissel, A. (2003). Guidelines for adolescent health research. *Journal of Adolescent Health, 33*(5), 396-409.
- Statistics Canada. (2007). *Study: A comparison of urban and rural crime rates*. Retrieved from www.statcan.gc.ca/daily-quotidien/070628/dq070628b-eng.htm
- Statistics Canada. (2011). *From urban areas to population centres*. Retrieved from <http://www.statcan.gc.ca/subjects-sujets/standard-norme/sgc-cgt/notice-avis/sgc-cgt-06-eng.htm>
- Streubert, H. J., & Carpenter, D. R. (2011). *Qualitative research in nursing: Advancing the humanistic imperative*. (5th ed.). Philadelphia, PA: Lippincott, Williams & Wilkins.
- Sutherns, R., & Bourgeault, I. L. (2008) Accessing maternity care in rural Canada: There's more to the story than distance to a doctor. *Health Care for Women International, 29*(8/9), 863-883.
- Winters, C. A., & Lee, H. J., (Eds.). (2010). *Rural nursing: Concepts, theory, and practice* (3rd ed.). New York, NY: Springer Pub. Co.

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