

ADOLESCENT MOTHERS' LIFE TRAJECTORY: WHAT IS DIMMING
THEIR FUTURES?
A LITERATURE REVIEW AND PREVENTION BEST PRACTICES

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Research Question

This review of relevant literature seeks to answer: what are the root causes leading to poor educational, professional, and economic outcomes for adolescent mothers? How do those outcomes vary between and within different populations? To what extent does access to resources and the degree of one's self-efficacy shape an adolescent mother's future? What specific elements within existing prevention programs lead to efficacious outcomes, while others fall short? The goal of this paper is to answer these questions and assist researchers with the identification of root causes, thereby enabling the design of more effectual health prevention programs.

Background

For years, researchers contended that early pregnancy was the primary determinant for the poor life outcomes of adolescent mothers (Hayes, 1987, as cited in SmithBattle 2007, p 410). Emerging theories such as the general systems theory on human behavior, reveal the flaws in these assumptions. This theory describes the amalgamation of influences that contribute to a person's actions and beliefs. From the individual level (social interactions, cultural beliefs and values, degree of self-efficacy) to the environmental level (family, peer groups, societal norms, social class, economic status, racism), the widening disparity along one's developmental life course reveals outcomes unique to a person and their experiences (Coie et al., 1993, pp 1014, 1016). The intertwined nature of these systems, each of which will be discussed in further sections, have altered the direction of research concerning sources of poor life outcomes commonly attributed to adolescent motherhood.

Direction of Research

In conjunction with the general systems theory, the social cognitive theory contends that a person's behavior involves an interchange between three variables: personal, behavioral, and environmental influences. Supporters of this theory allege that not only is the environment impactful upon human behavior, but their relationship is reciprocal. Humans have the capacity to manipulate their environment into something more fitting if given the proper resources (both material and immaterial) (McAlister et al., p 170). Conversely, when resources are unequally distributed, the ramifications are also unevenly disseminated. Consequently, the question researchers are now beginning to grapple with is whether poor life outcomes for young mothers are a result of her pregnancy or consequences of compounding societal and social factors that enabled the pregnancy in the first place (Patel & Sen, 2011, p 1064).

Scope of the Issue

Early childbearing is not uncommon within American history. During the colonial period until later into the twentieth century, early child rearing was common practice (Furstenberg, 2007, p 7). More recently, however, statistics void of social and environmental context demonize

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teen mothers as nothing more than economic tolls on government support systems. For example, some reports suggest that American taxpayers dole out an estimated 9.1 billion dollars per year as a result of teenage pregnancy (accounting for health care, foster care, criminal justice, and public assistance programs) (Hoffman & Maynard, 2008). This number, however, appears to be inflated. In 2017, babies born to mothers between the ages of 15-19 represented merely 5 percent of all births in the United States (Centers for Disease, 2017). Though teenage pregnancy has gradually declined, the United States continues to have one of the highest rates among industrialized nations. What is at the root of that 5 percent? When race, ethnicity, and socioeconomic status are coupled with the aforementioned statistics, the root causes for a mother's life outcomes become magnified.

Root Causes and Poor Life Outcomes

Identified risks. It goes without question that early pregnancy generates its own set of challenges. Less spacing between pregnancies (Klerman, 2004, as cited in Barnett et al., 2007, p 224), higher school dropout rates (studies show that becoming a teenage mother results in 1.9-2.2 fewer years of schooling than their counterparts who gave birth after thirty) (Hofferth et al., 2001, as cited in Boden et al., 2008, p 151), reduced earning potential, reliance on government assistance (Cherry et al., 2015, p 1), increased risk for poor physical health into adulthood (Patel & Sen, 2012, p 1070), heightened depression and feelings of “hopelessness” (Klaw et al., 2003, p 223), intergenerational patterns of adolescent pregnancy, and greater engagement in antisocial behavior (Geronimus, 2003, p 883) were common risks emerging from the literature. The compounding nature of these factors has a complex root system. History, present environmental and social disadvantages, and remnants of past or ongoing childhood trauma collectively serve as markers for risk (SmithBattle, 2018). The inextricable link of influence between varying levels of risk debunk the belief that adolescent pregnancy is the central cause for economic, educational, and social disadvantage. A hybrid theory influenced by life course theory, social cognitive theory, and general systems theory now explains the ways in which “adolescent pregnancy is a reflection of the social context in which the pregnancy takes place (Barr & Simmons, 2012, as cited in Cherry et al., 2015, p 2).”

Populations at Risk

Inequivalent distribution of resources

National data. The US poverty rate for the 2017-2018 teenage cohort was 16.2 percent (comprising 31.1 percent of the total population living in poverty). For Black Americans, it was 20.8 percent. Further, 27 percent of single mothers are living in poverty. This rate is almost doubled (47.7 percent) if that single mother has children below the age of six (Semega, Kollar, Creamer, & Mohanty, 2019). Therefore, membership to any permutation of the following identities—adolescent female, single mother, minoritized racial or ethnic identity, low level of education, etc.—amplifies risks of poverty, impeding one's potential to achieve positive life outcomes. These disparities in the data emphatically demonstrate that a person's behavior and beliefs cannot be separated from their contextual surroundings (Elder, 1998, pp 2-3).

Poverty. Overlooking the deleterious impacts of child poverty upon a child's behavioral, emotional, and physical health is a weighty oversight in the design of teenage intervention or

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prevention programs. The Children's Defense Fund named poverty as the most telling indicator for adolescent pregnancy (1991, as cited in Griffin, 1998, p 53). Yoshikawa and colleagues categorize the effects of poverty as cumulative, where "consequences at one stage in a child's development can hinder development in a later stage" (Yoshikawa, 2012, p 274).

Compounding risks. Furthering the disparity caused by poverty's cumulative nature, African Americans were projected less likely to complete high school, and in 2011, the CDC reported they were statistically less likely to "transition to productive adulthood" (Errickson & Berry, 2015, p 152). Respectively, additional research reveals that by the age of 22, over half of adolescent mothers will not obtain a high school diploma, and more than a third of these young women will never earn their diploma or GED (Perper et al., 2010, pp 1-2). In conjunction, these statistics bolster the fact that adolescent pregnancy rates are demonstrably correlated with increases in environmental and social deprivation (Coren et al., 2003, p 79). Mothers who become pregnant while in school and take time off for delivery, studies prove, are unlikely to ever return to school. Any prospect that she will attain an equivalent socioeconomic status of her non-childbearing peers is then further hampered (Halpern & Covey, 1983, p 161).

Researchers have followed cohorts of siblings in attempts to account for environmental influences on development and pinpoint the greatest risk factors contributing to negative life outcomes. By comparing sisters who had one or more teenage pregnancies to those who had not, researchers concluded that delaying the age of pregnancy in more disadvantaged populations has been overreported, having little to no effect on the improvement of a mother's future life outcomes (Sisson, 2012, as cited in SmithBattle, 2013, p 237). Poverty and other demographic factors carried greater influence upon the life course. Such revelations evidence that prevention programs that target teenage pregnancy as the primary determinant for negative life outcomes fail to hit the target.

Meade and colleagues also recognized the interconnectedness of risks as they followed the ecological systems theory to research the impact that different levels of an individual's environment (family, social, environmental) had upon the risks for intergenerational teenage pregnancy. After reviewing the literature and utilizing the National Longitudinal Survey of Youth in 1997, which charted the trajectory of teen moms and their children, results indicated that of the sample, daughters of teenage mothers were 66 percent more likely to become premature mothers themselves (Meade et al., 2008, p 419). Even more telling was their finding that the population of highest risk for teen pregnancy were those living below the poverty line, a majority of whom were African American females (Meade et al., 2008, p 426). Statistically speaking, Black adolescents are more than two times as likely to experience at least one pregnancy before the age of 20 (Perper et al., 2010, p 2). Why does this disparity exist?

Racism. Not only are African American women statistically more likely to become teen mothers, but they face disproportionate stigma for doing so. Brondolo and colleagues uphold that racism has adverse effects upon all levels of human development from the social (self-perception, self-efficacy, life aspirations, etc.) to educational and professional attainment, additionally limiting access to other resources that promote positive life outcomes (Brondolo et al., 2009, p 2). Researchers are finding undeviating linkages between racism and increased "engagement in risky health behaviors" such as earlier and unprotected intercourse, inconsistent adherence to prescribed treatment, and reduced likelihood of utilizing health prevention services (Brondolo et al., 2009, p 4).

Several researchers contend that high rates of teenage pregnancy and repeated pregnancies amongst minority populations may actually be an adaptive response to injustices. SmithBattle supports this point by saying, "[G]rowing up in poor neighborhoods and attending inferior schools predispose teens to early fertility. When few options exist, mothering is not viewed as a precocious event but as a pathway to adulthood that provides meaning and purpose"

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(SmithBattle, 2007, p 410). The strength of these external and internal contexts to which a young girl finds herself authoritatively directs either healthy or unhealthy development. Such motives for early pregnancy are more telling of the lack of access to opportunity rather than purely deviant behavior.

Supplementing this point, a study compared mothers from more advantaged backgrounds to those of disadvantaged backgrounds. Barr and colleagues found that teen mothers belonging to higher social classes were able to attain greater status as well as identify what inherent values and capabilities they possessed beyond their identity as mothers. This result was the opposite for more disadvantaged mothers (Barr et al., 2013, p 1893), aligning with the social learning theory where a given behavior (adolescent pregnancy), is or is not changed depending upon the expected outcomes (Rosenstock, 1988, p 176). The perspective that a first pregnancy during adolescence stymies positive future prospects may contribute to less timing between pregnancies. If the mother feels as though she has already lost plans for higher education and/or career attainment, a repeated pregnancy offers few additional costs; therefore, changing her behavior carries little incentive (Barr et al., 2013, p 1885). Mothers of more affluent backgrounds may perceive their pregnancy as less of a barrier toward their intended outcomes, given systems of support and societal acceptance. These two different life courses are products of one's surrounding environment and their perception of those surroundings as well.

Crittenden and colleagues sought to identify this linkage between racism, repeated pregnancies, and ultimately the incentive to change behaviors. They found, amongst a primarily African American population of teen mothers, that a significant portion of the mothers (over 42%) had given birth to another child within two years post-partum (Barr et al., 2013, p 1885). The elevated risk for early and repeated pregnancies—coupled with limited positive, future prospects—lessens perceived benefits for altering one's behavior. When surrounding environments within a person's life course are unstable, the pressure of dysfunction is increased (if resiliency and coping mechanisms are not ingrained within that individual). The resulting effect is often a subdued sense of human agency (Elder, 1988, p 2).

Culture. Beyond race and other physiological characteristics, a large body of existing teenage pregnancy research fails to account for culture as a variable. For example, norms surrounding the age of “acceptable” timing for a woman's fertility is a highly cultural act. In the “conceptualization of culture,” Geronimus categorizes people as participants in cultural systems—they set the definition for acceptable and unacceptable behavior. This “acceptable behavior,” however, is reinforced through messages delivered by the dominant culture. Deviation from the dominant culture's norms has rippling effects into the lives of those not “belonging” (Geronimus, 2003, pp 884-885). Correspondingly, stratified reproduction theorizes that the reproductive futures of certain races and cultures are assigned value while others are detested (Colen, 1995, as cited in Geronimus, 2003, p 882). Society traditionally distributes resources and treats more favorable wed mothers over unwed mothers, mothers choosing to put the child up for adoption versus keeping it, those who terminate the pregnancy versus delivering, and unintentional versus intentional termination. Each of these decisions is either praised or stigmatized regardless of context. These conflicting views use social support as “a vehicle for social control,” states Geronimus. If a mother conforms to accepted social norms, she is cared for, whereas mothers who stray are left to fight for support and are judged negatively as they try to obtain it (Geronimus, 2003, p 884).

Fertility and survival. Furthering the concept of stratified reproduction is the relationship between fertility-timing and the innate human desire to survive. Geronimus argues that amongst all cultures, a key determinant for the timing of motherhood is done in effort to achieve maximum economic and reproductive success as well as capitalize upon available social support from community systems (Geronimus, 2003, p 885). While the dominant, White American

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culture may celebrate individualism and promote familial responsibility only to the nuclear family, other cultures such as Hispanic and African American populations typically rely on extended family as a support system, and historically have earlier pregnancies. Additionally, in many predominantly Black communities, Black females are expected to “assume adult responsibilities” earlier than other cultures, which may make younger pregnancy more socially acceptable (Meade et al., 2008, p 426). It can be argued that early pregnancy serves as a protective factor to gain social and community support. If true, age of pregnancy is highly adaptive to favor survival. Risk factors such as low birthweight and infant mortality are heightened with increasing age for the Black female. A study within Harlem compared Black mothers in their mid-twenties and thirties to teen mothers. Findings indicated that infant mortality rates were two times higher for older women than teen mothers (Geronimus, 2003, p 883). Such statistics, again, demonstrate the perception that pregnancy is protective for some members of society while interpreted as a risk for others. These considerations are essential for practitioners to consider in program designs seeking to close these gaps as the data indicate more of a societal issue rather than purely individual. Even if used as a tactic for survival, the phrase “teen mom,” in the American culture, assigns an eminent, negative life trajectory to the teen mother. It has become synonymous with “ruining of one’s future” or “throwing away one’s life.” Such stigmatization harbors both physiological and psychological ramifications upon these youth (Patel & Sen, 2011, p 1064). Projected poor academic achievement, low socioeconomic status, and other antisocial behaviors for teen mothers, Griffin argues, can consequently become a “self-fulfilling prophecy” as mothers begin to internalize these negative messages and question their ability to achieve (Griffin, 1998, p. 54).

Conflicting development. Conflicting development between a young mother attempting to balance her own developmental needs against those of her child were a recurring theme within the literature (Coren et al., 2003, p 80; Halpern & Covey, 1983, p 162). Research proves that the typical stressors accompanying pregnancy are amplified when a girl is responding to her own confounding elements of youth development (Halpern & Covey, 1983, p 160). Across multiple studies, adolescent mothers perceived their pregnancy as a suspension of their own aspirations in favor of their children’s, with the belief that both cannot coexist (Cherry et al., 2015, p 2). This new role of motherhood alongside their own transformative periods of youth development creates conflict (McDonell et al., 2007, p 843). Many teenage mothers lack the skills necessary to balance the two life phases, resulting in social isolation and a narrow conception of the available resources for both their individual and children’s needs (Cherniss & Herzog, 1996, as cited in McDonell et al., 2007, p 843). Isolation and lack of direction create extreme barriers for the overburdened teen mother. An essential consideration for prevention programs targeting life outcomes of teen mothers is the separation of needs for mother and child. Emphasize the value of both categories. Promoting a sense of self-identity in addition to motherhood may help ameliorate the effects of conflicting development (McDonell et al., 2007, p 843).

Protective Factors

Building Competencies

The “It takes a village to raise a child” model carries tremendous positive influence upon a developing child. The Pathways Program Model was a model that sought the involvement of all levels of the community to address risks associated with teen motherhood. An increase in self-efficacy and incremental goal-setting with deliverable steps appeared to be the most impactful. A common theme among teen mothers was the inability to achieve academic success

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while caring for a child. To address this, the Pathways Program linked mothers with a “supported action plan,” making goal attainment a reality through introducing community connections (McDonnell et al. 2007, p 850). Through incremental goals, developing support networks, and celebrating achievements, the intervention group expressed a greater feeling of competency when pursuing aspirations (McDonnell et al., 2007, p 851).

Aspirations

Another theme throughout the literature was the importance of aspirations. O'Brien Cherry and colleagues sought to understand the types of life aspirations espoused by teens who were parenting and/or pregnant, as well as their perceived barriers for achieving those outcomes. Fifty-two mothers ages 15 to 19 from various ethnicities were given journals to provide answers to the aforementioned question. A major strength in such an approach is the amplification of the voices of those directly impacted by the targeted issue. “A better life” was listed as a motivating life aspiration across a majority of the journal entries. However, failure to list concrete ways in which they could attain this “better life” was an accompanying trend (Cherry et al., 2015, p 5). In 1989, Farber conducted a comparative study between African American and Anglo-American adolescent mothers of lower socioeconomic status and teen mothers of varying races in higher social classes. Her findings indicated that aside from race, mothers belonging to lower socioeconomic classes felt debilitated when considering their futures. A lack of specific steps that should be taken to secure a stable future combined with a low sense of self-efficacy in overcoming social and environmental barriers intensified this debilitation (as cited in Griffin, 1998, p 55). Griffin states that the obstacles before one's path toward success are frequently internalized by at-risk populations. “The assumptions that how people view their lives” she argues, “is an important factor in how they lead their lives” (Griffin, 1998, p 54). If the societal message toward your existence and the bearing of your offspring is devalued, then social and economic advancement is unlikely.

Access to Resources

Just as SmithBattle found that social class has a propensity to pass to next generations, she also found that the mother's childhood access to resources such as quality education, financial stability, and reliable healthcare were also replicated into adulthood (SmithBattle, 2007, p 416). Adolescent mothers belonging to middle and upper classes had existing knowledge of resources at their disposal within their community and took advantage of them. Financial security allowed these mothers to commit to part-time jobs, have more allotted time to mother their children, and plan for their own futures. Their socioeconomic status placed them into safer neighborhoods with better schools, elevating opportunities to attend college or other vocational routes. Teen mothers belonging to more impoverished communities were observed to live in segregated communities with higher crime, failing schools, and no disposable time or income to allocate to their own life aspirations (SmithBattle, 2007, pp 416-417). This represents a major area where prevention programs must be adjusted to meet the needs of individual populations.

The Teen Parent Support Program, established in 1990 within a North Carolina high school, sought to address the disparate access to environmental and personal resources experienced by underserved populations. Through the theory of self-efficacy and resiliency, the program took a holistic approach to prevention. Responding to needs assessments completed by mothers themselves, connections were built within the community to ease the burden of teen motherhood. The school system was the targeted level of intervention where the school counselor played a key role by fostering community partners. A local church opened a small day-care for the children of these mothers and worked alongside the counselor to procure grants enabling program expansion. Unlike any of the other prevention programs, this program

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capitalized upon the inherent competencies of program beneficiaries to also contribute to the service. Teen mothers were able to obtain high school elective credits by volunteering in the day-care center. This developed each mother's parenting skills and allowed her to attend parenting classes during the school day. In addition, offering day-care services during school hours prevented high school dropout (Griffin, 1998, p 56).

Social Supports

Outside of supporting a mother's role as a parent, the literature reveals a gap within programming supporting the individual aspirations of the mother and her academic/professional future (Camarena, 1998, p 129). Social support offers positive adaptive skills for both the mother and the child (Letourneau et al., 2004, p 509). However, the mother's perception of the quality of support being offered is essential to achieve positive, adaptive outcomes (Letourneau et al., 2004, p 518). Klaw et al. studied the influence that natural mentors (typically an older individual within their social network) had upon the lives of adolescent, African American mothers. They found that having a reliable figure with protective qualities that they could imitate, changed the way that young mothers viewed themselves. From celebrating achievements to connecting mothers with resources within the community, natural mentors granted teen mothers a 3.5 times higher likelihood of graduating high school and a greater understanding of the necessary steps for achieving their goals (Klaw et al., 2003, p 229).

Across the literature, informal support (families, friends, the child's father), seemed to be the most highly rated amongst teen mothers (Letourneau et al., 2004, p 516), but when these support systems are not available, mentors can effectively fill the gaps. Other support systems such as counseling services (mental health, life coaching, professional and career advice), child care, and support groups were found to prevent teen mothers from limiting academic and career aspirations (O'Brien Cherry et al., 2015, p 2). Griffin goes as far as to argue that (referring to resiliency theory) "positive interpersonal relationships that impact self-efficacy [are] more critical than program structure" (Griffin, 1998, p 55). Even the most well-intentioned prevention programs will fall short without the support of the focus community: in this case, teen moms. Therefore, adolescent-mentor relationships must be developed. Styles and Morrow found that genuine relationships did not truly begin to develop until six months of consistent mentor-mentee interaction (Klaw et al., 2003, p 224). Some of the most impactful mentors, as in the Parent-to-Parent Program, were community members who had been teen mothers themselves. This promoted a sense of trust and understanding (Halpern & Covey, 1983, p 164). Engaging in relationships that offer emotional support, validation, and informational support has markedly more positive effects upon a mother's trajectory (Phelps et al., 2009 as cited in Errickson and Berry, 2015, p 152).

Possible Avenues for Intervention

Efficacious Timing. The data presents that poor life outcomes for adolescent mothers are not directly correlated with early pregnancy; rather, they are evidence of the interplay of multiple levels of a person's ecological and physiological development. These layers of risk demand manifold levels of intervention that cogently reflect the population most affected by the problem. Wandersman and colleagues stress the importance of bringing in the cultural context and level of "readiness" possessed by the target community to sustain the intended positive behavioral and/or systematic change (Wandersman et al., 2000, p 392). The provision of resources such as childcare and financial assistance may positively impact teen mothers, though effective

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prevention must begin earlier in the child's development. The first five years of a child's life set the foundation for future development. Messages, relationships, and environments experienced early on are critical to a child's transition into adulthood (O'Connell et al., 2001, p 72).

First Stage: Universal Prevention. The first phase of prevention must occur on a universal level. Program designs begin by incorporating self-efficacy, ongoing goal setting, and action planning with children to ensure they have the foundation that can lead to healthier life outcomes (Meade et al., 2008, p 427). If society depicts pregnancy as a negative, life-altering event, and pre-existing barriers such as poverty, racism, and trauma absolve girls of life-altering opportunities, teen mothers are at a high risk for a "passive acceptance of the future...[because] their aspirations have no immediacy" (Griffin, 1998, p 55). It is crucial that programs not only get girls thinking about life aspirations at a young age, but also provide tangible steps toward achieving these goals.

Asset-Aspiration-Based Education. Asset-Aspiration-Based Education is a proposed model that attacks poor life outcomes at a universal level. The program requires support by all members of the ecological system: family, school, and the community. Beginning at the micro level, parents are encouraged to promote and celebrate aspirations in a way that fits within their culture. Positive messages of self-worth and future opportunities can then be transferred to the meso level or education system. To combat lack of direction and feelings of hopelessness, assets are identified within students at an early age, aspirations are developed, and steps for achieving these goals are built into the curriculum. These identified goals are then transformed into three capstone projects (elementary, middle, and high school) where students develop and present actionable plans in order to achieve their aspirations. This addresses the "passive acceptance of the future" that Griffin warns about by fostering self-efficacy early on in the developmental stage.

Selective Approach. An important caveat is that not all students will require the same level of support. Judicious prevention programs identify the most malleable risks, at the proper stage of development, and address them before they gain momentum (Catalano et al., 2012, p 1655). Taking a selected approach to prevention—targeting risk factors before they develop—will not only preclude the development of compounding risks but also promote overall healthy childhood development (Catalano et al., 2012, p 1654). Adverse childhood experience (ACE) scores are a powerful tool for assessing a child's risk for developing antisocial behaviors. SmithBattle followed a group of teen mothers and her family members from her original study in 1988, through 2016. The sample was homogenous, including low to high ACE scores. Her findings from the study indicated that risk for teen pregnancy grew exponentially with increasing ACE scores. Within the sample, only 16 percent of the females reporting an ACE score of 0 became pregnant, whereas 53 percent of women with a score of 8 became adolescent mothers (SmithBattle, 2018, p 2). As part of Asset-Aspiration-Based Education, students take this test, and participants with higher ACE scores will receive more intensive programming, meet more frequently, and explore ways to overcome barriers (both directly observable and those that are perceived by the child). ACEs will help adjust program dosage to match with varying levels of risk (Nation et al., 2005, p 5). The intended outcome of Asset-Aspiration-Based Education is that all students will graduate high school with aspirations. Students will graduate with three levels of capstones that remove the daunting nature of facing the future without a plan.

Indicated Approach. Prevention must then transition to an indicated level, addressing the needs of those most impacted by the risks associated with premature motherhood. The timing of social support is crucial. Adolescence is when a person is the most susceptible to peer influence (Griffin, 1998, p 57). For teen mothers in particular, several services are designed to support the mother during pregnancy and directly after the child is born, but little exists beyond that

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(Halpern and Covey, 1983, p 162). This gap in services explicates why the most trying time for an adolescent mother is two years postpartum (Klaw, 2002, p 225). A breach in this time period demands programs that provide teens the skills necessary to overcome everyday barriers standing between them and positive life outcomes (McDonell et al., 2007, p 844). Thus, individual needs assessments would be a powerful tool to reflect the needs of adolescent mothers and what could best serve a positive trajectory for the future.

Resiliency Approach. Social cognitive theory identifies two necessary ingredients to achieve behavior change: outcome expectations (as discussed earlier), and efficacy expectations. Rosenstock defines this as “conviction that one can successfully execute the behavior required to produce the outcomes” (Rosenstock, 1988). An approach that could profoundly inform prevention programs is not solely looking at which products of an individual’s internal and external environment lead to dysfunction; rather, it addresses which of those elements has the potential to serve as a buffer. Asset-based approaches that do not emphasize deficiencies have the most profound effect when promoting individual resiliency (Bernard, 1991, as cited in Griffin, 1998, p 54).

Demand for Further Research and Next Steps

While abolishing racism and classism is beyond the scope of this paper, it is clear that its effects present real consequences. A fear among policymakers, educators, and other societal leaders may be that by providing support to teen mothers, they are condoning or perpetuating adolescent pregnancy. This narrative needs to be shifted. Stigma and inconsistent support only serve to fuel the problem. Programs that help delay pregnancy, support healthy existing pregnancies, and promote and support goal setting, need to be made easily accessible, free of judgment or bias, and easy to utilize. An underlying assumption of this research is that by promoting and valuing the futures of all children, young mothers will see their worth and invest in their potential. However, we must not treat prevention as a one-size-fits-all endeavor. Not all youth carry the same risk for adolescent pregnancy and poor life outcomes. Prevention has the obligation to espouse a justice-oriented approach where individual necessities are served to the degree to which they are needed.

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