

Homeless Adolescent Mothers: A Metasynthesis of Their Life Experiences

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The purpose of this article was to synthesize the findings of six qualitative studies on homeless adolescent mothers. Metasynthesis was conducted using the meta-ethnographic approach of Noblit and Hare [Noblit, G., & Hare, R. (1988). *Meta-ethnography: Synthesizing qualitative studies*. Newbury Park, CA: Sage Publications]. Six reciprocal translations illuminating the experiences of homeless adolescent mothers emerged: being homeless, enduring abuse, lamenting lost years, searching for support, recreating self, and seeking a better life. The findings may be used by nurses working with this population as the basis for a framework of intervention strategies directed toward helping these mothers cope with their dual transitions into motherhood and adulthood while simultaneously being homeless.

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FAMILIES WITH CHILDREN are one of the fastest-growing subpopulations of homeless individuals in the United States. It is estimated that these families account for more than 40% of the homeless population (Lowe, Slater, Wefley, & Hardie, 2002). The primary causes for the increase in family homelessness among adult-headed families are poverty (especially among single female-headed households) and lack of affordable housing (Choi & Snyder, 1999). Also contributing to the rising number of homeless families with children are declining wages and changes in welfare programs (National Coalition for the Homeless, 2001). Among families headed by adolescent mothers, homelessness may be attributed to different causes. Homeless adolescent mothers can be divided into at least two groups: those who ran away from home or were forced to leave their home and became pregnant while living on the streets (Greene & Ringwalt, 1998) and those who were evicted specifically because of their pregnancy (Johnson, 1999).

Homeless adolescents are defined as those who have spent a night in a shelter or makeshift shelter (e.g., abandoned building), in a stranger's home, or on the streets (Greene & Ringwalt, 1998). However, this definition may not adequately describe all homeless youths. Many homeless adolescents will "couch-surf" (Saewyc, 2003, p. 355) or stay nightly with different friends or other family members while they are away from home. Choi and Snyder (1999) state that homelessness begins not when individuals enter a shelter, but when they have to "double up" or, in the case of teenagers, couch-surf in the homes of friends and family members.

Within the past decade and a half, an increasing number of studies focusing on homeless adolescent mothers have been conducted, many of them qualitative. With more qualitative studies focusing on homeless adolescent mothers being generated, one must ask: "What generalizations can be made from the results of these qualitative research studies that would allow nurses to better meet the needs of and provide care for homeless adolescent mothers and their children?" Separately, the studies may provide glimpses into the lives of homeless adolescent mothers. Individual studies, while being informative, do not always contribute significantly to a full understanding of the phenomenon of interest (Jensen & Allen, 1996). To increase the clinical utility of study findings related to homeless adolescent mothers, single studies must be synthesized. The purpose of this article was to synthesize qualitative findings relating to homeless

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doi:10.1016/j.pedn.2006.02.004*

adolescent mothers. Qualitative metasynthesis is one such method for completing the synthesis. A synthesis of current qualitative research results will increase the understanding of homeless adolescent mothers, will provide implications for nursing practice and policy makers, and will suggest areas for future research.

WHAT IS METASYNTHESIS?

Qualitative metasynthesis enlarges the interpretive possibilities of data. Metasyntheses differ from secondary analyses in that the former uses the findings of published research as data and the latter uses raw data collected by original researchers to reexamine an issue under study. The aim of metasynthesis is to create an innovative and integrative interpretation of qualitative findings that is more substantive than those revealed by individual investigations (Finfgeld, 2003). Synthesizing data of existing qualitative studies is necessary to enhance the generalizability of qualitative research results (Sandelowski, Docherty, & Emden, 1997). Metasynthesis is accomplished by “carefully peeling away the surface layers of studies to find their hearts and souls in a way that does the least damage to them” (Sandelowski et al., 1997, p. 370).

A review of the nursing and related literature on homeless adolescent mothers revealed six qualitative studies on this phenomenon. Although metasyntheses on homeless mothers (Meadows-Oliver, 2003) and adolescent mothers (Clemmens, 2003) were found in the literature, no previous metasynthesis on homeless adolescent mothers was identified. Therefore, a metasynthesis of qualitative research studies on homeless adolescent mothers was conducted.

PROCEDURE

This metasynthesis was conducted using the meta-ethnographic approach of Noblit and Hare (1988). This approach involves a systematic comparison of studies in which the studies are translated into one another. The comparison and translation of the studies are accomplished by completing the following steps: identifying a topic of interest; deciding what studies are relevant to the topic; reading the studies; and determining the relationship among them. The themes and concepts of one study are then compared with the themes and concepts of other studies in the

sample. They are then synthesized to reveal overarching metaphors that comprise the final findings of the metasynthesis (see Table 1 for an example of the themes and concepts synthesized to develop two of the overarching metaphors for this metasynthesis).

The studies included in this synthesis were identified in literature searches using the keywords “homeless,” “adolescent mothers,” and “teenage mothers.” Computerized databases such as CINAHL, MEDLINE, psycINFO, Social Work Abstracts, and Dissertation Abstracts were searched for available data. Citations from the reference lists of previously gathered articles were also searched to ensure that significant work would not be missed. Six qualitative studies on homeless adolescent mothers were located and included in this metasynthesis (see Table 2 for study characteristics). Studies were included only if they used a qualitative design, were published in English, and described the experiences of homeless adolescent mothers. Although no time constraints were set for the studies, the studies were published between the years 1991 and 2003. Three studies included in the metasynthesis were from peer-reviewed journals, and the remaining three studies were from a master’s thesis and doctoral dissertations for which no subsequent publications were located. The combined sample of participants in these studies included 37 homeless adolescent mothers. The studies were conducted by researchers from a variety of

Table 1. Examples of Concepts from Original Studies and the Derived Theme

Author	Original Study Theme or Concept
Derived theme: being homeless	
Leppard (1991 p. 34)	Relationship with parents (familial conflicts)
Levins (1995, p. 35)	Unstable and transient living situations
Omolade (1997, p. 172)	Kicked out because of pregnancy
Johnson (1999, p. 69)	Eviction of teenage parents
Hanna (2001, p. 458)	Feeling unloved, unwanted, and unfairly punished
Saewyc (2003, p. 351)	Family relationships and conflicts
Derived theme: enduring abuse	
Levins (1995, p. 36)	Histories of abuse and neglect
Omolade (1997, p. 171)	Parental substance abuse and violence
Johnson (1999, p. 70)	Living with physical and mental abuse
Hanna (2001, p. 458)	Physical and emotional abuse
Saewyc (2003, p. 353)	Violence and sexual abuse during childhood and adolescence

Table 2. Characteristics of Studies Included in the Metasynthesis

Author	No. of Participants	Country	Discipline	Design	Publication Type
Leppard (1991)	1	Canada	Education	Descriptive qualitative	Master's thesis
Levins (1995)	10	United States	Social work	Descriptive qualitative	Master's thesis
Omolade (1997)	9	United States	Sociology	Ethnography	Dissertation
Johnson (1999)	4	United States	Social work	Feminist qualitative	Peer-reviewed publication
Hanna (2001)	5	Australia	Nursing	Ethnography	Peer-reviewed publication
Saewyc (2003)	8	United States	Nursing	Ethnography	Peer-reviewed publication

academic disciplines, including nursing, social work, and education.

SAMPLE

The sample for this metasynthesis was composed of six research studies. The demographic characteristics of the study participants are located in Table 3. Leppard (1991) conducted a qualitative study of three homeless adolescents to explore their educational needs and aspirations. Only one of the homeless adolescents in the study had a child at the time of the interview. The findings revealed that this homeless teenage mother left home due to family conflicts and feelings of isolation from her peers. In spite of this, she had hopes of finding a job and securing housing for herself and her child in the future.

Levins (1995) conducted a qualitative study of 10 women who had been homeless pregnant adolescents. The average age of the participants was 18.8 years. Her findings revealed that the young women experienced low levels of life satisfaction, severe poverty, and high levels of stress. The majority of these adolescent mothers also reported a history of sexual abuse. These young women also spoke of feeling “an overwhelming sense of loneliness” (Levins, 1995, p. 49). Most activities performed in their leisure time were performed alone or with their children. Many had withdrawn from school, which placed them at further risk for social isolation.

In an ethnographic study of nine African American homeless adolescent mothers, Omolade (1997) similarly noted that the mothers dealt with multiple life stressors. The mothers spoke of having moved around among family members many times as children, having lived in foster homes, and having lived in homeless shelters. The homeless adolescent mothers were found to be addressing the stresses of balancing the multiple roles of being a mother, a student, and an employee, in addition to being homeless. Omolade

found that most mothers were partially successful in one of the roles required of them, but were rarely successful in all three roles simultaneously.

In a qualitative study including homeless women of all ages, Johnson (1999) revealed a theme (“eviction of teenage parents,” p. 69) specific to homeless teenage mothers within her study. A separate analysis was performed on the four older adolescent mothers aged 18–21 years. Johnson reported that these young women had not been living in shelters, but had been living doubled up with relatives and in-laws. Earlier in their lives, these young women had experienced being cared for in foster homes and group homes. They endured physical, sexual, and substance abuse from their parents and partners, and they endured their own substance abuse. Eviction because of pregnancy was the event that led to homelessness among this group.

In an ethnographic exploration of how homeless teenage mothers negotiate the struggles of motherhood, Hanna (2001) recorded the experiences of five homeless adolescent mothers. The findings illuminated the struggles of mothers who were exerting great effort to care for themselves and their children while simultaneously trying to deal

Table 3. Characteristics of Study Samples Included in the Metasynthesis

Author	Age (Years)	Ethnicity	Marital Status
Leppard (1991)	19	Caucasian	Single
Levins (1995)	18–20	African American (4) Latino (2) Caucasian (3) Asian (1)	Single (10)
Omolade (1997)	19–24	African American (9)	Single (9)
Johnson (1999)	18–21	Latino (1) African American (1) Unspecified (2)	Single (1) Married (1) Unspecified (2)
Hanna (2001)	16–19	Caucasian (5)	Single (5)
Saewyc (2003)	17–19	Caucasian (5) American Indian (1) African American (2)	Single (8)

with their own adolescent development. The results revealed three themes relating to negotiating motherhood in the lives of homeless teenage mothers: experiencing turmoil in their lives, having an unhappy childhood, and needing to find love and support in their lives. These mothers described their pregnancies as a way of having a “traditional family life” (p. 461), as well as of ensuring unconditional love from their babies.

Exploring the life contexts and environments of homeless adolescent mothers, Saewyc (2003) interviewed eight mothers. Four major themes emerged from the study of Saewyc. The first theme revealed that many of the adolescent women had conflicted familial relationships. In the second theme, they endured a history of physical and sexual abuse. In addition to the physical and sexual abuse, the third theme showed that these homeless adolescent mothers also had to deal with their own substance abuse and mental health problems, as well as those of their parents. The final theme revealed that homelessness was not a new phenomenon for these adolescent mothers. These young women had a history of housing instability while growing up. The findings of Saewyc further revealed that, for the young women in her sample, pregnancy was perceived as a positive event. The pregnancy served as a reason for them to discontinue their risky behaviors and as a way to assert control in a life that allowed few choices.

RESULTS

Six reciprocal translations illuminating the experiences of homeless adolescent mothers emerged: being homeless, enduring abuse, lamenting lost years, searching for support, recreating self, and seeking a better life.

Being Homeless

These young women had experienced housing instability long before their current episode of homelessness. Due to their biological parents being either physically and/or emotionally unable to care for them, these adolescent mothers had all moved a number of times and had lived with several people as children. As small children, and now as adolescent mothers with their own children, they lived through cycles of homelessness.

The homeless adolescent mothers described situations wherein their parents were either physically or emotionally unavailable to them (Levins, 1995; Omolade, 1997; Saewyc, 2003). One home-

less adolescent mother stated, “I lived with [great] grandpa mostly. My mom lived there, but my grandpa raised me because my grandpa like took care of her, too, and he just took care of both of us. Cause she had me at a young age, too” (Saewyc, 2003, p. 351). Describing the emotional unavailability of her parents, one mother stated, “As a matter of fact, if I had to look back on my life situation, I would say I was always alone. All I could ever count on was myself, even today” (Levins, 1995, p. 37).

Many of the young women had spent time in the foster care system during their childhood (Hanna, 2001; Johnson, 1999; Omolade, 1997; Saewyc, 2003). Those who had not been in foster care were often shuttled from relative to relative (Omolade, 1997; Saewyc, 2003). In sharing her story, one homeless adolescent mother stated, “My mom’s sister and all the family, they raised me, too, cause my mom wasn’t around, and my mom gave me to her sister when I was little” (Saewyc, 2003, p. 351).

The current homeless situations of these adolescent mothers were related to a variety of factors. Some were homeless because of their pregnancies—these young women had doubled up (Choi & Snyder, 1999, p. 62) or couch-surfed (Saewyc, 2003, p. 355) with friends or relatives before arriving at the shelter—and some were homeless before they became pregnant. The most salient reasons stated for being homeless were: escaping abuse (Omolade, 1997), being evicted due to pregnancy (Johnson, 1999; Omolade, 1997), and leaving home due to conflicts with family members or feeling unloved (Leppard, 1991; Levins, 1995; Saewyc, 2003). One homeless adolescent mother illuminated the conflicts in her family in the following statement, “There was a lot of friction you see ’cause I’m saying I know how to raise my child . . . and she’s saying, no you don’t . . . that was a big part of the friction right there” (Leppard, 1991, p. 29).

Enduring Abuse

These young women experienced a variety of abuses during their short life spans. The abuse that they experienced was not limited to physical abuse. While these homeless adolescent mothers were growing up, they endured emotional, verbal, and sexual abuse, as well as parental drug abuse.

The homeless adolescent mothers reported being physically abused by parents and other family members during their childhood and sometimes into adolescence. During adolescence,

many experienced additional abuses by the fathers of their babies and boyfriends (Hanna, 2001; Johnson, 1999). One young mother stated, "... I met my son's father, and I figured I'd have a happy life with him so I moved in with him and his family ... I wasn't an easy year. It was upsetting for me. I couldn't live with him. I was abused mentally and physically by him" (Johnson, 1999, p. 70). Some young mothers felt that this abuse was an expression of love. They were abused as children and came to expect abuse (Omolade, 1997). Other young mothers began to abuse themselves by engaging in cutting and self-mutilation (Saewyc, 2003).

In addition to being physically abused, the homeless adolescent mothers reported being sexually abused by their intimate partners (Johnson, 1999; Levins, 1995). These young women also spoke of histories of incest and rape (Omolade, 1997). Saewyc (2003) noted that six of eight participants in her study reported having been sexually molested as young children and/or having been sexually abused or raped as adolescents.

Abuse of alcohol and drugs was a common occurrence in the lives of these young women. They endured parental substance use and abuse (Omolade, 1997; Saewyc, 2003). Their intimate partners abused drugs (Hanna, 2001) and, in some cases, the homeless adolescent mothers themselves abused drugs (Saewyc, 2003). When discussing her substance abuse and attempts to quit, one young mother spoke of getting "the shakes and stuff, and withdrawals" (Saewyc, 2003, p. 354).

Lamenting Lost Years

A prominent theme throughout the studies was that the homeless adolescent mothers felt that, because of their status as parents, they were unable to experience their adolescence in the same manner as their nonparenting counterparts. Hanna (2001) labeled these feelings "lamenting lost adolescent years" (p. 459). One young mother stated that, "He made me grow up really quick. You still miss the little things like being able to get up and go whenever you want, and, I mean, I did miss out on a lot of my grade 12 year by having him ..." (Leppard, 1991, p. 37).

These homeless adolescent mothers felt isolated from their friends at a time in their lives and at a developmental stage when being with peers was important. One homeless adolescent mother stated, "The funny thing is, I found that my best friend, from when before I had the baby, her and I rarely

talk. It's just that she's on such a different wavelength" (Leppard, 1991). Another mother commented on her sense of isolation and loneliness, "It's just me and my baby; without a car, sometimes I don't see anyone else for days" (Levins, 1995, p. 49). The feelings of isolation sometimes led to feelings of frustration, as illustrated by a homeless adolescent mother, "You can't do anything now. My friends stopped hanging out with me because I was always with the baby. Sometimes I get so mad I feel like hitting him, but I never would" (Levins, 1995, p. 44).

The young mothers complained of not being able to have as much fun as their nonparenting peers (Hanna, 2001; Leppard, 1991). One mother stated, "There are times, if there's a party going on somewhere ... it's nice just to be able to get out of the house for an evening or whatever and just socialize for an evening, but it's difficult (Leppard, 1991, p. 37).

Searching for Support

Searching for support was the fourth theme identified in this metasynthesis of pregnant and parenting homeless adolescents. Stress was revealed to be a large part of the lives of homeless adolescent mothers (Hanna, 2001; Levins, 1995), "Being a mom is a great stress. You only used to have to think of yourself and now you are totally responsible for that child" (Levins 1995, p. 43). They dealt with the stresses of taking on multiple roles (such as being a caregiver, a student, and a worker; Leppard, 1991; Omolade, 1997) and sought support to help them cope. Trying to juggle these multiple roles was nearly overwhelming for the young mothers. They are in school during the day and are not able to get proper rest at night because they are awake with the baby. These homeless adolescent mothers spoke of the stresses of attending school 5 days each week, working on weekends, then returning to the shelter to care for their infants (Leppard, 1991). They complained of "chronic tiredness" (Hanna, 2001, p. 459).

Many, but not all, of the homeless adolescent mothers were able to receive emotional support from their families of origin, but not financial support (Levins, 1995). Some young mothers had all familial support withdrawn from them as soon as their pregnancy was discovered (Hanna, 2001). Similar stories regarding the fathers of their babies were shared. The fathers were a source of emotional support (Levins, 1995; Omolade, 1997), but in many cases, they provided no

financial support (Hanna, 2001). For most mothers, financial support was received from the government in the form of food stamps and welfare payments (Hanna, 2001; Johnson, 1999; Leppard, 1991; Levins, 1995), but these mothers realized that governmental assistance was not a permanent solution, "Welfare is something that you cannot count on; you can't afford to buy anything you need and you'll end up having to stay in an unsafe place with your baby; you need safe housing" (Levins, 1995, p. 47).

These homeless adolescent mothers looked not only for financial and emotional familial support but also for support and assistance with child care, and they were not able to receive it (Leppard, 1991). When discussing the need for child care assistance from her mother, one young mother stated, "I just wish sometimes she'd be a little more lenient and take the baby on the weekend or something. But she says, 'if you didn't have the baby, then you wouldn't have to worry'" (Leppard, 1991, p. 37). Another homeless adolescent mother described her feelings of wanting, but not having, support and assistance when caring for her child, "It'd be nice not to have to get up, you know, all through the night. It'd be nice to have somebody you can say, 'It's your turn,' you know" (Hanna, 2001, p. 459).

The homeless adolescent mothers discussed having had institutional support, in addition to familial support. Nurses were seen as a source of support (Hanna, 2001) as were the shelter staff who provided assistance in finding employment and permanent housing (Omolade, 1997). Schools were also a possible source of institutional support. However, some homeless teen mothers dropped out of school, eliminating such potential source of support (Omolade, 1997).

Recreating Self

Pregnancy and childbirth were seen as a time for the mothers to reinvent themselves. Hanna (2001) described the pregnancy period as a metamorphosis, "breaking open of the cocoon and revealing a new person" (p. 459). The pregnancy provided an opportunity to "shake off the past" and to prove that they were valuable individuals as well as competent young mothers (p. 459).

The pregnant and parenting homeless adolescent mothers noted how having a baby helped them to "settle down" (Omolade, 1997, p. 184) and to become more stable. Because of their feelings of responsibility toward their children, the adolescent

mothers "stopped partying, drinking, and smoking marijuana" (p. 184).

Pregnancy also led some of the homeless adolescents to become more spiritual. Saewyc (2003) revealed that religion and spirituality had become important parts of the lives of most adolescent women in her study. Many of the mothers used their spirituality to help them cope with the reality of being homeless.

Seeking a Better Life

The young women realized that education and employment were essential to better lives for themselves and their children. Hanna (2001) reported that each of the homeless adolescent mothers in her study held visions for the future. The young mothers in her study viewed finding employment and stable partners as important to escaping poverty.

Levins (1995) reported that the homeless adolescent mothers in her study viewed education and establishment of a career as ways to escape poverty. Participants in the study of Saewyc (2003) echoed similar statements. All participants spoke of their desire to return to school in the future. Some young mothers even returned to school during the study period. In addition to completing their education and finding employment, the homeless adolescent mothers mentioned securing stable housing as hope for the future (Saewyc, 2003).

DISCUSSION

More than a decade ago, researchers recognized that programs designed to benefit homeless mothers may not succeed until the experiences of homeless mothers have been explored and understood (Boxill & Beaty, 1990). This may be especially true for homeless adolescent mothers. This metasynthesis sheds light on the collective experiences of homeless pregnant and parenting adolescents. These experiences may be compared and contrasted with those of adult homeless mothers and housed adolescent mothers. The themes generated in this metasynthesis are similar to the qualitative research findings of adolescent mothers in general (Clemmens, 2003). These findings support the notion that these young women are adolescent mothers who are, first, dealing with dual transitions into adulthood and parenthood and, second, facing the additional life stressor of being homeless.

Because of their cognitive developmental level, homeless adolescent mothers may be different from—and have distinct experiences of being homeless than do—their adult homeless counterparts. For adult mothers, the reason for being homeless was to escape intimate partner abuse; for adolescent mothers, it was to escape intimate partner and/or parental abuse. Their differences were more diverse. Adolescent mothers were homeless because of eviction due to their pregnancy and departure from home because of conflicts with family members and feeling unloved. For the adult mother, the reasons for being homeless were intolerable living conditions/condemned housing, unaffordable rent/eviction, fire, and divorce/separation from spouse/partner (Meadows-Oliver, 2003).

These young mothers experienced physical, verbal, and sexual abuse. They had to deal not only with substance abuse by their loved ones but their own substance abuse as well. For situations involving physical abuse, adult mothers may be referred to domestic abuse centers or safe houses. Because of their status as minors, adolescent mothers less than 18 years may not have the same domestic violence resources available to them. Child protective services may be a resource for clinicians working with minors who are in abusive situations. Involving law enforcement officials may also be an option, especially for those adolescent mothers dealing with intimate partner abuse. Finding substance abuse treatment programs for which adolescent mothers are eligible may prove to be more difficult than finding resources for domestic violence. Because programs will vary geographically, nurses and nurse practitioners should make themselves aware of available resources in their area for the treatment of adolescent substance abuse.

In addition to dealing with abuses of various types, there are numerous situations that homeless adolescent mothers face that may put them at risk for depression. “Lamenting lost years” occurred because homeless adolescent mothers were isolated from their peers during a developmental stage when making connections with friends was significant. A similar theme emerged in a metasynthesis on adolescent motherhood, which the author labeled as “living in the two worlds of adolescence and motherhood” (Clemmens, 2003, p. 96). This phenomenon of being separated from peers is difficult for adolescent mothers in general and may be especially hard for those adolescent mothers who are homeless.

The social isolation that homeless adolescent mothers experience may lead to feelings of sadness or depression. Other potential factors that may lead to depression are the daily stressors with which these mothers have had to contend. Within the shelter environment or when these homeless adolescent mothers present at health care visits, they can be screened for depression with instruments such as the Beck Depression Inventory II (Beck, Steer, & Brown, 1996) and the Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff, 1977), which have both been shown to have good validity and reliability in detecting depression in samples of adolescent mothers (Black et al., 2002; Leadbeater, Bishop, & Raver, 1996). The CES-D short form (10 items; Cole, Rabin, Smith, & Kaufman, 2004) is also available for use in screening for depression. This scale has been shown to be as reliable as the CES-D full form in detecting depressive symptoms in the general population. No studies using the short form with adolescent mothers were located in the literature, so the reliability of using the shortened version with this population has not yet been established.

In the reviewed studies, the homeless adolescent mothers were aware of their stressful situations and realized that they needed the assistance of others to help them cope. One homeless adolescent mother expressed frustration and wanted to strike out. Other young mothers may have similar yet unexpressed feelings. Stress may cause regression in the developmental status of the homeless adolescent mother, which will in turn affect how she cares for her child. Shelter nurses and other nurses who work with homeless adolescent mothers can assist these young mothers by helping them enroll in parenting classes and by obtaining the necessary mental health services to help them cope. Nurses and nurse practitioners in office or clinic settings can provide parenting guidance during well-child visits. For those homeless adolescent mothers who are still enrolled in school, nurses and nurse practitioners in school-based health centers may be able to help connect these young women to resources within the community for assistance.

Homeless adolescent mothers who reside in shelters that usually serve adult mothers may have difficulty adjusting to the setting due to their developmental level. These young mothers are placed in an adult situation, but they may not have the cognitive capabilities to respond as adults.

They will need support and guidance in adjusting to shelter life and in adhering to shelter rules.

The role of support from various sources—institutional as well as familial—cannot be overestimated with this group. In the adult literature, mothers state that other shelter mothers were a source of support (Meadows-Oliver, 2003). This finding was not mentioned with the adolescent mothers, but it explored a potential support system that may be fostered. Omolade (1997) noted that the shelter staff could be viewed as “other mother” for homeless adolescent mothers. Although all homeless mothers need support, the type of support required may not be comparable. Homeless adolescent mothers may need additional support compared to adult mothers. Adolescent mothers are simultaneously transitioning into adulthood and motherhood. Because they are facing the added stressor of being homeless, adolescent mothers will need support to successfully progress through their developmental transitions while concurrently searching for stable housing.

Because these homeless adolescent mothers wanted to “recreate” themselves after the birth of their babies, this period may have been optimal for encouraging them to continue with their education or to obtain employment. Although these homeless adolescent mothers appeared to realize that education and employment are essential to ending their cycles of homelessness and to making a better life for themselves and for their children, many young mothers who are in similar situations do not even know how to fill out a job application form or what may be expected during a job interview. Homeless adolescent mothers may benefit from assistance with life skills training, financial planning, and job placement. They may be referred to workforce investment agencies (WIAs), which offer employment and training, education, and economic development services to those in need. WIAs, developed under the Federal Workforce Investment Act of 1998, prepare youths for employment through school-to-career programs and intermediary youth work programs. They also aid welfare recipients toward self-sufficiency through the federal welfare-to-work program. These mothers may also benefit from support and programs that are designed to assist them with completing their high school education. Homeless adolescent mothers will benefit from ongoing support in assisting them to balance their multiple roles as student/mother/employee.

When caring for families headed by homeless adolescent mothers who are less than 18 years, nurses must be concerned with legal issues. In many, but not all, states, these mothers may be considered legally emancipated minors. In most cases, homeless adolescent mothers are able to consent for health care for themselves as well as for their children.

However, aside from obtaining health care, there are other aspects of their lives that must be considered from a legal viewpoint. Homeless adolescent mothers who are less than 18 years are not able to perform basic legal functions (such as signing a lease) that are required to establish a residence for themselves and for their children (Haber & Toro, 2004). In addition, under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, which created the Temporary Assistance to Needy Families (TANF) welfare program, adolescent mothers who are less than 18 years must live in an approved adult-supervised setting to receive governmental financial assistance in caring for their children (Levin-Epstein & Hutchins, 2003). To assist homeless adolescent mothers (who may otherwise be forced to live in unsafe or abusive environments) meet this eligibility criterion for receiving TANF benefits, the U.S. Department of Health and Human Services has provided funding for the establishment of second chance homes. Second chance homes offer stable housing and other supportive services to teenage mothers while providing them with the skills and knowledge necessary to become more effective as parent and to lead productive independent lives. For those adolescent mothers who are not living in supervised situations and are ineligible to receive welfare benefits, the care of their children may be further compromised because they may not be able to meet the basic needs of shelter and food/formula. Nurses who work with homeless adolescent mothers may again be in a position to assist these mothers in connecting with community resources that may allow them to adequately care and provide for their children.

LIMITATIONS

This metasynthesis is potentially limited by the fact that it is an interpretation of other researchers' interpretations. If the original researchers conducted superficial analyses may limit the conclusions that can be drawn from their study findings. In this metasynthesis, only the results of previously

published articles and dissertations were used. The author did not have access to all qualitative findings of the original studies (including verbatim transcripts and field notes), but had access only to what had been published. Had the author had full access to all of the qualitative findings, the results of this metasynthesis would have been enhanced.

CLINICAL AND RESEARCH IMPLICATIONS

Because this metasynthesis takes into account the findings of several qualitative studies, the findings may be used by nurses and other health care workers as the basis for a framework of intervention strategies directed toward helping these young mothers find innovative solutions to dealing with shelter living and find new ways to resolve their homelessness. To help prevent homelessness among adolescent mothers, housing screening questions can be performed at their health care visits or when they seek health care for their children. Pediatric nurses and nurse practitioners are in an ideal position to screen adolescent mothers for homelessness because of the frequency with which these mothers may present to pediatric offices with their children for well-child and urgent care visits. Adolescent mothers should be asked about the stability of their current living situations—Can they stay in their current living arrangement for a while, or do they feel as if they may have to leave their residence at any minute? Nurses and nurse practitioners should also inquire about the number of moves that the family has had within the past year. Two or more moves in the previous year or living in an unstable environment is a red flag that warrants further investigation or referral to a social worker.

Pediatric nurses and pediatric nurse practitioners are able to assist these young mothers through their transitions to motherhood and adulthood. Nurses can also help these mothers by providing support and by referring homeless adolescent mothers to appropriate resources for assistance in balancing their multiple roles. Nurses can be a referral source for resources that will aid in finding stable housing,

job training, and employment for homeless adolescent mothers.

Because homeless adolescent mothers rarely live on the streets with their children, but instead live in shelters or double up with friends and relatives, an intensive home visitation program may benefit them. The home visitation program should be staffed with members of an interdisciplinary team composed of nurses, social workers, and others, which may provide social support and necessary resources to resolve homelessness. Nurse home visitation programs have been shown to have good efficacy and to improve outcomes with mother-child pairs in general (Olds et al., 2002) and with adolescent mothers and their children in particular (Koniak-Griffin et al., 2003). These same models can be employed when developing and implementing home visitation programs that target the families of homeless adolescent mothers.

Future research should focus on comparing homeless adolescent mothers with adult mothers in an effort to discern their similarities and differences. By comparing and contrasting their experiences, programs that serve both populations may be better able to meet the unique developmental needs of homeless adolescent mothers while continuing to assist both groups in obtaining stable housing. Research should also focus on comparing the experiences of homeless adolescent mothers with those of low-income housed adolescent mothers in an effort to distinguish issues related to their developmental status as adolescents and those that may be attributed to being homeless.

CONCLUSIONS

Homeless adolescent mothers are a growing subpopulation of homeless individuals. The population of homeless adolescent mothers, the country of origin of publications, and the academic disciplines of the authors included in the metasynthesis were heterogeneous, thereby increasing the generalizability of the results. Credibility was established by these findings by supporting similar themes derived from previous metasyntheses on similar populations (Clemmens, 2003; Meadows-Oliver, 2003).

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