

Exploring Adolescence and Parenthood: A Transitional Life Stage and Abrupt Life Change

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Abstract

This explorative discussion of the literature explores transitional and developmental theory focusing on adolescence and the transition to parenthood. The concept of the emergent adult is explored in the context of teenage parenthood transition. Similar to the emergent adult the teenage parent proactively choose their life course options that incorporates securing social resources and future positions. The transitional process moving from adolescence to adulthood is expedited for the teenage parent. In hastening this transitional developmental phase teenage parents are propelled into the role of emergent adult. Awareness by community healthcare professionals of the challenges teenage parents face with regards to transitional processes moving from adolescent to the adult role of parent should be considered in effectively supporting these young parents.

Keywords: Adolescence; Adolescent parenthood; Transitional and developmental challenges

Introduction

Recognition of the transitional challenges for teenage parents by community healthcare professionals and services is crucial in providing this young parent with effective support. Adolescence regarded as a transitional life stage period represents for the teenage parent an abrupt life stage change. Transitional challenges represent a key aspect of teenage parenthood linked with overlap between adolescent development and transitions to parenthood [1-5]. Becoming a teenage parent propels the adolescent into enacting a similar role to that of the emergent adult in making life choices that secure social resources and future positions for both their child and themselves [6]. As such, there is a requirement for community practitioners to know the teenage parent and this should ideally encompass community practitioners and teenage parents working collaboratively towards future goals acknowledging teenage parents need to further develop their self-efficacy. In working collaboratively it is essential to tailor the provision of services recognising these young parents' informational, physical, psychological and social need.

Adolescence a Life Stage Period

Ambiguity exists as to when exactly adolescence occurs within the lifespan and whether 'adolescence', 'young person' and 'youth' are overlapping entities [6-8]. The concept of adolescent would appear to be shaped by historical and cultural context reflecting theoretical debate linked with chronological age range [7,8], life stage transitions [9-13], emergence [6,14-18] and contextual influence [6,19-22].

In portraying adolescence as a life stage period, Hall's [23] seminal work outlining adolescence as occurring within a specified timeframe or life period extending from age 14-24 years has been particularly influential. Hall's [23] ideal of adolescence occurring within this time

period would appear to have been shaped by biological changes depicting the typical age at which puberty commenced. While Hall did not provide a rationale for choosing 24 years as the end point of adolescence, it is assumed this is culturally grounded as a period when the young person left home forging their independence from their parents [6]. Since Hall's work [23], key factors such as genetic, biological, socioeconomic and nutritional status have been shown to influence the onset of puberty and the time period defined as adolescence [6,14,20]. Thus, when adolescence begins and ends is shaped not only by physiological changes depicting the onset of puberty and menarche but also by social and cultural contexts [6,19-22].

Influences on biological changes in the past two centuries linked with improved nutrition and infection control has witnessed a change in the onset of menarche moving from the average age of 14.5 years to 12.5 years [6,21]. The onset of fertility marked by menarche represents in some societies the transition to adulthood, thus in this context adolescence is viewed as a rite of passage marked by this biological change [20]. Social and cultural influences depicting adolescence is predominantly shaped by industrialisation bringing with it educational opportunities and lengthier periods in transitioning from childhood to adulthood [6,19,20]. The understanding of adolescence shaped by these influences is dependent on whether this social context is pre or post industrialisation. Within pre industrialised societies adolescence is predominantly viewed as transitional represented as a rite of passage shaped by biological maturity moving to the status of adult [19,20].

Conversely, within industrialised societies prolonged periods of education in reaching self-sufficiency and independence has resulted in adolescence representing a protracted period of transition toward adulthood [6,19,20]. Thus understanding adolescence represents a complex process partially defined by a particular age range as well as acknowledging the social and cultural world in which the person exists [6-8,14,19,20]. The World Health Organisation [14] echo this complexity of defining adolescence acknowledging that

All societies recognise that there is a difference between being a child and becoming an adult. How this transition from childhood to adulthood is defined and recognised differs between cultures and over time. The period between childhood and adulthood is growing longer and more distinct. Puberty is starting earlier in many countries, although in general the timing of menarche has leveled off in high income countries at 12–13 years. At the same time, key social transitions to adulthood are postponed until well after biological maturity. Young people spend more years in education and training, their expectations have changed, and contraception is increasingly available to prevent pregnancy. As a result, young people take on adult roles and responsibilities later, such as family formation and employment.

With regards to understanding adolescence within a particular age range the WHO [7] distinguished between adolescents and youth. The WHO [7] defined adolescence as the age period between 10-19 years of age with the concept of “youth” reflected by the age period of 15-24 years of age. These two overlapping age groups they argue were combined to identify the population grouping they labelled “young people” which they classified in the age range extending from 10-24 years of age [7]. This definition of adolescence, youth and young people contributed to some ambiguity associated with defining adolescence in terms of age range. In a later report they put forth a more concise time period linked with chronological age defining adolescents as young people aged between 10-19 years [7].

Expanding on the identified age range of 10-19 years the WHO [8] acknowledged that this time span included a period of rapid development that encompassed key divisions. These divisions recognised inherent differences from a bio psychosocial developmental viewpoint between that of a 10 and 19 year old. Thus, they acknowledged key divisions within this period recognising early (10-13 years), middle (14-16 years) and late (17-19 years) adolescence.

While chronological age range offers one means of defining adolescence a further understanding is put forth by life course theory representing adolescence as ‘transitional’ [9-13].

Adolescence a Transitional Period

Life course theory acknowledges within its framework time, place and linked lives as context highlighting ordered patterns within the lifespan shaped by cultural norms [12]. From this viewpoint life span development is viewed as human development shaped by biological, psychological and sociological context that influence meaningful transitions throughout the life course [9-13]. The notion of adolescence shaped by biologically timed events such as puberty is acknowledged within this framework. However, contexts within which these biological events occur are influential in shaping this transitional life stage both psychologically and sociologically [8-10,12]. These contexts include consideration of cultural norms, values and beliefs that influence these transitions [9-13,24].

The United Nations Committee on the Rights of the Child [25] echoes the life course viewpoint depicted above viewing adolescence as a period of bio psychosocial transitions. The committee acknowledged adolescence as having core components that include an age period in the lifespan that includes a process of bio psychosocial adjustments in progressing toward adulthood. Their report acknowledged this transitional life stage as a time of increased vulnerability linked with rapid change. Thus, they describe adolescence as:

a period characterized by rapid physical, cognitive and social changes, including sexual and reproductive maturation; the gradual building up of the capacity to assume adult behaviours and roles involving new responsibilities requiring new knowledge and skills. While adolescents are in general a healthy population group, adolescence also poses new challenges to health and development owing to their relative vulnerability and pressure from society, including peers, to adopt risky health behaviour. These challenges include developing an individual identity and dealing with one’s sexuality. The dynamic transition period to adulthood is also generally a period of positive changes, prompted by the significant capacity of adolescents to learn rapidly, to experience new and diverse situations, to develop and use critical thinking, to familiarize themselves with freedom, to be creative and to socialize [25].

Supporting the definition of adolescence as a transitional period developmental discourse defines adolescence as a period that incorporates a transition from childhood to adulthood [5,16,26-28]. This literature echoes the ideal of bio psychosocial life course transitions proffered earlier [8-10,12]. It highlights rapid physical and psychological changes associated with biological hormonal influences [16]. Cognitive reasoning skills associated with both logical and moral thinking develop during this transitional phase. From this perspective adolescence is associated with a period in which the self develops in terms of identity including sexual identity [1,2,8,16].

Identity formation is of particular consequence within this transitional process reflecting a focus on exploring and exercising autonomy [1,2,29]. Within early adolescent there is increased potential for conflict particularly in the parent child relationship as the adolescent strives for increased autonomy and independence [1,2,29]. However, as adolescence progresses this distancing process lessens with conflict resolving in late adolescence [1,2,16,29,30].

Relationships with peers also represent a key force with regards to identity formation during adolescence. Time spent with peers’ increases during this transitional phase with the potential for peer influence and pressure impacting on decision making processes. As adolescence progresses and moves toward the later stage the sense of personal self becomes more established with an increased sense of self-esteem, value and worth reflecting a decline in peer influence [14,29,31,32].

Linked closely with peer relationship are the impacts romantic relationships have on adolescent identity formation [1,2,33]. Romantic relationships enhance adolescents’ sense of self-worth and belongingness facilitating the exploration of adult roles within the context of this type of relationship [1,2,33]. Also associated with this type of relationship include heightened awareness linked with sexual identity and by inference the potential of teenage pregnancy [1,2,16,29,33].

Reflecting on these rapid transitions adolescence can be thus characterised as a period that incorporates a move from dependence to independence [14,29,31,32]. In moving from a dependent state adolescence reflects a period in which personal autonomy is desired and independent decision making is acquired [1,2,33]. However, in moving toward an independent state adolescence is also recognised as a problematic period associated with cognitive immaturity and the potential for risk taking behaviours [14,29,31,32].

Adolescence: A Problematic Transitional Period

Adolescence as a problematic transitional period is inherently interwoven with the transitional processes linked with self-identity and relationship development outlined in the previous section [1,2,14,16,29,31-33]. Hall's [23] original depiction of adolescence as a period of both 'storm and stress' while contested has served as influential in the understandings of adolescence as a problematic period [14-17,29]. This storm and stress period is affected by bio psychosocial changes that include an increase in the potential to adapt risk taking behaviours, develop conflict relationships with significant others/parents and challenge societal norms and values [8,14,23,24,29,31,32,34]. This notion of risk taking is linked with cognitive immaturity and poor decision making skills, lack of perceived morality in the context of perceived societal behavioural norms, and peer influence in undertaking risky behaviours [14,29,31,32].

Lerner and Galambos [14] highlight the potentiality for risk associated with this transitional period especially when multiple bio psychosocial changes occur concurrently. Lerner et al. [16] points to the potential risk of making poor decisions with regards to adapting risky lifestyle behaviours during this period such as drug use, drinking, smoking etcetera. He depicts this period of rapid change and transition as being associated with poor decision making skills that can have either positive or negative outcomes. Lerner and Galambos [14] in their review of the challenges and opportunities associated with this transitional process acknowledge this period as being influenced by the context of the adolescents' life. They argue that social context and its influence are what constitute the potential negative or indeed positive outcomes in adolescent development. They thus acknowledge the key influence of parents with regards to encouraging interventions that support engagement "...in age-appropriate autonomy while maintaining strong ties to their family" [14].

In later work, Lerner contested the negative representation of adolescence acknowledging the concept of positive youth development characterizing this period as predominantly resulting in positive transitions [29]. In advocating the notion of positive youth development he challenged the long held beliefs of the inevitable so called storm and stress of adolescence and the predictable engagement by youth in risky or destructive behaviours [29].

His concept of positive youth development focused on potentiality, acknowledging adolescent strengths through the promotion of competence, confidence, character, connection and caring. Steinberg [31] also initially emphasised that risk taking is more common in adolescence demonstrating more road traffic accidents, binge drinking and crime linked with this transitional period. From a neuroscience perspective Steinberg's [32] research highlighted a potential causative factor contributing toward the adaptation of risk taking behaviours reflecting the temporal gap between puberty, which impels adolescents toward thrill seeking, and the slow maturation of the cognitive-control system, which regulates these impulses, makes adolescence a time of heightened vulnerability for risky behaviour.

However, his work also contested the stereotypical view of the adolescent as irrational individuals who believe they are invulnerable and who are unaware, inattentive to or unconcerned about the potential harms of risky behaviour [32].

Rather Steinberg argued that adolescents have the capacity to make decisions comparable with adults, with the context influencing adolescent decision making processes that is, peer influence, policy

with regards to pricing of cigarettes, drink etcetera. Steinberg [32] therefore put forth the necessity to change the context in which risk taking behaviours occur as opposed to changing the way adolescents think.

The literature thus far has presented understandings of the adolescent/teenager reflecting the ideals of adolescence being understood with regards to recognised time span and life course transitions [7-13,24]. It reveals this transitional period as a time when risk taking is a possibility but is clearly shaped by a supportive context that promotes positive transitional processes [29,32]. From these viewpoints adolescence represents a period of emergence in journeying toward independent adulthood [6].

Adolescence a Period of Emergence

The concept of adolescence as a period of extended transition and emergence shaped by post industrialised contexts reflect a gradual transition from adolescence to adulthood [6,35,36]. Recognition of this gradual extended transition from dependence to independence has given rise to ideals such as 'post adolescence' and 'emergent adulthood' [6,35,36]. These ideals reflect a prolonged period extending to 25 years of age in which the young person gradually develop their independence, autonomy and efficacy [6,35,36]

Arnett [6] argued for the recognition of a developmental period which he coined emergent adulthood. This emergent developmental phase encompassed an age range extending from age 18-25 years [6]. This phase was linked to the recognised protracted period associated with transitioning to adulthood within post industrialised societies [6,19,20]. Arnett [6] proffered key characteristics of the emerging adult which encompassed identity exploration, instability, self focus, feeling in between childhood and adulthood and experiencing possibilities. From this viewpoint Arnett [6] gives recognition to the emerging adult as an explorer of their future possibilities and decider of their future goals/ ambitions.

Teenage Parenthood-An Expedited Period of Transition and Emergence

As debated in the aforementioned literature adolescence can be understood as a transitional life stage that encompasses moving from childhood to adulthood reflecting bio psychosocial changes [1,2,5,8-10,16,26-28]. Arnett's [6] theory of emerging adulthood highlights key life course transitions linked with career development, decisions re marriage and having children.

The transition to parenthood represents a profound life change in adapting to the parental role especially for first time parents [37-39]. This transition includes adaptations linked with cognitive, motor and social skills [37]. The development of self-efficacy including an innate sense of mastery linked with effective parenting would appear to be a key aspect of making a positive transition to parenthood [37-41]. Self-efficacy involves for the first time parent the need to feel competent in their parental role [37]. For parents that develop a sense of competent parenting skills their sense of personal satisfaction, gratification and pleasure is enhanced as part of this transitional process [41]. However, in order for a sense of self-efficacy to occur first time parents rely on experience, reassurance and encouragement from others to enhance their personal sense of mastery linked with their parenting role [37-41]. Thus, a supportive context becomes an imperative in assisting first time parents during this transition [37-41].

For the teenage parent this transitional process involves a rapid change that incorporates emotional, relational and cognitive tasks moving from the egocentrism of adolescence to the mature reflective stance of adult parent [9,10,12,13]. This transition reflects a critical life change that overlaps with their development stage of adolescence [1-5]. This overlap reflects a suite of inherent challenges for this parent linked with developmental issues such as identity, independence, cognitive and sexual development [1,2,16,29,42,43].

As debated earlier adolescent development linked with emergent identity formation reflects a focus on exploration and developing autonomy [1,2,16,29]. This focus incorporates the development of the sense of self through experimentation including increased time spent in developing relationships with peers and lessened interaction with parents [1,2,14,29,31,32,44]. For the adolescent parent the opportunity to freely develop their sense of personal self linked with opportunity for experimentation is compromised by the associated roles and responsibility of becoming a parent [42,43]. In particular the strive toward autonomy reflecting a move away from parental control and spending more time with peers is compromised linked with parental responsibility and a reliance on familial support [1-5]. This increased responsibility reflects an innate constraint on the adolescent parents' opportunity to strive toward independence as they now rely on the supports of others particularly in the family context with regards to child rearing, economic support and accommodation [29,31,32,43,45,46]. Thus, at a developmental stage when adolescents desire to spend more time with peers their context is such that dependence on familial support becomes a prerogative for them as parents [43].

The egocentric nature of adolescence linked with psychological cognitive development is also challenged for the adolescent parent [1,2,29,31,32]. This demands of the adolescent parent the necessity to see others needs beyond that of their own. The development of this particular cognitive capacity incorporates a key aspect of being a parent acknowledging the needs of the child as well as their own needs [42]. It demands of the adolescent parent the capacities to see beyond their own self and to plan for the future of both themselves and their child [1-5,42].

Cognitive capacity linked with moving from concrete to abstract thinking can create particular challenges for the younger adolescent linked with future planning and understanding the unique needs of their child [1-5,42]. In the younger adolescent the ability to separate the unique needs of their child from that of their own can result in difficulty anticipating child behaviours and consequences of behaviour. This anticipatory skill reflects not only anticipatory capacity linked with considering their child's behaviour but also their inherent psychological maturity to anticipate the consequences of their own behaviour [1,2,42]. This developmental phase linked with cognitive capacity can therefore prove challenging for the adolescent parent in formulating a relationship with their child and in anticipating their needs [42].

Interwoven with cognitive development is the necessity to consider physical development for the adolescent parent. As already debated the development of identity also includes the development of sexual identity [1,2,16,29,43]. Especially for the adolescent mother the transition to parenthood includes changes in body image linked with pregnancy and the postnatal period [47,48]. As part of adolescent development physical appearance and attractiveness linked with sexual identity becomes a key focus in middle to late adolescence [1,2,33]. This heightened awareness of self-image includes an increased focus on

personal grooming, exercise, make up and clothing to enhance their sense of physical attractiveness [1,2,33]. For the pregnant adolescent feeling clumsy, fat and unattractive conflicts with this developmental focus impacting on their opportunity to develop a positive self-image [47,48]. Similarly, during the postnatal period with increased parental responsibility there is less opportunity for the teenage parent to focus on their personal physical appearance [47,48]. From this vantage point the transition to parenthood for the teenage parent has the potential to negatively impact on their sense of physical wellbeing, self-image and self-esteem [1,2,33].

A further consideration linked with physical changes in pregnancy is concealment [49-52]. Concealment is not specific to adolescent pregnancy [52] but its potential effect is universal in compromising the wellbeing of the mother and the infant [50,51]. For the adolescent concealment may possibly be linked to immaturity and inexperience representing a lack of awareness with regards to being pregnant [49-51].

Within some social contexts concealment may also be linked with denial revealing a lack of acceptance of being pregnant [49,52]. This denial may also be closely interlinked with aspects of societal views that remain unsupportive toward teenage pregnancy, impacting on the adolescents' sense of social exclusion [52]. For some adolescence this unsupportive context serves to create a sense of social stigma and shame resulting in the decision to conceal pregnancy [53-55].

Transitional challenges linked with adolescence represent a key aspect of teenage parenthood linked with overlap between adolescent development and transitions to parenthood [1-5]. For the adolescent who becomes a young parent the dual transition from adolescence to adulthood and adolescent to parent propels this young parent into enacting a similar role to that of the emergent adult in making life choices that secure social resources and future positions for both their child and themselves [6]. How this transition is enacted and achieved is dependent on the context within which the young parent exists [49,52-56].

Discussion

Recognition of the transitional challenges for teenage parents by community healthcare professionals and services is crucial in providing this young parent with effective support. In particular the recognition of positive potentiality linked with adolescence [29,32] exposes the importance of providing a supportive approach in recognising both the capacity and capability of the adolescent in adapting positively to adulthood and parenthood. The opportunity to provide authentic recognition to these young parents needs to encompass an understanding of the challenges transitional processes pose for these parents. In particular the abrupt change from adolescent to parent propels these young parents into enacting a responsible emergent adult role. This immediate emergent role brings for this young parent increased responsibility with regards to future planning, securing stability both financially and socially.

The imperative for community practitioners to know the teenage parent, to respect their individuality and personhood as young parents is crucial. Knowing these parents needs to encompass community practitioners and teenage parents working collaboratively focusing on the achievement of future goals recognising their need to further develop their self-efficacy. In working collaboratively there is a requirement to tailor the provision of services recognising these young parents' informational, physical, psychological and social need. From

this perspective supporting these young parents future directionality should encompass a multi-agency supportive approach that includes financial, childcare, education and family support. In putting forth these suggestions based the explorative review of the literature addressing transitional and developmental theory it is argued the adolescent needs effective multidisciplinary community supports to cope with the abrupt adaptations and transitions they must make in becoming a parent.

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