



# “I’m Just a Young Mother”

Teenage mothers’ perspectives on early parenthood

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A thesis submitted for the degree of  
Master of Public Health  
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March 2016

## Abstract

Public attitudes towards teen pregnancy and parenthood are socially constructed and are changing over time. New social norms and expectations of a preferred life course for women influence social policy and how teenage mothers are supported. The purpose of this study was to explore the pregnancy and parenting experiences of teenage mothers in the present day and examine how early motherhood impacts upon their lives and aspirations.

**Study Design and Methods:** Qualitative research methods were used to gather in depth data from 12 young women who became mothers while in their teens. Participants were recruited through teen parent units and support organisations in Canterbury. Subjective data was collected through individual semi structured interviews, then recorded, transcribed and analysed using thematic analysis methods which revealed three major themes of stigma, identity and managing risk. Findings were further discussed in reference to theoretical concepts and relevant literature.

**Results:** Rapid social changes of the late modern era are not yet translating into widespread social acceptance of teenage pregnancy and motherhood. Participants were aware that having a baby at a young age is not considered an ideal life choice, but they were enjoying and deeply invested in motherhood which had given them a sense of purpose in their lives. Relationships with their children were prioritised ahead of relationships with the child's father. Young mothers were concerned with day to day struggles rather than long term 'risks' for themselves and their children, and depended heavily on families and support networks. Becoming a parent triggered reflexive consideration of their own childhoods and participants were optimistic they could avoid repeating past mistakes and make better lives.

**Recommendations** were that researchers examine parenting according to risks and benefits for all mothers rather than focus on age, and to look at positive indicators as well as those associated with disadvantage. Further investment is needed to help mothers achieve education and employment goals and to develop their parenting knowledge and confidence, as they are highly motivated to achieve in the early years of parenthood. There also needs to be acknowledgement and support of the multigenerational households supporting teen parent families, and development of teen father parenting knowledge and engagement.

## Acknowledgements

There are many people to thank for their support while I was writing this thesis.

Firstly I would like to acknowledge the patience and wisdom of my two supervisors, Dr. Lee Thompson, and Christina McKerchar. Thank you for your continued interest in this topic, your time, encouragement, and constructive advice.

I give my heartfelt thanks to the twelve young mothers who gave their time to reflect on their lives in the company of a stranger. Your stories have provided the exceptional raw material for this thesis without which it could not have been written.

To the wonderful people at the teen parent units and teen parent support services who responded to my requests and opened their doors to me. Thank you for your enthusiasm for this work, and helping me recruit participants.

To Lee Southorn, for her eagle eyed proofreading and encouragement.

To my family who tolerated my continued absences over weekends and vacations so that I could write, and for understanding how important this project was to me.

And to the staff and my colleagues at the Department of Population Health at the Christchurch Campus for their ongoing support and interest.

My grateful thanks to everyone.

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# 1. INTRODUCTION

Becoming a mother is an event usually associated with joy, love and celebration, but not everyone appreciates the arrival of a new baby if the baby's mother is considered too young, poor, or dependent to raise a child (Lutrell, 2011). Teenage motherhood is a widely debated phenomenon in regards to changing societal attitudes towards sex, youth behaviour, family structures, parenting, poverty and welfare costs (Macvarish, 2010) rather than for the experiences adolescent mothers talk of, such as pride, love, autonomy and motivation to succeed (Shea, Bryant & Wendt, 2015). These contrasting perspectives raise questions about the many ways in which the phenomenon of adolescent motherhood is constructed according to different societal, cultural, political and individual points of view.

Before beginning this study I worked with teen mothers (and occasionally fathers) and their children in a clinical capacity as a community based nurse. As a health professional I was alerted to the 'risks' surrounding teen parenthood, and was tasked with assessing individuals needs from a 'risk' perspective. I observed that by focusing on risk, less attention was paid to other aspects of teen motherhood and I grew curious about how young mothers think about their lives i.e. is their early motherhood a source of anxiety for them, as it is for schools, the government and the general public? What was their understanding of teen parenthood before it happened to them? How has becoming a mother while still a teenager changed their lives? Do people treat them differently because they are young and have a child, and how do they cope? In what ways do they think being a young mother might be different from having a child when they are older? What role does their baby's father, or the parents families play in their lives? What do they think the future holds for them and their child?

Clinical work timeframes do not usually allow for conversations such as these, so when considering a topic for my Master's degree research, I recognised an opportunity to be able to gain some insight into the private worlds of teenage mothers through a

qualitative study. I suspected that public attitudes and the ways in which teen pregnancy and childbirth are dealt with have changed and are different now, in the 21<sup>st</sup> century than 30 years ago, because of different social norms regarding ex-nuptial childbirth and sole parenting. This belief led me to focus my literature search on studies and articles published since 2000, and to interview teen mothers in the early years of their motherhood, as they would be able to provide more up to date views on adolescent motherhood in a contemporary context.

This thesis brings to light some of the mothering experiences of 12 very different young women aged 19 or under who have been mothers for less than three years. The next chapter (Chapter 2) provides background information on adolescent parenting and reviews literature on several popular views of the phenomenon. Chapter 3 discusses the methodology and methods used in this study. Chapters 4, 5, and 6 present the findings from this study. Chapter 4 uses Goffman's (1963) understanding of stigma to analyse young mothers' experiences of being judged and criticised. Chapter 5 describes women's transitions to a mother identity and draws from Anthony Giddens (1991) concepts of modernity and self-identity for analysis. In the final findings chapter participants described their aspirations for the future, identifying 'risks', drawing from Lupton's theories on risk (Lupton, 1999) for the analysis. The data, relevant literature and theoretical concepts are discussed together in each of the findings chapters rather than separately as is the case in some theses.

Chapter 7 expands on the findings to discuss aspects of the findings that have important relevance for teenage mothers and their children in the New Zealand context. Lastly the conclusions, appendices and references complete this document.

The findings in this thesis are important as they provide insight into young mothers' constructions of their unique worldviews that have been shaped through their life histories, cultures and experiences. Their narratives reveal some of the multiple realities of teenage motherhood and provide a window into a world that most people will never experience. Young mothers' views provide other aspects of the phenomenon of teen parenting that are different from those described in the background literature, adding further breadth and depth of understanding to what is already

known. By exposing some of the disparities between common constructions of teen motherhood and the real life experiences of participants I expected to explain and question attitudes around teen motherhood, bring attention to areas where young mothers need help, and highlight how many young mothers strive to be loving, competent and successful parents.

## 2. BACKGROUND LITERATURE AND LITERATURE REVIEW

Adolescent parenthood has not always been thought of as a social problem, and is not a product of contemporary society. Over many centuries, and even in some cultures today, teenage reproduction and pregnancy have been, and still are, considered normal life events (Bailey, Brown, Leatherby & Wilson, 2002).

Over the 20<sup>th</sup> century there have been extensive changes in life course expectations for women, moving away from marriage at a young age to today's prospect of engaging in further education and a career before having a family. Historically, unplanned teenage pregnancy brought shame upon young women as they were considered 'unmarriageable', so pregnancy was concealed and managed through "shotgun" marriages or by surrendering the baby for adoption (SmithBattle, 2009; Wilson & Huntington, 2006).

During the 1970s, there was an increasing incidence of ex nuptial births, which raised panic about the breakdown of the family unit and brought attention to adolescent mothers in particular as symbols of promiscuity, moral weakness and irresponsibility (Bailey et al., 2002; Ellis Sloan, 2013; Families Commission, 2011; SmithBattle, 2009). However it was about this time that opinions on teenage motherhood began shifting from being considered solely a moral problem (associated with the sinfulness of pre-marital sex), to a social or health problem (Breheny & Stephens, 2010; Macvarish, 2010). These changing opinions were due to shifts in systems (political, economic, educational), structures, (social and family) behaviours and values (linked to significant social change for women) which altered society's views on unwed mothers and families (Cherrington & Breheny, 2005). An example of this is how the increasing preference for delayed pregnancy, and normalization of ex-nuptial childbirth and unmarried couples have contributed to the gradual acknowledgement of new societal norms around sex and reproduction, and the nature of the family (Macvarish, 2010; Wilson & Huntington, 2006).

## *2.1. Maternal Age*

Historically, in a biological context, healthy, sexually mature teenage women were considered to be ideal candidates for pregnancy and childbirth. In recent decades however, arguments against teen childbirth moved away from the positive aspects of youthful childbearing as researchers focused on linking maternal age with a host of negative outcomes (Wilson & Huntington, 2006). Most recently, research findings on the medical consequences of teenage birth reveal that it is difficult to separate effects related to maternal age from effects that may be thought of as confounding, such as maternal socioeconomic status or smoking (Friesen, Woodward, Fergusson, Horwood & Chesney, 2008; Lawlor & Shaw, 2002). Researchers are now suggesting that pregnancy and birth complications are more likely to be caused by the social, economic and behavioural factors that predispose young women to pregnancy, and that most teenage pregnancies in developed countries are in fact low risk in regards to physical health and delivery outcomes (Cunnington, 2001; Geronimus & Korenman, 1993).

In contrast to the focus on the problems of teen pregnancy, little public attention is brought to the increased risk of infertility, chromosomal abnormalities, pregnancy complications and maternal mortality affecting older mothers (Lawlor & Shaw, 2002; Wilson & Huntington, 2006). Thirty years ago, the term 'elderly primigravida' was used to describe women over the age of 28 years having their first baby, as they were considered at risk of adverse complications (Mosby, 2009). Now, in developed countries it is applied to first time mothers aged 35 years and over, signifying developments in medical care and a shift in the perception of maternal age and risk.

Why is it that high profile discourse on the multiple risks for teen mothers and their children overshadows debate on the risks for older mothers now that delayed motherhood has become the norm (Wilson & Huntington, 2006)? Lawlor & Shaw (2002) argue that aging mothers' problems are disregarded because they are more likely to be educated and economically independent (and therefore not 'cost' the state) and because their children are expected to have better social outcomes. As delayed motherhood is a relatively recent phenomenon longer term outcomes for their offspring might not yet be fully understood.

The relaxation of attitudes towards unmarried mothers has not diminished judgmental attitudes towards teenage mothers. While today's social norms mean they can no longer be chastised for being unmarried, research and policy now tend to focus on a mother's young age rather than her marital status, and her behaviour is now examined as to how having a baby at a young age threatens her health, her baby's health and their life chances rather than society's moral standards (Macvarish, 2010). Redefining teen pregnancy as a health problem rather than a moral one makes it a legitimate subject for scientific inquiry and intervention, and for the past 40 years adolescent motherhood has been a subject of intense investigative interest, primarily from male dominated medical science (Cherrington & Breheny, 2005; Lawlor & Shaw, 2002). While a scientific health risk perspective of adolescent motherhood may provide important statistical information, it is only one way of looking at a very variable social phenomenon, and does not take into account the experiences of unique individuals.

## *2.2. Risks Associated with Teen Pregnancy and Motherhood*

Scientific focus and perspectives on teenage pregnancy have led to its positioning alongside cardiovascular disease, cancer and mental health as a public health problem (Cherrington & Breheny, 2005; Lawlor & Shaw, 2002; Wilson & Huntington, 2006). The effects of adolescent pregnancy have been publicised as real causes for concern due to associations with a wide range of negative health and social outcomes for both mothers and their children. Compared with older mothers, adolescent mothers are more likely to leave school early, experience unemployment and poverty, become welfare dependent, and have fewer social support networks (Families Commission, 2011; Loaiza & Liang, 2013; Wilson & Huntington, 2006; Woodward, Fergusson & Horwood, 2001). In addition their children are said to be at greater risk of developmental, learning and behavioural problems, underachievement, early parenthood and alcohol and drug problems (Fergusson & Woodward, 1999, 2000; Jaffe et al., 2001; Loaiza & Liang, 2013; Woodward et al, 2001; Wylie- Stewart, Hope & Culshaw, 2009). Children of younger teens (under 17 years of age) have an even higher risk of poor outcomes (Families Commission, 2011). Researchers also find that problems associated with teen

pregnancy often continue on in an intergenerational cycle of poverty and social deprivation (Wilson & Pickett, 2009; Haveman, Wolfe & Peterson, 1995; Woodward et al., 2001).

Statistical evidence for poor outcomes such as those described strengthen the construction of teen pregnancy as a significant ongoing threat to the wellbeing of society and individuals. Framing adolescent motherhood as a 'disease' which requires prevention, monitoring and interventions (Cherrington & Breheny, 2005) is a narrow view which emphasises negative aspects, and fails to acknowledge alternative perspectives such as those of young mothers themselves.

### *2.3. Teenage Pregnancy Prevalence*

Contrary to popular belief, New Zealand teenagers are now less sexually active and are becoming pregnant less often than at the end of the 20<sup>th</sup> century (Clark et al., 2013; Social Policy and Evaluation Unit (Superu), 2015). This trend coincides with the recent decline in teenage pregnancy rates throughout the developed world. New Zealand is regularly ranked near the top of the teen fertility comparison tables along with the USA and UK (Loaiza & Liang, 2013) and high teen birth rates tend to reflect generally high overall fertility rates within any population (Superu, 2015). In 2013, the USA teenage birth rate reached an historic low of 27 births per 1000 teens (ages 15-19 years); comparatively, in the same year the rate for the same age in New Zealand was 23.8 births per 1000 and this number continues to fall (Boonstra, 2014; Loaiza & Liang, 2013; Superu, 2015).

### *2.4. The New Zealand Context*

It is generally becoming less common for New Zealand teenagers to become mothers. In 2013, only 5.9 % of all births in New Zealand were to teenagers and nearly three quarters of teen mothers were aged 18 or over, and therefore less likely to have had their high school education disrupted by pregnancy (Families Commission, 2011; Superu, 2015). Older mothers are currently more the norm and the average age for a first birth in New Zealand is 28 years (Statistics NZ, 2011).

Not only are teenage birth rates on the decline, but young women are also having fewer abortions: the abortion rate for the 15-19 age group has halved over the last 8 years (Statistics NZ, 2014; Superu, 2015). Experts suggest that the reason fewer conceptions are occurring might be due to improved access to and use of contraception (including long acting reversible contraceptive methods), increased access to reproductive health information through home computers and the media, and societal role modelling of parenting at a later age (Boonstra, 2014; Families Commission, 2012; Woodward et al, 2001). However University of Auckland Youth Health Surveys show that adolescent contraception use did not change between 2001 and 2012, and instead suggest that fewer adolescents are having sex, especially in the younger age groups (Clark et al., 2013). This may indicate that teenagers are delaying initiation of sexual activity, which would have a direct impact on the reduction of unplanned pregnancies. However, this is probably just one of a number of contributing factors in play at individual, family, community and societal levels (Superu, 2015).

Young women living in areas of high socio economic deprivation are more at risk of becoming pregnant as a teenager. There are significantly higher rates in poorer areas such as Northland, the only region not to have experienced a decline in teen pregnancy (Families Commission, 2011; Superu, 2015), and this is because high teen birth rates are strongly related to deprivation and inequality within a society (Wilkinson & Pickett 2010 p.121, Superu, 2015).

In New Zealand, Māori and Pacific women experience greater socio-economic inequity than non-Māori women (Reid, Robson & Jones, 2000). Māori and Pacific women of all ages tend to have higher fertility rates overall than non-Māori even after controlling for socio economic factors (Families Commission, 2011; Statistics NZ, 2012). Generally, Māori women tend to become mothers at a younger age compared to non-Māori (Marie & Fergusson, 2011; Statistics NZ, 2012, Statistics NZ, 2015) and the Māori teen birth rate is also higher than the national average although markedly declining: from 72.2 births per 1000 (age 15-19 years) in 2000, to 53.1 per 1000 in 2013 (Superu, 2015).

Whānau and tamariki are considered central to Māori society, yet there has been very little research undertaken on adolescent parenting in the Māori context (Pihama, 2011). National surveys of Teen Parent Education facilities indicate they are attended by high proportions of young Māori parents but do not elaborate further (Johnson & Denny, 2007). Rawiri's 2007 study of adolescent Māori mothers identified that social support from friends and whānau was of critical importance, and that teen parent units played a valued role in supporting mothers to continue their education (Moewaka Barnes et al, 2013). There has been some research and evaluation of teen parenting in relation to whānau support and hapū ora, but literature is limited, resulting in policy developments that relate more to the Pākehā notion of the nuclear family unit (Morehu, 2005, cited in Pihama, 2011).

### *2.5. Social Contributors and Impacts of Teen Motherhood*

Researchers looking for causative factors behind teen pregnancy and parenthood have identified a range of social and individual characteristics that describe which teenagers are more likely to become pregnant at an early age. These include experiencing economic inequality, social marginalisation and adversity, being poorly educated, a lack of sexuality education, being in a long term stable relationship or marriage, living in a society where social norms condone male sexual activity and violence against women, and where there are access barriers to reproductive health services (Boonstra, 2014; Fergusson & Woodward, 2000). Family factors include being raised by a single mother (especially if she too was a teenage mother), unstable parenting, or if a young woman has low IQ, conduct problems, deviant peers or is a sexual risk taker (Woodward et al. 2001).

The primary contributing social factor which provides a baseline for the accumulation of further risk factors is socioeconomic disadvantage. Young women living in poverty are going to be vulnerable to a wide range of disadvantages and limited life opportunities, not just early pregnancy, so maternal age is not the main issue here (Lawlor & Shaw, 2002). Studies which take into account maternal socioeconomic status and other confounding factors produce conflicting results but there is increasing recognition that family socioeconomic status, level of maternal education

or ethnicity are not independently predictive of early pregnancy; rather it is the effects of these added to other factors that raise a young woman's chances of becoming pregnant in her teens (Friesen, Fergusson & Chesney, 2008; Woodward et al., 2001).

Teenagers who decide to raise a child are considered to be acting against middle class life course expectations that they must first finish school, find a partner, marry and *then* have children (Lutrell, 2011). To go against this trajectory brings down a barrage of public disapproval which often translates into negative attitudes about *individuals*, frequently making out that teen mothers must be women of poor character, morally bankrupt, poorly educated and unable to support themselves economically or adequately care for a child (Fessler, 2008). Dominant negative attitudes such as these towards young motherhood shape how teen mothers are treated by their families and others, how policy and services perceive their 'risks' and potential, and how society provides for the needs of them and their children.

Underlying many debates around the social effects of teen parenting lies a concern for present and future financial burdens on the welfare system (Cherrington & Breheny, 2005). Discourses of welfare dependency and social exclusion form the basis of many of the government practices for the 'benefit' of teen mothers, and having to spend public money on young parent support strengthens the argument that it is a problem that needs to be 'fixed'. The Ministry of Social Development (Centre for Social Research and Evaluation, 2010) is concerned that women who have children at an early age are, like others from backgrounds of adversity, at higher risk of long term dependence on welfare. It's interesting that only 1.7% of Sole Parent Support recipients (formerly known as the Domestic Purposes Benefit) are aged under 20 years, but teenage mothers are sometimes accused of "breeding for the benefit", or having a child so they are eligible for welfare (Dale, 2013, Wilson & Huntington, 2006). Attitudes such as these add to the myths that stigmatise teenage motherhood, and pressure women to be in either education or work so as to avoid becoming a NEET (not in employment, education or training) statistic (Molloy & Potter, 2014). Wilson & Huntington (2006) make the point that measuring markers of 'social inclusion' such as employment of sole parents, is important in New Zealand because of the primary importance placed on economic growth and reducing unemployment which is

prioritised above any objectives of equity, wealth redistribution through welfare, or valuing motherhood. Kidger (2004) observed that because there is such a large focus on supporting young mothers to complete schooling and transition to work, less resources are going into the social dimensions of supporting young women to be competent, confident and resourceful parents (Yardley, 2008). In today's society, full time motherhood is seen to be an option for women who are married and financially independent, rather than beneficiaries. Teen mothers therefore have no choice but to work, depend on partners, or be seen as "breeding for a business" (John Key in Dale, 2012, p.4).

Public health policy development around teen motherhood has been as much about social, cultural and economic imperatives as it has been about health (Lawlor & Shaw 2002). Cherrington and Breheny (2005) agree that contemporary discourse around teen parenting is underpinned by a neoliberal, capitalist, political and ideological agenda. There is a strong political drive for young people to be part of the labour market, and teen motherhood jeopardises young women's chances of employment (Molloy & Potter, 2014). Having a baby at a young age is seen as putting one's self at risk of missing out on educational and employment opportunities. Full time motherhood is not considered a long term option for teenage or sole mothers even though there are recognised benefits for children (SmithBattle, 2000). Historical concerns that working mothers could 'damage' their children do not seem to draw any research interest at this time where working motherhood is the norm (Wilson & Huntington, 2006). In this environment childrearing is accorded little value by society, and labour market participation is reinforced as having more importance (Wilson & Huntington, 2006).

Teen parenting literature often refers to neoliberal ideology underpinning the discourse around attitudes towards adolescent mothers and the support they receive (Cherrington & Breheny, 2005; Wilson & Huntington, 2006). Neoliberal logic expects individuals to behave as responsible entrepreneurial citizens who willingly regulate themselves according to the best interests of the state for the sake of their own welfare (Ayo, 2010). This assumption that everyone works to maximise their own wellbeing for the benefit not only of themselves but the good of society fails to take

into account social and structural factors that constrain and maintain disadvantage and inequality in vulnerable populations. It is known that teenage motherhood is closely associated with poverty, disadvantage and a lack of opportunities (Fergusson & Woodward, 2000; SmithBattle, 2000; McLeod, 2001; Graham & McDermott, 2006; Wilson & Huntington, 2006) so these factors in addition to young age and dependence on others restricts the amount of control teenage mothers have over their own lives and the choices they can realistically make. Unintended pregnancy and having a child is a significant disruption in a young person's life, and although young women often embrace motherhood as life affirming, they must be seen to be working towards employment and financial independence to avoid being considered a 'social threat' (McVarish, 2010).

### *2.6. Other Perspectives on Teen Motherhood*

Research on teen parents not only describes them, but it categorises, constructs and positions them in particular ways (Breheny & Stephens, 2007b p. 343). This research often focuses on negative indicators, and these can present rather a bleak perspective of a difficult life path for young parents and their children. Research studies also describe teen mothers as a homogenous group which does not account for the diversity of their backgrounds and situations, and cannot reveal the multiple realities of every young woman who is raising children while still a teenager. For instance, reference to the term 'teenage mother' in literature does not usually distinguish between those that are school aged, those in a permanent relationship with the father, or those who are receiving benefits or working (Wilson & Huntington, 2006). Where policy makers draw primarily from negative outcome generalised reporting the 'problem' of adolescent parenting becomes further entrenched. Even health professionals can be subject to viewing teen parenthood as a social problem, as this is how it is routinely discussed in medical and nursing journals (Breheny & Stephens, 2010).

The media is also a powerful contributor to the negative framing of teenage behaviour and adolescent parenting (Nichols & Good, 2004; Wilson & Huntington, 2006). On a regular basis the media highlights New Zealand's high teen birth rates and comparative rankings with other developed countries. Negative discourses about

young mothers are commonplace in online and printed media. For example, a *Wairarapa Times-Age* article titled “A Growing Concern” referred to New Zealand having the third highest teen pregnancy rate in OECD countries. The article argued that there were “insidious forces to blame for the apparent promiscuity of youth”, and that “handing out contraception like lollies is not the answer” (“A Growing Concern” 2013, n.p.). Articles such as these remain available for public view on the internet for indeterminate periods of time and it is nearly impossible for those who might disagree to bring attention to alternative points of view. This is but one example of the sort of public attention teenagers are subjected to, and over which they will have little control.

The perspectives of the media and dominant ‘expert’ views of researchers, doctors and the government frequently focus on the risks, or wrongfulness of teen pregnancy and parenting which is a limited view. Limited views such as these can impact upon public attitudes and policy decisions accordingly. Although there is a growing body of qualitative research offering alternative views of teen parenting, these findings do not necessarily receive as much attention in government reports and documents (Graham & McDermott, 2006, Wilson & Huntington, 2006).

Qualitative enquiry that captures the insider perspectives of teen mothers themselves has shown that young motherhood often brings joy, pride, satisfaction, positive life changes, improved self-esteem and a sense of purpose among other benefits (Ellis-Sloan, 2004; Stiles, 2005; Williams & Vines, 1999; Wilson et al, 2005 ). In Hanna’s (2001) study, young mothers saw their experience of parenting as life changing, helping them to make a success of their lives as their children motivated them to learn adult skills and take on an adult identity (Hanna, 2001). Having a baby has also been credited with causing young women to move away from living a life of harmful behaviour and instability, reconnect with their families and strive to be good mothers (Graham & McDermott, 2005; Herrman, 2006; Lesser et al., 1998; SmithBattle, 2000).

These insider views of teen motherhood add to a broader perspective on the phenomenon yet teen mothers themselves are largely excluded from public discussions of family life and teenage parenthood (Bailey et al., 2002; Wilson &

Huntington, 2006). The omission of teen mothers' viewpoints is negligent and allows narrow scientific perspectives to be maintained. If policy makers and service providers are to become better informed they need to know both 'insider' and 'expert' views before making decisions on the most effective and acceptable ways to support teen families (Shea et al., 2015).

### 3. METHODS and METHODOLOGY

#### *3.1. Introduction and Aims of the Study*

The purpose of this study was to learn more about parenting at a young age from those experiencing it. Qualitative methods were chosen because they can be used to reveal people's personal views, accounts of their experiences and the meanings they ascribe to those experiences (Creswell, 2014; Green & Thorogood, 2014; Pope & Mays, 2006). They encourage people to explain why they think and behave the way they do, exposing their personal constructs and unique areas of human experience unknowable to a researcher, in ways that methods such as surveys could not achieve (Pope & Mays, 2006). By listening to teen mother's stories I hoped to learn more about the unique contexts of their lives, and what they wanted to achieve as individuals, rather than thinking of them as a homogenous group with similar experiences. As a health professional I was curious about young mothers' understandings of the world and wanted to know more about how their beliefs and values might impact upon their health and wellbeing as this knowledge could be used to guide decisions around care and support.

Another reason for choosing a qualitative study was that the majority of research about teen pregnancy and parenthood has used quantitative methods and although this has described many important facets of this phenomenon, these methods have not allowed for in depth investigation of areas of interest (Pope & Mays, 2006). Other teen parent researchers have successfully used qualitative methods to reveal the complexities in young mothers' lives, so they seem to work well for this purpose (Clemmens, 2003).

#### *3.2. Positionality: A Social Constructionist Perspective*

The epistemological approach for this study was social constructionism. Social constructions are the meanings or connotations associated with phenomena, and to people's attitudes and relationships with these phenomena. This perspective assumes that individuals have subjective understanding of the world based on their respective histories, traditions and experiences. A social construct will appear 'normal' to those

who believe in it, but may or may not represent a reality shared by everyone. Social constructs are therefore multiple and different for individuals and groups, and will be acted upon according to individual understanding and beliefs (Creswell, 2014; Green & Thorogood, 2014).

A social constructionist perspective was ideal for investigation into teen parenthood because it allowed for the recognition of multiple views on the subject, such as the perceptions on teen parenting described in the background literature and the subjective experiences of individual women. The background literature has indicated that the phenomenon of teen parenthood is socially constructed according to the prevailing beliefs, attitudes and values of a society, at particular places and time in history (Cherrington & Breheny, 2005; Creswell, 2014). Over the past 40 years society has gone through rapid social change, and beliefs and attitudes towards teenage mothers will have changed. However, research, the media and social policy suggest that dominant negative social attitudes and viewpoints prevail and will continue to shape the experiences of adolescent mothers (Cherrington & Breheny, 2005, Wilson & Huntington, 2006). What I wanted to know more about is how these dominant attitudes impacted upon young mothers' lives, and how they differ from the 'insider' world views of young mothers themselves.

For most of us, the world of an adolescent mother is outside of our experience and therefore unimaginable. It was an exciting prospect for me to have this opportunity to step aside from my community nurse agenda and open up conversations about lives very different from mine; conversations that could lead...anywhere!

### *3.3. Reflexivity*

Reflexivity is essential in qualitative research from a constructionist position because it identifies the ways in which the broad social and political context of the phenomenon, the researcher and the research process might shape the data and analysis, and therefore influence the outcomes (Green & Thorogood, 2014). Unlike positivism, where researchers strive for objectivity, qualitative research recognises that the values and knowledge of the researcher are part of the process (Pope & Mays, 2006). In addition reflexivity is highly relevant to the social constructionist worldview because

researchers need to be aware of how their perceptions of reality of themselves and the participants will differ as will how they are interpreted (Crotty, 1998).

As a middle class Pākehā woman, mother, and Registered Nurse I recognise that I hold a certain amount of knowledge, status and power, and will have experiences and beliefs very different from young mothers. I began working with teenage mothers as a Plunket Well Child Nurse and more recently while providing health support in a teen mother residential home and at teen parent units supporting young mothers to complete high school education. Because I know something of the world of teen parents I recognise I have baseline knowledge that supports a certain perspective as I explain below.

Reflexivity in nursing is considered normal practice, and reflexivity as a researcher requires similar skills. Kuper, Lingard and Levinson's (2008) finding that researchers who are also healthcare professionals can have particular power differentials was also useful to note, although I thought I was already cognisant of some of the relationship and communication barriers that occur in interview situations. I expected that my nursing skills would help me overcome communication barriers during interviews, but I also took note of Pope and Mays' (2006) point about how clinicians may overlook some of the differences between their clinical work, and qualitative research in a familiar clinical setting.

My original agenda for this research topic was to find out about the parenting experiences of young mothers, including both the positive and negative aspects. In the 1990s I attended a workplace presentation about the findings of a study on teenage mothers, associating early motherhood with poverty, unemployment, imprisonment, family violence and child underachievement. I remember being rather shocked at the time, and we all shook our heads gravely wondering why teenagers would ever risk pregnancy and getting themselves in such a dire situation. But it was a 'scientific' study, so we were lead to believe it represented the 'truth'. Years later after working with many teenage parent families, I realised that the findings of that study and similar others did not accurately reflect my observations of young mothers' lives, and I

began to question the validity of measuring motherhood through a risk and deficit lens.

I am a health professional with experience in working with teen mothers and their children, I recognise their successes despite the challenges and I am deeply motivated to help them. I am a mother of teenage daughters, and through interaction with them and their friends I hear many tales of health illiteracy, accidental pregnancy and all the distress associated with these situations which makes me frustrated and sad. As a Registered Nurse I am critical of under-resourced health and social services that fall short of meeting young mothers' needs and fail to alleviate the risks of family poverty and sole parenthood. I have considered; what might happen if the study findings reinforce negative aspects of adolescent parenting? Would I be prone to highlighting the good findings and minimising the bad? Reflexive processes helped me to recognise myself as a champion of young mothers, a protector and an advocate, and I took note of these predispositions for critical consideration further on in the study, and how this might affect how I dealt with data collection, analysis and discussion of the findings.

Prior to every interview I reminded myself of the purpose of the study, and approached the exercise with data collection in mind, rather than clinical practice. This challenged me at times, for example when the women talked of the ways they fed or cared for their babies and how other professionals worked with them. I could not help thinking of their responses in the context of my clinical practice.

One example of this challenge was when one young mother told me about how she kept a bottle of formula by her bedside at night and when her baby (in a bassinet next to her) cried, she just picked up the bottle and leaned over the side of the bassinet to feed her. She was very proud that she had solved the night feeding issue so easily. I, on the other hand was keeping my composure and consciously making an effort to remain in "researcher" mode. The nurse side of me struggled to suppress thoughts of alarm: was the un-refrigerated formula safe to drink? Did she check if the baby needed a nappy change? What about the choking risk to her baby, lying flat on its back? What if she drifted off to sleep while holding the bottle in the baby's mouth? What about the baby's need to be held and comforted while feeding? I rationalised

my responses at the time by acknowledging that these events were in the past, the baby had come to no harm and now slept through the night. There was no further risk, so I did not comment. Later, I thought more about my reaction to this story: why did I feel the way I did? This mother was proud of her solution to night feeding; it had worked for her, and her baby quickly learned to sleep longer.

I was forced to confront how health professionals' work focusses on risk reduction. Community nurses are especially enmeshed in this paradigm, as their clinical environment is home, school and community, and they have an overarching goal to improve wellbeing for people within their everyday world. To achieve this they are on high alert to identify risks for groups and individuals, wanting to help them understand and overcome or minimise these risks. As a researcher I had to recognise this and try to stay present as a researcher working from a social constructionist position, while remaining engaged with the conversation and continuing to probe further. Re-listening to interviews I could pinpoint times where my nurse/researcher tensions were being repressed. Sometimes I could not help myself but most of the time I managed to by refraining from commenting on the accounts of "risk behaviour". Field (cited in Pope & Mays, 2006) acknowledges that nurses may find it difficult to do nothing when researching an area they know well, and I found this to be true, although manageable.

#### *3.4. Ethical Approval*

Ethical approval was sought from the University of Otago Human Ethics Committee prior to the study commencing, and full ethical approval was granted on 30 March 2015. The Māori Research Advisor was also consulted. Further support for any cultural matters relating to Māori was provided on an ongoing basis through one of my supervisors, who is a Māori academic.

I endeavoured to obtain informed consent by providing participants with a pre interview information sheet, and a written consent form outlining the purpose of the study, what the data would be used for, how data would be secured and how participant identity would be concealed. Consideration was also given to what sensitive information might be disclosed, and what to do if the discussion revealed

safety concerns or caused distress (Pope & Mays, 2006). Through my work I was familiar with the parameters of health information confidentiality and the Privacy Act 1993, so I depended on this knowledge to guide me if any risks to participants arose. For example, if a person disclosed partner violence I would seek consent to link her with an appropriate support organisation. These details were outlined in the information and consent forms, and reiterated before interviews. Participants were also made aware that they would not be asked to talk about any potentially distressing or sensitive areas. Pope & Mays (2006, p.59) describe informed consent in terms of “openness and disclosure with participants”: by being explicit in what I would do in such situations I hoped that the young women understood my obligations to act on safety threats and to involve support people should the need arise, so they could make their own decisions about whether to disclose sensitive information to me or not. In the event, no situations arose where I needed to manage any risks or distress.

To protect the identity of the young women and maintain their anonymity they were assigned pseudonyms and I avoided referring to ethnicity, place names or other identifiable information in my writing (Pope & Mays, 2006). I controlled access to data by doing my own transcribing and storing information securely. I was aware that the teen parent units and other organisations were interested in the outcomes of this study, and they would potentially be able to identify participants. Quotations included in this thesis were reviewed for anything that might reveal a particular person’s participation. Despite my best efforts I acknowledge that the teen parent population in my region is not large, and those close to participants may be able to recognise some of the stories. The women themselves also disclosed their involvement in the study to their peers and I had no control over this.

### *3.5. Sample*

A characteristic of qualitative research is that it does not require large numbers of participants to be able to produce rigorous results (Creswell, 2014; Green & Thorogood, 2014; Kuper, Lingard & Levinson, 2008). I used a purposive sampling strategy to recruit twelve young mothers who could provide detailed accounts of their parenting experiences. This strategy required that participants were aged under 20

years, a full time parent (of their own children) and happy to be interviewed voluntarily. The inclusion criteria ensured that I was able to select “*information rich cases for in depth study*” (Patton, 2002, cited in Liamputtong, 2013, p.14) of the phenomenon being examined: young mothers’ parenting experiences. I excluded those who did not have custody or were not parenting their children full time so that the participants’ exposure to day to day parenting would be generally consistent. I noted however that the young women had been parenting for different periods of time as their children’s ages ranged from between six months and 30 months old. Eleven participants had one child and one had two.

The sample size for this study was limited by the time allowed for a Master’s project, but I aimed for 12 participants in order to achieve data saturation. 12 interviews are recommended as being usually a sufficient number to achieve data saturation as any more interviews are unlikely to reveal additional new information, although this is to some extent dependent on how homogenous the sample is (Creswell, 2014; Guest et al., 2005). I found that material collected from 12 interviews was more than sufficient to achieve data saturation amongst my participants as no new information was forthcoming after the tenth interview.

Participants for this study were recruited through local teen parent schools and NGOs who work with teen parents, resulting in 10 young mothers volunteering from teen parent schools and two from a NGO. A limitation of this recruitment strategy was that it excluded any potential participants who were not involved with these organisations, therefore I may have missed out on including the views of those who were in full time work or not engaged with teen parent support organisations. For a larger study I would have recruited participants through broader networks. Access to the organisations was possible through my past work as a Registered Nurse providing Well Child services, and as a school nurse. I advised the organisations that the study had University of Otago Ethics Committee approval to give them confidence that the study had been scrutinised and appropriate procedures were being followed.

Prospective participants were initially told of the study either through case workers, or by talks I gave to a class or group. I also left invitation notices on school noticeboards

but received no responses from this approach. I found that explaining the study to class groups and outlining what participants would be asked to do was sufficient to stimulate interest, and at the end of my talks there would be a show of hands from those who wanted to take part, although I did not ask for a show of hands as I wanted participation to be confidential. From there I would talk to each young woman individually, give them an information sheet and talk it through with them in (in case of literacy deficits), take down their contact details, and suggest a time frame for a possible interview.

The final 12 participants were from a pool of 15 initial volunteers. Three were not interviewed due to moving away or failure to respond to communication. I anticipated that most participants would be aged between 18 and 20, as the majority of births to teenagers are to women in their late teens (Families Commission, 2012). As it turned out their ages ranged from 16 to 19 years of age at the time of interview (see Fig. 1)

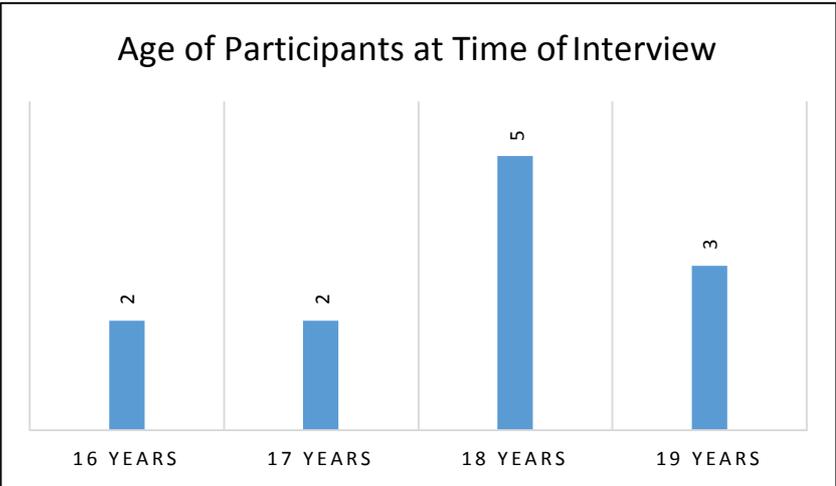


Figure 1: Age of Study Participants

National surveys of Teen Parent Education facilities indicate high numbers of Māori students (Johnson & Denny, 2007), therefore it was anticipated that there would be Māori participants in the study. As it happened, no Māori students volunteered after class presentations, although two came forward later after having talked through the study with others. I was surprised at the ethnic diversity of the final sample (Fig. 2), as two identified as MELA (Middle Eastern, Latin American/African), a group which make up less than 1.2% of New Zealand’s population (Statistics New Zealand, 2015a).

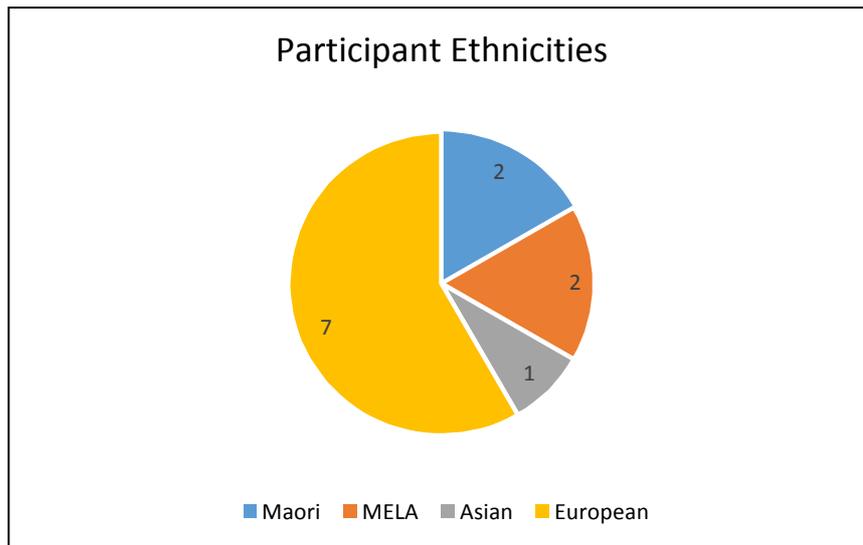


Fig.2. Participant Ethnicity

### 3.6. Data Collection

Prior to commencing this study I had read about in-depth interviewing methods, and was looking forward to this part of the process, not only because I had experience in interviewing, but because I was eager to spend time with the participants and was curious to know what our conversations might uncover. Interviews took place individually, either in their homes or at the teen parent units.

Interviewing is the most widely used technique for generating data in qualitative research, and allows for detailed exploration of set topics as well as flexibility to go below the surface of what is being said, and follow unforeseen leads (Clarke & Braun, 2006; Creswell, 2014; Green & Thorogood, 2014; Herrman, 2006; Pope & Mays, 2006). In depth interviewing techniques are able to capture insider perspectives and people’s experiences and can generate data on a broad range of situations, experiences, and meanings in rich detail (Padgett, 2012; Creswell, 2014). In depth interviewing also supports investigation from a constructionist worldview as interviews carried out within this paradigm do not seek to reveal underlying ‘truths’ but acknowledge that meanings are constructed within conversations and that they may be complex, varied and multiple (Creswell, 2014). They have often been used in teen parent studies as the preferred method for enabling researchers to gain insight into alternative life worlds unimaginable to them (SmithBattle, 2000).

Interviews took place over the months of May and June 2015. I thought it important that the interviews were held where participants felt comfortable, and where privacy and quiet (for recording) could be maintained (Liamputtong, 2009). I interviewed the young women individually and face to face, rather than in groups, to provide an intimate, safe environment so that they could speak freely to me without being overheard or judged by their peers (Green & Thorogood, 2014, Liamputtong, 2009).

The interviewees choose the venue. Ten interviews took place in private rooms within the teen parent units, and two were held at the participant's homes. These settings, although comfortable and usually private were often not very quiet as children played nearby or demanded their mother's attention as we talked. Home environments proved to be less private than the school venues because of other people in the house moving in and out of hearing range during the interview. I did not think the lack of privacy at home constrained participant's responses at all as they continued to speak freely and without hesitation when others walked near, often not even looking up to see who was there. The home interviews were also longer than the school based ones, suggesting that people were more relaxed and talkative in their home environment. Interviews took between 18 and 40 minutes. The women were aware that they could have a support person at their interview, but no one brought one, and if children became noisy or restless they were taken from the room by others so that we could continue to talk. The consent form was read through face to face with each participant before each interview commenced, and they were given an opportunity to ask questions or seek clarification before signing the form.

To help facilitate open conversations and build rapport I relied on my nursing communication skills, used broad and open ended questions, and used a framework suggested by Green and Thorogood (2014); first introducing myself then talking about my past work with young parents, how this research had a different purpose, and how I valued the opportunity to converse without clinical time constraints or a set agenda. I hoped my interest would appear authentic and respectful, and kept the process informal and jargon free to reduce anxiety. I was also relaxed about expressing natural emotions such as humour, surprise and admiration while listening to their stories, to

show my interest and encourage them to keep talking without feeling they were being judged.

Being aware of the aims of constructionist methodology, I planned the interview process to give participants time and opportunity to freely express and explore their unique perspectives on their experiences (Creswell, 2014, Green & Thorogood, 2014). I constructed a flexible interview guide to provide prompts for important areas of discussion (Creswell, 2014; Liamputtong, 2009). The questions were kept broad, general and open ended to allow participants to describe their own particular views of situations as per a constructionist epistemology (Creswell, 2014). The original guide included topics drawn from prior reading such as becoming a mother, relationships, and goals and aspirations as well as some general demographic information. During the interviewing process, I reflected on the usefulness of each discussion area and whether it was serving the purpose required. As a result I avoided topics that seemed to elicit less interest, and allowed for more time exploring other areas. Asking participants about what happened when they found they were pregnant was a popular warm up topic that often provided context about how women lived, behaved and understood their situation. Interviews were concluded by asking if there was anything else participants wanted to add, and this too proved to be a valuable open ended question which often provoked further subjective information on particular points they were interested in. Overall semi-structured interviews proved to be a satisfactory method for data collection because I could choose to follow up fresh topics of interest while remaining open to the unique and diverse perspectives of individual participants.

Interviews were digitally recorded to capture the women's responses in their own words (Liamputtong, 2009) using an Olympus digital recorder. This process did not raise any concerns from participants, perhaps because I had re-assured them of how the recordings would be used and stored, as part of the pre-interview consent process. Recordings were downloaded on to a password protected computer and transcribed as soon as possible after the interview took place, usually within the same week. I completed all the transcribing myself, omitting my own irrelevant fillers (such as "oh", and "wow") while maintaining every word of participant's responses.

### *3.7. Data analysis*

Transcribed data were coded and analysed using thematic analysis methods as described by Clarke and Braun (2013), Green and Thorogood (2014) and Liamputtong (2009). Thematic analysis is used in qualitative research as a method for identifying key elements from data such as patterned responses or commonalities, which can then be organised methodically. Thematic analysis is a useful research tool for organising data while maintaining rich detail and complexity, and is compatible with constructionist paradigms (Braun & Clarke, 2006).

Analysis of the data began in the transcribing stage which allowed me to re-familiarise myself with the data, and begin to identify possible emergent themes. While transcribing, I began to note relevant areas in which participants showed strong interest, and those which had aspects in common with other young mothers. Data around these interest areas contributed to the identification of codes and themes for the analysis process. I also identified themes where similar phrases were used such as, “having a baby makes you grow up fast”, or where women talked about their different responses to similar experiences, such as avoiding the mall because people stared, or not caring what people think. Repetition of topics, and use of metaphors and analogies, are strategies most commonly used to identify themes (Ryan and Bernard (cited in Green & Thorogood, 2014)).

When transcribing was completed I went through all the interviews again, identifying further themes as they became apparent and assigning descriptive single words or phrase codes to each theme (Clarke & Braun, 2013; Green & Thorogood, 2014). These codes were recorded in the margins of the transcription documents, and when the transcriptions were all completed the codes were grouped according to their relationships to each other. Re-reading the transcripts and themes helped me to ascertain whether they were the most appropriate to capture what was being said and which were the most relevant to the research question. Eventually I ended up with 14 groups of themes, which I incorporated into the three major themes of stigma, identity and a better life. These three themes form the basis for the discussion of the

findings in the next three chapters. The findings were written up under each theme and direct quotes from the data are included to help illustrate context and meaning.

### *3.8. Limitations*

As with all research studies they are limited by who you talk to, when you talk to them, and how the data are processed and analysed. I understood that this study was shaped by who I am and my professional role, by the characteristics of the individuals who contributed, and the process I followed. As a person with a life history considerably different from the women I interviewed, I am aware that I may not have been able to fully understand their experiences the way they intended.

Firstly I acknowledge that the findings of this study will not be generally transferable, as they describe the unique perceptions of a certain group of individuals at a certain place and time. The transposing of findings from teen parent studies across different populations is thought to be particularly problematic as the differences in individual and cultural context mean that what is an issue for one group is not necessarily a problem for another (Lawlor & Shaw, 2002).

A limitation of the sampling method is that participants will have self-selected to some degree in a way that will affect findings. For example, those who were keen to volunteer were all progressing towards some sort of personal goal, and feeling quite motivated. Women who were feeling less confident about their achievements may not have contributed, which may have affected some of the conclusions I came to about their belief that they can make a better life for themselves.

In addition, the content of the interviews will have been affected by what the women chose to share with me or conceal, and their perceptions of their experiences.

In retrospect my method of using in depth interviewing and thematic analysis served its purpose, as I was able to explore the areas that were important to the research question and identify some new issues that I had not even considered, enabling me to gain a fresh view of the perspectives of teenage mothers. In the next three chapters the discussion centres on those findings; a presentation and analysis, using theoretical concepts and relevant literature, of 12 young mothers' beliefs and experiences of

motherhood. No one theory was thought appropriate to analyse the data in more depth, so a range of theoretical concepts are used. The first of these explores findings in relation to a theoretical concept of stigma.

## 4. EXPERIENCES OF STIGMA

Keira:

*It's stupid, it's like I'm just as capable as any other person. They say: "oh you are more prepared if you are older", or you know... "if you are married and you've got a house of your own" and anything like that. You're financially stable. It's like no one can ever prepare you, like even my mum had me in her 20s, my grandmother had them in her 30s and no one is prepared at all. You can get a nursery ready, you can get all this saving backed up behind you, but nothing will prepare you for it because every kid's different. Every pregnancy's different, every labour is different, and they still think just because you are a teenager you don't know what you are doing...and it's even like if you had more than 1 kid. If you're older and you're more stable it's like "oh, you're starting a family that's so good for you", if you're younger it's "oh, you're just sleeping around, you are not thinking about anyone else but yourself".*

Keira's frustration is rooted in her belief that age is an irrelevant indicator of when women should start a family, and that older women are not necessarily more prepared or capable than younger women. As a working woman of 19, she did not consider herself a 'teen mother' in the sense that she had finished school, was employed full time and living in a flat when she unintentionally became pregnant, yet she found that she was categorised as a 'teenage mother' by family, support services and strangers alike.

Pregnancy and children are visible symbols of fertility and motherhood that are recognised by everyone. Where pregnancy and motherhood occur outside of society's expected norms the public become more curious or critical of a person's decision to become a parent. Like Keira, many of the young mothers in this study felt challenged by their encounters with stigma, criticism and judgment from others. Every participant had stories to tell of incidents that occurred during pregnancy or when they were out in public with their children that made them feel self-conscious, distressed or angry.

This chapter is dedicated to exploring the ways in which these young women experienced and negotiated stigmatisation. I discovered from the data that young women held particular attitudes towards teen motherhood before it happened to them, as did their boyfriends and families, and these beliefs impacted on how they responded to pregnancy. During interviews participants provided multiple examples of their personal experiences of stigmatisation and how it made them feel and react, and talked about their views of how society judged young mothers, and how it related to them. In this chapter I analysed their experiences drawing from Goffman's (1963) concept of stigma. In addition I referred to both Goffman's theories (Goffman, 1963) and academic literature on stigma to help explain participants' experiences, and various constructions.

Common portrayals of adolescent motherhood suggest a life of universal hardship, hopelessness and public disapproval. Research that has been carried out on the effects of negative representations of young mothers suggests that stigma and discrimination contribute to social exclusion, higher levels of maternal distress, higher levels of depression, low self-esteem and further health disparities (Fessler, 2008; Link & Phelan, 2001; Smith Battle, 2013; Yardley, 2008). Studies of teen mothers from Canada, the USA and UK revealed stigmatisation through negative media reporting and strangers who stared at or commented about them. Others experienced disrespectful treatment from teachers, school staff and clinicians (Fessler, 2008; SmithBattle, 2013). This study revealed similar findings, with participants encountering disapproving looks and attitudes from the general public and even health professionals on multiple occasions. Others encountered abuse through social media, but unlike those in other studies, this group did not identify New Zealand's public media as contributors to negative views of teen mothers.

Goffman (1963), described stigma as an undesirable attribute that defines someone as different from what people expect them to be, and this undesirable attribute 'reduces' them from a whole normal person to a tainted discounted one. Whatever the attribute (for example a physical deformity or homosexuality), it conveys certain beliefs about a person, that they possess "blemishes of individual character perceived as weak will, domineering or unnatural passions, treacherous beliefs and dishonesty"

(Goffman, 1963, p.4). Goffman argues that when people possess a visible stigma it is a sign of something that is unusual or bad about the moral status of a person, and enables others to make assumptions about the “social identity” of a person (Goffman, 1963). In the context of adolescent motherhood, visible signs of stigma will include a women’s pregnancy, her child and her youthful appearance. These signs might lead others to presume that because she is young and a mother she is probably sexually irresponsible and weak-willed (Bailey et al., 2002).

Goffman theorises that stigmatised persons are constantly striving to manage their social identities. Because their stigma draws the attention of others (the non-stigmatised, who Goffman refers to as ‘normals’), it dominates how normals interact with them, and they feel as if their other characteristics are minimised in relation to their stigma. In response stigmatised persons become self-conscious and react in several ways: by either trying to correct their stigma, compensate for it in some way, use it as an excuse for their failings, learn by it, or by disparaging those who they see are treating them as different. If stigmatisation makes people feel afraid to show their real emotions, or want to isolate themselves from public situations it can lead to anxiety and depression (Goffman, 1963).

Stigma itself is socially constructed, and in the example of teenage mothers, stigma represents their ‘differentness’ from older mothers and other teenagers of their age who do not have children (Fessler, 2008). Attitudes towards young mothers are formed through the influence of a range of common negative stereotypes, starting with the belief that early childbearing will ruin their chances of a ‘normal’ life course (Ellis-Sloan, 2013; Nash, 2001; SmithBattle, 2009; SmithBattle, 2013; Wilson & Huntington, 2006; Yardley, 2008). As UNICEF (2001, p.506 ) stated in their Innocenti report “teenage parenthood has come to be regarded as a significant disadvantage in a world which increasingly demands an extended education, and in which delayed childbearing, smaller families, two income households and careers for women are increasingly becoming the norm”. As teenage motherhood goes against the expectation of delayed childbearing, career, and economic independence, young mothers become vulnerable to marginalisation and stigmatisation (Wilson & Huntington, 2006; UNICEF, 2001). It is even suggested that the stigmatisation of teen

mothers provides a purpose for society, acting as a punishment for those who behave inappropriately, and a warning for others not to follow in their footsteps (Goffman, 1963), which is how teen motherhood has been portrayed in the past. Essentially, the social construction of teen motherhood as undesirable, and of delayed motherhood as normal and ideal, fails to recognise that for some women having a baby at a young age might be a positive life choice, and that age does not necessarily define who can become a responsible, competent parent and contributing member of society (Fessler, 2008).

As long as teen motherhood is viewed as unusual and risky, and positioned as a social or public health problem, government and social policy will continue to associate it with risk indicators for educational underachievement, welfare dependence and unemployment (Boden, Fergusson & Horwood, 2008; Fergusson & Woodward, 2001, SmithBattle, 2013). Public health policies that evolve from this position often focus on targeted interventions to reduce the risks of a homogenous group of “at risk” teenagers, rather than acknowledging the strengths or successes of individuals in this age group.

#### *4.1. “Don’t come home and tell me you’re pregnant”*

Goffman argues that attitudes towards stigma are acquired through a socialization process in which a person acquires the beliefs of wider society. This process is an outcome of the history of a person (Goffman, 1963). Prior to becoming mothers, participants developed views about teen pregnancy and parenthood through the influences of peers, families and communities they grew up in. They had general ideas about what they thought life was like for teen mothers, and recognised that it was not an ideal life choice. Many emphasized the fact that conception was unintentional saying “it’s not as if I chose to get pregnant!” and others blamed failed contraception, thoughtless youthful risk taking and being in a ‘bad space’ (poor mental health, oppressive relationships, drinking and drugs) for their situation.

Sienna:

*It's how we were brought up. We were brought up all pointing at the ones who were pregnant at the age of 15, oh, you're not meant to do that. Even me when I was at school at 13 and I was down at [name] High School and one of my best friend's sister at the age of 17 got pregnant, we all shunned down on her and said that's disgusting.*

Participants' internalisation of stigmatised attitudes towards teen pregnancy made it difficult for them to come to terms with their own situations. Many said they became pregnant at a time of personal and relationship crisis. Some carried out secretive pregnancy tests with bought or stolen testing kits, and others were prompted by family to have a test performed. Several women remained oblivious to the fact that they were pregnant until they were over half way through their pregnancy. One woman did not realise until she felt fetal movements and scans revealed she was 26 weeks pregnant. At whatever stage pregnancy was confirmed it was described as a significant and terrifying two part crisis: - firstly the confirmation of pregnancy, and secondly telling the family:

McKenzie:

*I said I needed to go to the doctors and she said "you better not come home and tell me you are pregnant", and what did I do? Come home and tell her I was pregnant... I was pretty terrified telling her because she had said to me that morning, "don't come home and tell me you're pregnant".*

Bailey et al. (2002) suggest young motherhood stigmatises families as well as individuals, reflecting historical views of unwed mothers 'bringing shame upon their families' (Te Ara, n.d.). Participants in this study reported their families responded to pregnancy announcements with anger, disbelief, concern, and support. They expected conflict, angry raised voices and familial rejection, knowing they would be disappointing families who "*had always expected more of us*" (Maia). Many were surprised by the concern and comfort that was forthcoming, especially from mothers

and grandmothers who responded to their tearful daughters with hugs and promises of support. Other family members needed time to come to terms with the news:

Bella:

*My mum was incredible; honestly I couldn't flaw her on anything. My Dad, he had his first child when he was 18 and he didn't want the same for me so we didn't talk for 6 months. But then he just decided that it's actually not that big of a deal, she can do it, she made this baby, she can do it and now we're fine, totally fine.*

Partners and boyfriends were usually told before families, and then it was their turn to inform their own parents. The extent of partner/father involvement fell into one of three categories – they were either no longer in a relationship, separated after confirmation of the pregnancy, or stayed involved for the longer term. Some fathers refused to admit paternity and demanded tests after the baby was born, while others, like Mikayla's boyfriend at first 'freaked out' then slowly came around to the possibility of fatherhood.

Mikayla: (performed a pregnancy test but made her boyfriend read the result)

*I did it, but I was really scared so I pushed (boyfriend) in the bathroom and he was like he was yelling "oh it's an abortion you ruined my life".*

Fathers' families' attitudes to the news of pregnancy were similar to those of participants' families, ranging from total rejection of their son to offering full support.

Summer:

*I didn't quite know what his parent's reactions were but they didn't really accept him and they kicked him out of the house, so he had to come live with us...*

The young women in this study continued with their pregnancies despite sometimes having to live with opposition and disapproval from their families. Abby's grandparents were strenuously opposed to her pregnancy and demanded that she

have an abortion. She refused, and her grandfather did not speak to her until after her baby was born:

*Abby:*

*I had no baby shower...when I got maternity photos my grandmother like ripped them up. Like my Mum went to a family party and she was like “don’t you discuss her and her situation”, when I was pregnant.*

These findings illustrate some of the impacts that teen pregnancy has on families and that a teenager’s unplanned pregnancy still has the potential to divide families and for young people to be ‘punished’, ejected from their home or shunned by family members. Pregnant teenagers’ choices are limited: adoption has become increasingly rare over the past 40 years (Adoptionoption, n.d.), and abortion is not an acceptable solution for everyone. In New Zealand legal grounds for abortion are related to specific criteria, especially after the 20th week of pregnancy, and so may not be an available option for those whose pregnancies were undetected in the first 20 weeks (Family Planning, n.d.). Even so, many said they never seriously considered termination because of their personal beliefs. It seems ironic that teenagers who seek abortion may be seen to be acting responsibly, whereas married women who do so might be considered selfish and heartless (Bailey et al., 2002). Despite knowing about the stigma of teen pregnancy, fearing they were letting down their families and creating a significant upheaval in their lives, women appeared to embrace the prospect of motherhood, and were prepared to turn their lives around to accommodate their baby’s arrival.

#### *4.2. Living with stigmatisation*

##### *4.2.1. In public view*

Shopping malls were commonly identified as the environment in which young mothers were exposed to the disapproval and judgmental attitudes of others. Malls provide an arena where one can’t avoid being noticed by others, and where young mothers perceive themselves to be very much in the public eye, vulnerable to the ‘looks’ and

judgement of strangers. People's behaviour and comments can affect how young mothers feel and think about themselves as Sienna describes:

Sienna:

*I guess the factor for me was staying calm during my pregnancy, because of everyone judging me, everyone looking at me, pointing the finger, I got really mad but then I had to just stay calm and then I just, you just kind of block it out. Then I got comments like umm, you really look good pregnant and what are you hiding under there and so that kind of made me know, that outweighs the bad, just a few comments lighten up your whole entire 9 months (laughs).*

These experiences are not unique to this group - findings from other studies similarly described young mother's feelings of being under the scrutiny of the general public when pregnant or out with their children (Fessler, 2008; Yardley, 2008). Subtle looks, overt stares or comments caused embarrassment or uneasiness, and provoked a range of responses from participants. One of the most common responses was for women to ignore, or say they didn't care about others looking at them:

Bella:

*Who cares? You are here to raise a baby; you're not here to impress some stranger that you see in the mall. Like who cares? They probably have done something that they're embarrassed of or whatever, and people will go "ooh".*

Sienna:

*But I just felt that when I was walking down the street everyone looked at me and judged me, and even now when I'm holding [child's name] walking through the mall, I see people looking at me, but you know you've got to brush it off your shoulder and just like, well that's their life you know. You can't control it you know. I'm happy...*

Sienna and Bella imply that they although they perceived others were staring at them, they wouldn't pay much attention, because how others think about them is outside of

their control. However, according to McKenzie, there were times when others attitudes became too obvious and offensive to ignore:

McKenzie:

*When I was going out with a newborn baby I would get like stares and just looked at...like I was going through the [mall] one day and there was an old guy just sitting outside like by the front doors having a smoke, and I'm walking in, and I asked him to like move out of the way, and he said no why should I have to move for a young mum, and being real smart about it... and he was like you know late fifties, early sixties. Being real rude about it. So I pretty much just ran him over with the pram.*

Places like shopping malls are the kind of public areas where stigmatised people are on public view and others are forced to notice and perhaps interact with them.

Goffman would explain the women's responses as typical of stigmatised persons, as stigmatised people are not sure of how they will be received, and do not really know how others are thinking of them so they will be self-conscious about the impression they are making (Goffman, 1963). In these situations stigmatised people are unsure whether others are noticing them out of curiosity, ignorance or malice (Goffman, 1963). This was not the case for these young mothers, who were sure that the people who noticed them were judging them in some way.

Bella, Sienna and McKenzie illustrated how, when someone has a visible stigma, they think that it is noticeable to others and feel exposed when they are out in public (Goffman, 1963). This sense of hyper-vigilance has been identified in other studies as young mothers being overly sensitive to others' attention (Fessler, 2008). It is possible that in some instances hyper-vigilant people may perceive incidences of stigma where none was intended. The pregnant teenager or young mother who notices someone looking at them may interpret this as being because they are young, and that others disapprove. Without directly asking the people who are 'staring' it's impossible to make assumptions about what they are noticing.

Another explanation for young mothers' perceptions of being 'stared at' is that people are curious about babies and young mothers, and well-meaning strangers may be drawn to them. Goffman wrote of when people with a stigma feel noticed it can be perceived as an invasion of privacy, especially if strangers feel they can strike up conversations or offer help where it is not needed or wanted (Goffman, 1963). The stares of others may be benign or compassionate, but are not perceived as such by young mothers because of their conditioned understanding of teenage motherhood as being different from normal. These views can be reinforced when strangers comment on a person's age or parenting status, which will be perceived as criticism rather than curiosity:

Abby:

*I live in... [Names an upmarket suburb]. Whenever I go to the mall I just get stared at the whole time. People go "oh is this your niece?" or if I buy something, "oh are you buying it for someone else?" "No, I'm buying it for my daughter". They always get so shocked and then go "how old are you"?*

Interest and questions from others are perceived by Abby to be only about one thing - her status as a single teenage mother, yet the conversation she retells might also be just an inquisitive shopkeeper making conversation with a young customer.

Underlying these questions though are assumptions that her child is her niece rather than her daughter, followed up with interest in her age confirming that people are indeed framing Abby and her child within a set of social expectations. Abby interpretation of this conversation is probably correct in that it does not seem to be an innocent inquiry but more likely to be thinly disguised criticism.

I have previously identified how participants' understanding of the stigmatisation of teen mothers was established prior to their pregnancy. They had internalised general beliefs about teen motherhood, so part of them believes they *must* be thought about as a teen mothers, yet they also know themselves as individuals with unique lives and experiences. When strangers stare, teen mothers try not to submit to feelings of shame but these feelings are recognised all the same because they know what the

social norms are. Young mothers can and do respond to stigmatisation by ignoring, minimising or fighting back, but others find alternative ways to cope.

#### *4.2.2. Avoidance, abandonment and isolation*

Although being looked at in the mall might not be related to a woman's status as a teenage mother, the distress they experience may be significant enough for them to avoid situations and places where they feel they might be judged (Ellis-Sloan, 2014). Goffman confirms that even the anticipation of feelings of exposure and shame can lead individuals to avoid public places (Goffman, 1963). Some participant's perceptions of being scrutinized forced them to find avoid certain situations, risking isolation and loneliness rather than be subjected to unwanted attention.

Keira:

*Even walking through malls now. I don't do it by myself. Umm cos if I walk through the mall I'll just get constantly people looking at me and then as I walk past they think I can't hear them say, "Oh she's so young, I hope it's only her sibling", you know. All stuff like that. Or if I'm sitting in a doctors or if I'm just sitting anywhere holding him it's just all the looks and you just know what they are thinking.*

Young mothers can become further isolated when others avoid them, assuming that they are too busy with family life to want to maintain social relationships.

Sienna:

*I have gone home to [name] crying my eyes out because I've got no friends, no one to talk to, no one to hang out with, no one to go to coffee with. Everyone's just backed off... one of my friends ...her parents said... she's got a family now she doesn't need this, and it's just like, how would you know? I need my friends around me and just because I'm a mum does not mean I can't go out to movies or have fun.*

The emergence of strong peer relationships is one of the key characteristics of adolescence, and peers can have a positive or a negative influence on young people's

health (Jaccard, Blanton & Dodge, 2005). Participants talked about how their pregnancy had impacted on their friendships, and that they now had less in common with pre-pregnancy peers. Many believed that old friends lost interest in them once they became mothers and most had formed new friendships (often with other young mothers who they felt understood them better), or considered their partners and children to be their friends. Most found their network of friends was reduced after they had a baby.

Summer:

*The school that I went to... Umm like I probably only have one friend from there...my partner he umm he has like 5 friends, 5 particular friends and they always come to see [baby] but for me I only have probably 1, so it's kind of like a big change for me because I always used to go out with... friends*

Young mothers have also been subjected to criticism of their parenting and behaviour from strangers and other mothers through social media forums. Participants reported that some of the more extreme criticisms and abuse they witnessed came through social media.

Katelyn: (commenting on a Facebook mothers group post)

*Like I've seen this photo, this little baby ...had fallen on a heater, complete accident and these people are like "you shouldn't have that heater around you know". ...this girl, she was like, "oh you know just get an abortion". It's like, it's not that simple. "Oh you're too young to be a mother", and she was quite rude about it, and there was a lot of people involved in that conversation. So I just read it and I was like you guys are pathetic, absolutely pathetic.*

Keira: (on a social media site)

*I got everything under the sun with abuse. It was like- "you're too young, you can't do this", umm "you're not in a stable relationship, it's a lot harder than you think".*

*I: so where was all this coming from? Who was saying this stuff?*

*K: another social media site...They can ask you anything...I'd reply to them and I got everything. And even after he was born it was, "you are not putting enough clothes on him, he's not happy enough, you're not doing this, you're not doing that". Yeah, it was really intense.*

Global communication through the internet is a feature of the late modern world (Giddens, 1991), and although social media and the internet may be a valuable source of information for new parents, it seems that it can also serve as a vehicle for stigmatisation. Keira and Katelyn were shocked by social media discussions and harsh critiques of teen parents online, and other mothers said that they would always screen blogs and discussions first to check if they were sympathetic to young mothers. To protect themselves from criticism they refused to engage in fora that denigrated teen parents. Others spoke of how they valued online discussions or teen parent websites and used them to get advice about baby care or form online friendships with other teen mothers. One participant had established a close online friendship with an American teen mother whom she also spoke to on the phone. She described their relationship as 'like a sister'.

Although society has become more connected through the internet, the effects of stigma can have the opposite effect. If the attitude and behaviour of friends or strangers becomes unbearable, young mothers may stay at home and become isolated and lonely. Withdrawal and isolation can impact on mothers' mental health, and prevent them from seeking the help they need. This is one of the ways in which the effects of stigma contribute to the negative outcomes of teen parenthood (SmithBattle, 2013).

#### *4.2.3. Stigma and teen parent support services*

Support organisations and teen parent units provide safe social environments and opportunities for meeting other young mothers. Many participants in this study attended a teen parent unit, an educational facility offering childcare and social support for young women with children. These facilities were developed to enable teen mothers to continue with their high school education, therefore minimising the impact of education disruption due to birth at a young age (Johnson & Denny, 2007).

Summer:

*I mean I like it here, you know we're a family. We've all been through the same thing so we support each other here.*

Young mothers know what it is like to be judged and disapproved of by others and can provide a circle of acceptance and moral support for each other. Other teen mothers understand and are sympathetic to the difficulties that they face, and are what Goffman calls "sympathetic others". He claims that over time people begin to identify more with the stigmatised group through their sharing of common experiences and that they will feel more accepted by others like them, and less accepted by their old friends (Goffman, 1963).

However even within teen parent networks individuals may still be subjected to criticism and stigmatisation. Participants identified differences between themselves and other teen mothers who are 'worse' than them. Typically participants' criticisms of other teen mothers were around their social behaviour and how they cared for their children.

McKenzie:

*Yeah, I've seen a few mums next door that don't bond with their child whatsoever. Like there's one mum in particular who I've talked to [teacher] about, and she just sits there and watches her child, where we all get in and do an activity... She just sits there and sits back, it's just like she expects her child to just "go play".*

Stigmatised communities can be stratified according to those who possess certain faults or attributes. Social alliances are then formed according to how some individuals identify or have things in common with others (Goffman, 1963). I have observed this through working at teen parent units; for example, those with long-term partners tend to be friends with others in similar circumstances and some women have difficulty fitting in if their lifestyle or views are very different from the dominant groups.

Sienna spoke of being referred to a counsellor because she was worried about losing contact with friends and not having enough time for herself, even though she was finding it easy to care for her child. Instead of being offered helpful solutions, she was admonished and basically told that even though she was only 17 she was a mother now and could not expect to do things other teenagers do.

Sienna:

*We went to family counseling. He took my partners side, he never took my side...he never saw my angle, and he told me you're not a normal 17 year old. You're a mum now, and you have consequences, and you can't do the things that you want to do. You've got to step up to your plate.*

Sienna said she felt unfairly treated by the counsellor's attitude, and she never went back. Participants also commented on how the attitudes and actions of midwives, doctors and nurses had at times made them feel young and ignorant:

Mikayla:

*My midwife did it. Like she made the choices, like she chose because baby was like she lost quite a bit of weight...and my midwife was like right we are putting her on the bottle, just instantly decided ... like this is my child I'm trying to raise and she just decided well put her on the bottle kind of thing, and that really annoyed me and her dad, and then she made us go up to the hospital just to sit there for 6 hours and be told our child's all clear. She like tried to make out that we were doing something wrong. So that felt, we really felt "dumb" about that.*

An unexpected finding of this study was hearing how referrals to teen parent support services could be perceived as stigmatising, as some saw referrals as an indication that you were viewed by others as lacking in some way, and implied that you needed others to help you because you might be unable to cope on your own:

Keira:

*When it comes to support groups and stuff like that I feel like they are almost throwing them at me too much. Like as soon as it was: OK- you're 19 and*

*you're pregnant you're not married, you know everything is unstable in your life. It was almost like we have to give you all of this. You have to talk to this person; you have to talk to this. I felt like everyone thought I was incapable of doing it... it almost felt like everyone thought I had to have all of these people in my face just so that something bad wouldn't happen.*

As most participants were high school students when they became pregnant they were subjected to the attitudes and responses of school staff and peers. Many spoke of how their schools provided support early on through school nurses, counsellors and sympathetic teachers. Others experienced very little acknowledgement or support from their school, and one mother at a private school was disgusted with how teen pregnancy was not spoken about:

Abby: (talking about how staff at her school did not acknowledge her pregnancy, even though it was common knowledge)

*I: you wouldn't be the first one, you know. It's not like it never happens*

*A: I don't know, I don't know. I think it, but I never heard about it. If they did no one ever kept their child, no one did, that that I know of in the past. Like cos I was the only one that they'd heard about. But there probably would have been that it was just hidden away and they wouldn't talk about it. A lot of the families are like that.*

*I: mm, so they conceal their stuff.*

*A: yeah so if it doesn't fit their perfect little world? Like it never happened.*

Abby identified that even silence and non-acknowledgement of a young woman's pregnancy can reinforce the notion that it is taboo, or abnormal. Without some form of acknowledgement of the stigma, young mothers remain uncertain about how others are thinking about them, and silence may be interpreted as a direct expression of their 'differentness' (Goffman, 1963).

A mother's age might not always be considered relevant when she meets the expectations of a 'good' mother, but if she falls short people are quick to blame her

youth as the reason. Teen mothers' struggles can be attributed to her age rather than being a first time mother, and this attitude may be reinforced by carers and health professionals taking steps to manage risks through referrals (SmithBattle, 2009). Young mothers might interpret referrals to support services as placing people under scrutiny or special care, which indicates health professionals 'buy in' to stereotypes. Goffman suggests that referrals to specialised services can indicate that the referrer sees the person as incompetent or part of a homogenous group rather than the unique individual they are (Goffman, 1963). As discussed earlier, health professionals, influenced by middle class values and stereotypes, tend to work to address risks and deficits. This focus on fixing "the teenage parent problem" can overlook young mothers' strengths and individual struggles that have less to do with age, and more to do with disadvantage and adversity (SmithBattle, 2009).

Stigmatisation from people in authority such as midwives, nurses and counsellors is powerful as young mothers are unlikely to directly challenge the injustice they perceive. It is easier to disengage with services rather than confront them, and this is one of the ways in which stigma acts as a barrier to young mothers accessing health services (Fessler, 2008).

Health professionals can be perceived as patronising and stigmatising when their intentions are to provide encouragement, care and support for young mothers. Participants in this study indicated that they are not necessarily receptive to 'help' especially if they are dissatisfied with the way they are spoken to or feel that they do not need special attention.

#### *4.3. Moving on from the stigmatised "teen mother" identity*

The young women in this study very clearly conveyed that they did not identify with the stereotypical notion of a 'teen mother', and viewed themselves as ordinary, responsible and mature young women who took their parenting role seriously. Young mothers are keenly aware of the public discourses that label them in particular ways, and contribute to the stigmatisation of teen mothers (Bailey et al, 2002; Ellis-Sloan, 2013 Fessler, 2008; Shea et al., 2015) and some argue that because of this awareness they will try hard to portray themselves as "good" so they can disassociate from the

negative identity (Bailey et al, 2002; Shea et al. 2015). In Katelyn's opinion, age was a defining factor in the negative portrayal of "the teen mother".

Katelyn:

*Yeah, maybe cos I actually have never classified myself as a teen mother and I think it's quite degrading. Like you're a teen mum and I say no, I'm not. I might be a teenager, but I'm just a young mother... But yeah it is a state of mind cos if people would call me a teen Mum I would say I don't feel like a teenager, I'm 16, 17 you know whatever, and I don't feel like a teenager.*

Katelyn's insider perspective of teen motherhood reinforces the disjunction between 'outsider' views and the personal realities of individual young women. Teen mothers are often classified as a homogenous group with similar characteristics, without distinguishing between younger or older teenagers, marital or relationship status, employment status or whether or not they are at school (Yardley, 2008). Katelyn is aware of the tendency for 'teen mothers' to be judged as a whole, and she wants to be acknowledged as an individual. For a start she is 19 years old and sees herself as more mature than younger teens.

Katelyn:

*Whereas these other people who are 14 when they have their kids or you know, they are still a teenager. In their minds they are still young. They still want to party. They haven't done it. They want to party, they want to do this, they want to do that. I think that is a teen mother -who hasn't experienced their teen years before they become pregnant.*

Katelyn dissociated herself from the teen parent stereotype, but did not renounce it. She recognised there is more than one-way to think about adolescent mothers, with 'teen mothers' being problematic and other mothers who just happen to be young, as more responsible and competent. This categorisation may be another aspect of stratification within the teen mother community, but also demonstrates young mothers' adoption of the dominant discourses around teen parents and the pressure they feel to appear competent mothers (Bailey et al. 2002). In addition, young

mothers' criticism of other teen mothers could contribute to further stigmatisation of this group. Maia talked about how she was aware of 'insider' criticism and how it might strengthen the negative views of teen mothers:

Maia:

*I reckon that people have a huge judgement on people that are young mothers but drink heaps and stuff like that. Like, do not normal stuff. How you're meant to do it is like, I always stay home but my mate goes out every weekend and it's like really different, like...*

*I: is she a young mother too?*

*M: yeah. I seem to judge her because like you know she's not giving her baby the best but she's still a good mother.*

Maia indicates she knows how she is 'meant' to parent, by staying at home and giving her baby 'the best', giving an impression of a responsible young woman who knows the right thing to do. She is also conflicted about judging her friend who has not acted the same way; perhaps she feels embarrassed for exposing her friend to criticism or censure, or for reinforcing the stereotype of teen motherhood.

Women's disinclination to identify with a stereotype may be explained in several ways. As earlier mentioned Goffman argues that stigmatised individuals want to control the impression that others have of them, and so will consciously or unconsciously project themselves in ways that are designed to avoid them being characterised and defined by forms of stigma. This creates distance between them and the stereotype. Young mothers who deny they are stereotypical are therefore protected from criticism, as what is said about teen mothers will not apply to them (Goffman, 1963). Similarly Ellis- Sloan (2013) found that young mothers awareness of social norms lead them to present themselves positively in relation to negative stereotypes. The idea that young mothers routinely constrain themselves by so called positive forms of impression management is questionable. Anahera, for example, explains how she resisted the pressure to pretend and wore tight tops to show she was not trying to hide the fact she was a pregnant teenager:

Anahera (talking about being judged by strangers):

*I didn't really care... I didn't hide once I'd told everyone. Like I did hide at the start from my parents. But once I would wear tight tops you could tell- I didn't really care!*

While collecting data for this study I found that some participants were frank and revealing about aspects of their lives that would be considered stereotypically negative. Revelations of chaotic lives, partying, drugs and drinking, one night stands and unrecognised pregnancy lead me to believe that were not trying to conceal negative aspects of their lives, "wearing their situation on their sleeve" as Goffman describes (Goffman, 1963, p. 127). This openness can be a response to a stigma that is visible and obvious, a kind of 'coming out' where the stigmatised stop hiding their flaws and invite people to see them as they really are.

When stigmatised people observe others like them behaving in a stereotypical way they can experience "identity ambivalence", and not want to acknowledge they are like them (Goffman, 1963). Such is the response of young mothers when they talk about 'stereotypical' teen mothers acting in ways that may cause them embarrassment or shame. They do not want to think of themselves as a similar person, as Abby describes:

Abby:

*I: what are some of the things that have surprised you about becoming a Mum?*

*A: the way you grow up. All the times people say like "they all just go on the benefit, sit around look after their child. Their life has ended then; they are not going to worry about school", blah blah blah. But that's not true. It's so different. It's such a bad view about teen mothers, it's so bad.*

Abby and Anahera, like mothers in other studies show that teen mothers can and will reject stigmatising identities outright, and see them as wrong even though they admit they exist (Fessler, 2008; Lutrell, 2011). It has also been suggested that young mothers

won't view themselves in negative ways when they are engaged in working towards life goals, which was the case for this group of young women (Yardley, 2008).

Participants who grew up outside of New Zealand described stigmatisation differently. They were less interested in the attitudes of others, and instead seemed more focused on overcoming different challenges such as living apart from families, or learning to live independently. These migrant women believed they were better off living as teen mothers in New Zealand than they would have been in their countries of origin where there was no possibility of social support or continuing education. Summer commented that she was pleased that she was not living in her country of origin because of the violence there, and also because she wanted her child to "grow up in a good environment where she can get good resources and things like that". Yardley (2008) claims that stigma will have little or no effect on those who have values that differ from normative societal values, which may partly explain their views. For example Sienna, who planned her pregnancy, stated that in her country of origin: "It's something normal for them. They get married at the age of 15. They give birth young. It's normal".

Many participants discussed ways in which they thought pregnancy and parenthood had changed their lives for the better, often referred to as 'growing up fast'. These changes brought new perspectives, priorities and different behaviour. The theme of pregnancy and parenting being a life changing experience was a strong narrative for participants, and is analysed and discussed in a later chapter.

Some of the ways in which these women said they had changed through motherhood included avoiding activities which had previously got them into trouble. Sam talked about how motherhood made her stay out of trouble and focus on her son. Others felt they were making a conscious effort to behave in a more adult-like manner for the sake of their baby:

Sienna:

*You've got to step up to the plate, you've got to mature, you've got to, and maturity isn't an option, it's a must, because you can't be immature with a baby and do immature things.*

And many described similar views that although there were many challenges, unintended early motherhood had turned their life around for the better, and was a blessing in disguise.

Katelyn:

*I have no idea where I'd be. I would probably be pissed right now, or on drugs. I wouldn't be trying to get an education to get a decent paying job, or you know I'd probably still be working at [fast food restaurant] where I was when I was 14 years old, you know, so I don't know, but I'm glad I had children.*

Goffman argues that trying to overcome or learn from a stigma is one of the responses that signify a person has accepted a stigmatised identity, and wants to try to improve themselves to overcome the implications of their stigma (Goffman, 1963). Although none of the women in this study admitted that stigma had provoked them into any behavioural changes or self-improvement it may have had a part to play. This notion is also supported by McDermott and Graham (2005) who found that exposure to stigma can encourage young women to develop competency in their mothering practices as they strive to succeed at motherhood despite others' views.

#### *4.4. Concluding Comments*

Goffman states that we often are not aware of what is ordinary and normal until we are challenged to realise the assumptions we make of others (Goffman, 1963). Although the social construction of teenage motherhood positions it as 'not normal', from the women's perspective they considered themselves to be ordinary and normal, and it was the negative stereotype of teen mothers that was wrong, or did not fit. These young mothers did not see themselves as problems, and resented negative perceptions being made about them. They did however recognise that there are some teenage mothers who don't meet the expectations of 'good' mothers, and whose

behaviour reinforces the negative framing of adolescent motherhood (McDermott & Graham, 2005). This just shows how pervasive the negative construction of teenage motherhood is, and how difficult it will be to overcome, but this needs to happen in order to eliminate the stigma associated with birth at an early age.

It helps to keep in mind that adolescent parenthood is not a permanent condition, and the stigma associated with a youthful birth will not be permanent. Adolescent mothers transit through youth and at some stage their maternal status will 'fit' within society-sanctioned expectations for mothers. That is, if they can also achieve societal norms of economic independence and family life (Breheny & Stephens, 2007b; McDermott & Graham, 2005; Wilson & Huntington, 2006).

Young mothers in this study preferred to think of themselves as 'just a young mother' and to be treated as individuals with specific characteristics. While teen mothers might resist the notion that stigma defines them, it seems that they will try hard to overcome the negative expectations that are associated with teen motherhood. One way in which young mothers build a positive view of themselves is to take on a 'mother' identity, which is discussed in the following chapter.

## 5. BECOMING A MOTHER: IDENTITY AND TRANSFORMATION

*Int: so your life is made up of school, work, being a Mum?*

*Abby: it probably goes being a Mum, school then work.*

Everyday life for most teenagers in New Zealand centres on high school, friends and socialising. Some may work and contribute to domestic chores, but most are not financially independent or responsible for a young child. Becoming a mother is a major developmental life event that involves moving from the life they know to one which is unknown and largely unimaginable (Mercer, 2004). Teenage mothers have additional challenges in that while they are dealing with their adolescent development they are also struggling to care for themselves and their families - they are at the intersection of youth, motherhood and the demands of young children (Hanna 2001). Becoming a mother while still a teenager is hard, but the demands and challenges of learning to parent can have a transformational effect on teenagers. Learning to cope with parenting challenges can foster emotional growth and changes in their sense of self, contributing to new understandings of themselves and their place in the world (SmithBattle, 1998). For the young women in this study, talking about becoming a mother provided an opportunity to reflect on their past experiences in relation to their present and future self, revealing insight into their progress through the transition from teenager to young mother.

In the previous chapter I discussed how the negative construction of teen mothers contributes to stigmatisation, and how this impacts upon their parenting experiences. The discussion in this chapter focuses more on how young women come to see themselves as mothers, reflecting on their pasts and present as they consider and construct a new maternal self-identity. Their voices provided an insiders' perspective of motherhood and the challenges they negotiated in regards to partners, families and their personal histories. Similar to other studies on teens' transition to motherhood, interviews revealed strong themes of change and transformation or transition from lives that were carefree and self-centered with few responsibilities to having to "grow up fast" and be strong, face up to new challenges and prove themselves as parents

(Collins, 2010; Shea et al., 2015). Findings are presented under sub themes of transition to an adult identity, transition to motherhood and investing in the mother identity. Next are explorations of participants' views on being caught between the worlds of teenager and mother, and the role of their baby's father. Theoretical concepts from Anthony Giddens "Modernity and Self Identity" (Giddens, 1991) were drawn upon to help explain young mothers' experiences of transformation from teenager to mother in the context of the opportunities and constraints of today's late modern era.

The social construction of teen mothers is changing and this can largely be attributed to the influences of the late modern era such as increased reflexivity, the reduced influence of orthodox traditions and individualisation (Adkins, in McDermott & Graham, 2005). Giddens refers to modernity in a general sense, defining it as 'the industrialised world' under capitalism which is highly organised and where social change is happening rapidly, moving away from traditional or established concepts and practices, which are constantly revised in the light of new information and knowledge. The term reflexivity describes this constant revision of knowledge, which creates a sense of uncertainty about what is to be believed and trusted or not (Giddens, 1991). These social changes are transforming social structures, identities and relationships, meaning people's lives are less shaped by traditions and social institutions and more so by the self-reflexive construction of personal biographies. Because people encounter many diverse sources of information through education and the media, they will be influenced and/or reactive in some way, and perhaps incorporate elements into their day-to-day behaviour. The modern fast changing world offers less certainty and more choices than ever before in history, so people can be unsure how to perceive risk or to know who they can trust. Ultimately, people will act in order to achieve security (Giddens, 1991).

Reflexivity in the modern period was defined largely in reference to traditionalism, whereas Giddens concept of "late modernity" (the present day world) refers to reflexivity in regards to individuals, where "the self" needs to be reflexively made (Giddens, 1991). Self-identity is what an individual is conscious of, something that has to be routinely created and sustained and consciously understood. A stable self-

identity promotes positive self-regard and strength. A person's self-identity is not about what others think they are, nor can it be fictitious. Their self-identity will be robust enough to maintain a narrative despite the reactions of others (Giddens, 1991). This is similar to Goffman's idea of "ego identity" or the subjective sense one has of their own situation and character (Goffman, 1963). Contextually self-identification as a mother means categorising oneself as occupying a role with all the meanings, expectations, associations and performances of motherhood (Burke & Tully, 1977; Thoits, in Stets & Burke, 2000). A positive self-identity as a 'mother' can provide young women with an alternative to the negatively framed 'teen mother' construct.

### *5.1. The transition to an adult identity.*

Adolescence has long been recognised as a period of profound physical, psychological and social change - a period of self-discovery, growing independence and bonding with peers. In a psychological context the formation of an adult identity is one of the important developmental tasks for adolescents, and it is through this time that young people begin to discover their values and beliefs, skills and strengths and a sense of who they are (Erikson, 1968; Frewin, Tuffin & Rouch, 2007; Stets & Burke, 2000; Schwartz, Donnellan, Ravert, Luyckx & Zamboanga, 2012). Adult identity development is shaped by macro level factors such as culture, gender and history, as well as individual characteristics such as personality and temperament (Schwartz et al, 2012).

In past centuries a person's life path to adulthood was largely determined by gender, social status, geography and family background, e.g. the village baker's son was expected to become a baker (Giddens, 1991). In today's late modern environment young people are influenced not only by their families and communities, but also through television, the internet and education, and it is through these influences that youth can imagine a life path and create an identity quite different from that of their parents. There is increased emphasis on choice and individual responsibility, which can make it more difficult to decide what to do when you "grow up", as transition to adulthood is less predictable in a world with a broad range of choices and fewer clear rules (Baumeister & Muraven, 1996; Schwartz et al, 2012).

Parenthood is an adult role although it is not considered a choice young people should be making, because of the associations between adolescent parenthood and disadvantaged lives. Unlike 40 years ago, many young pregnant women today can choose to raise their child, choose whom they live with and hope for a bright future for themselves. However like all young people they remain subject to the constraints of gender, youth and socioeconomic status that continue to sustain inequalities within society (McDermott & Graham, 2005). Young people might think they can be anything they want to be, but there are still structures in play, outside of their control, which will influence their path in life.

### *5.2. Transition to Motherhood*

Although research has been carried out on how adolescents can become competent, confident parents, very little is known about the process by which becoming a mother may lead to this transformation (Breen & McLean, 2010). Historically, Ruben's theory of Maternal Role Attainment (MRA), published in 1967, supported that women progress towards achieving a maternal identity by looking to other women as role models for motherhood, selecting them for the ideal qualities, traits, attitudes and achievements they desire. A woman's mother was thought to be her strongest role model (Clemmens, 2003; Mercer, 2004). Maternal Role Attainment can be affected by maternal age, socio economic status, perception of the birth experience, separation from their infant, social stress, social support, personality traits, self-concept, child rearing attitudes, health status and perception of the infant role.

Contemporary ideas on transition to motherhood have similarities to identity theories where adaptation, making a long-term commitment, and maintaining personal integrity contribute to a person achieving a new conception of self (Mercer, 2004). To attain the 'self-conception' of a mother requires restructuring of goals, behaviours and responsibilities while making the transition to motherhood (Barba & Selder, 1995).

Women make the transition to motherhood over a period of time. For some women this begins when planning their pregnancy, while others begin to think of themselves as mothers-to-be when conception has been confirmed, then by preparing for the baby's arrival. This preparation period, and the "settling in" period after birth are

thought to be important processes to help women become engaged in mothering (Sawyer, 1999, in Mercer, 2004). Where pregnancy is unexpected, undetected, or denied until the baby is nearly due, women have less time to come to terms with and prepare for impending motherhood. Undetected or late confirmation of pregnancy was an unexpected finding of this study. Anahera's pregnancy was not confirmed until 21 weeks, and Sam was 26 weeks pregnant when she found out. Mikayla describes the emotional impact undetected pregnancy had for her:

Mikayla:

*Well I was 23 weeks when I found out and I was 37.1 when I had her so I had like 13 weeks I think it was and so when they first handed her to me I was like so scared and shocked. Like I was in complete shock that she was actually my baby out of me.*

Like young mothers in other studies, participants felt very stressed in early pregnancy and while coming to terms with the reality of impending childbirth and parenthood (Hanna, 2000; Ngabaza, 2011). They remembered the initial shock and horror of a positive pregnancy test, and having to announce their pregnancy to families and schools as very frightening experiences. Once the decision to parent was made there was a limited time for them to come to terms with a new future and prepare for the arrival of their baby. A cascade of events occurred: from the practicalities of deciding whether to keep the baby, continue with school and/or work, to responding to friends and families and partner's family, concerns of what involvement the baby's father would have to settling on a place to live and pregnancy care. The preparation stage of pregnancy with all the events and activities are seen as an important step in the transition to achieve a new conception of self as a mother (Barba & Selder, 1995). During this time preparation activities provide goals, the realisation of responsibilities and changes in behaviour that are needed, yet for teen mothers who do not become aware of their pregnancy until closer to their due date, this preparation time is much shorter.

Participants talked of enjoying their pregnancies despite the stress and turmoil, and began to prepare for motherhood by gathering information on babies and parenting, and by linking with midwives and support services.

Maia:

*You know that book that you get when you first find out you're pregnant and you can read week by week? Well I read one of them, and then I got taught (talks about attending a teenage mother service). [Support service] helped me up there, and they helped me because I wasn't from [town], I didn't know anything. And umm I found a friend, she already had a kid and so we started going to [support service] together, and umm I used to read a lot of articles and stuff like that about babies. I really wanted to bottle feed, but my midwife helped me change my mind.*

Maia describes learning parenting knowledge from the various sources that were available to her, both formal and informal. Summer talked about getting parenting information from the internet:

Summer:

*I mostly look at videos on YouTube about like when I was pregnant I used to look at how to latch on and things like that. Yeah just like yeah just like how to help a baby walk... I'd just look at random things.*

In the late modern environment women are able to access parenting knowledge, information and examples from a broad range of sources. Participants talked about how they gained their parenting skills not only from watching other young mothers, but by using online sources, listening to experts and peers and sometimes just working it out.

Historically most women looked to other women and primarily their mothers as role models in order to learn parenting skills (Mercer, 2004). As most participants had expressed criticisms of their upbringing it was surprising to hear that they included their own mothers as a valued sources of practical support and parenting information.

Katelyn:

*A lot of information I get off here and learning off the other mothers, the way they do things, and it's like, oh, I could actually really take that on board. Umm but before that I kind of just learnt it all myself before I came here and started to you know actually listen to how other people do. Their parenting styles. But before that I just winged it really. Like I had my midwife helping me, telling me things, and Plunket helped a little bit, but other than that I just did it all myself.*

*I: just worked it out.*

*K: oh, Mum was great support when I was by myself. She would be like you know, I suggest you do this, but you don't have to, but I've learned this from having you.*

The significant interest that women showed in learning about childbirth and parenting demonstrated how seriously they considered their mothering role, and their motivation to be competent carers. Mercer states that seeking knowledge signifies adaption to the situation and recognition that the situation is long term (Mercer, 2004). Giddens emphasises that individuals are more likely to re-skill themselves when making consequential transitions (Giddens, 1991). Indeed, many women understood the consequences of poor parenting from their first-hand experience, and this provided motivation for them to try to be better mothers. What is new in the late modern world is that young women have easier access to the acquisition of knowledge or re-skilling as a means to empower them as mothers (Giddens, 1991). Access to the Internet, health care services, and competent role models allow young women to view an array of parenting styles and practices from which to choose their own preferences. They are no longer subject to acquiring parenting knowledge and attitudes from their immediate social networks. Using the internet for parenting advice raises both opportunities and concerns, as although there is potential to be influenced by competent others, the internet also provides a forum for stigmatisation, abuse and the proliferation of negative parenting practices.

Participant's birth stories were a popular narrative when women talked about their experiences of becoming a mother. Quite a few experienced major health scares and complications including appendicitis during pregnancy, sepsis, post-partum hemorrhage, emergency caesarian births and infants requiring neonatal intensive care. A few also experienced post-natal depression and remained under treatment at the time of interview. The baby's arrival was generally described as 'unreal', and quite a few admitted to feeling too tired to have an immediate bond with their baby.

Mikayla:

*I finally got hold of her but I was like it was like, I didn't really know how I felt, like mixed emotions, like I'd just had this baby, she was mine that kind of thing. I have to raise her for the next 18 years and I just had like a C-section. I was so numb and tired.*

Mikayla's feeling of being overwhelmed by her baby's birth is a common story for all new mothers. What can be less certain for teenage mothers is: what happens next? Some had only short term living arrangements, like McKenzie who stayed with a friend after leaving the hospital, and then moved into a residential home for young mothers. Maia and her baby returned home so Maia could care for a sick parent and her sister. Another mother was admitted to hospital for mental health support which she found extremely distressing and made her feel as if she could not really bond with her baby until she went home after a few days.

The process of transformation to an identity as a mother is different for each individual woman, but the young women in this study seemed to have accepted themselves as mothers quite willingly. Participants spoke warmly about their feelings of love and attachment with their babies, and many identified a strong bond from the time they were born: "*at the second I seen her aye, I had a strong connection and love for her*" (Maia). Once they were home new mothers put their learning in to practice and commenced the day-to-day care of their babies. Those who had no experience caring for infants described how helpless they felt in the first few days:

Bella:

*Before having [him] I'd never changed a nappy of a little baby so: Mum! Help me, there's poo! Help, he's weeing. Oh no he's weeing on me! He's weeing on himself! (laughing)...but umm we have a really good bond now.*

Mothers, grandmothers, boyfriends and their families, midwives and sometimes outside agencies rallied around the new mothers in the early days after birth, and mothers, (including boyfriends mothers), were praised for helping daughters learn to feed and care for their babies. For these women, as found in other studies, having “competent and caring others” at hand is especially important in the post birth period (DeVito, 2010; Luthar et al., 2000; Breen & McLean, 2010). Supportive others helped facilitate the transition process so that new mothers were able to gain competence and confidence in their mothering skills, become aware of the intimate love they had for their child, and move towards achieving a maternal identity (Mercer, 2004). Studies in other more disadvantaged communities suggest that motherhood is seen to force young women back into dependence on home and family, and this can restrict their sense of adulthood (Moloney, Hunt, Joe-Laidler & McKenzie, 2011). In contrast the women in this study who had been supported by family as they adjusted to motherhood appeared to value this, and were not at all resentful of being in a position where they depended heavily on family support.

### *5.3. Investing in their identity as a mother*

The young women in this study led diverse lives, each involved with their own particular challenges. There is not one story that could be considered typical or that did not contain some complexity. A number of participants had a history of involvement with Child Youth and Family Services (CYFs), were living in foster families or under CYFs supervision. All had experienced parental instability of some kind, such as being removed from their parents care, or growing up apart from their mother or father for other reasons. Many spent their childhood years helping to take care of their siblings and balanced school attendance with childcare, cooking, housework, and tucking their siblings into bed at night. They took on caring roles where their parents

were absent due to work, or were distracted from parenting for other reasons such as mental illness, drug and alcohol use or disengagement with family life.

At the time they became pregnant most of the young women in this study were attending high school, some were working, and most were in recognised boyfriend/girlfriend relationships. Many were experiencing some degree of disengagement with school and described active social lives and 'risk-taking' behaviour with parties/drinking and drugs.

Maia:

*Umm, I had a really rough patch before I got pregnant, like I was on synthetics, stuff like that. I was real hooked, and umm we were like on and off, and then when I found out I was having a boy... But then like I quit everything, smoking, everything.*

*I: and that's because you were pregnant*

*M: yeah*

Maia's retrospective view of her life before the baby's birth is as a person living in the moment, in an unstable relationship, regularly smoking and using drugs. Despite having to care for parents and siblings her life then seemed unconstrained. When her pregnancy was confirmed she promptly quit smoking and drugs, and during her pregnancy engaged with social services, attended parenting preparation groups and decided to breastfeed. Her behaviour change suggests she saw herself differently, and began to engage in activities typically associated with expectant motherhood, as was the case with Sam:

Sam:

*Umm I've actually grown up. I'm staying out of trouble from the police and fights and all that. I'm just staying away from everything pretty much. Focusing on my son.*

As found in other studies, drinking, smoking, drug taking, partying and sometimes truancy were commonplace descriptions of teenagers' lifestyles prior to parenthood (Hanna, 2000). These behaviours usually desisted with confirmation of pregnancy or during pregnancy. Breen and McLean, (2010) suggest that these changes can happen automatically when pregnancy induced nausea and fatigue, and an obviously pregnant belly make partying seem less attractive, or socially acceptable, but this was not a reason for Sam and Maia who made a conscious effort to change for the sake of their baby. Nevertheless pregnancy and motherhood can provide a convenient excuse to exit 'antisocial' patterns of behaviour or unacceptable lifestyles (Clemmens, 2003; Rumgay, 2004).

For young women with a family history of instability and disadvantage the prospect of raising their own child must bring to mind their own childhood experiences. Even the decision to continue pregnancy would have been influenced by their family histories as well as their own personal beliefs and values (Hoggart, 2012).

Young women decide to continue with pregnancy based on their own values framework, which arises from their family histories, personal and moral beliefs and instincts (Hoggart, 2012). For these women, the decision to continue with pregnancy and raise their child was one of the few possible choices available to them. To imagine what their future life with or without a child might be like, young mothers needed to reflexively consider what they knew and understood from unique individual perspectives.

The desire to provide a better life for their children was a recurring theme. McKenzie's exposure to her parents drug and alcohol issues had lasting impact, and she did not want her own child to have go through the same.

McKenzie:

*I want to be a better mum than my mum was, really. Like my mum was a heavy drug user and an alcoholic and so was my father and yeah I don't want that for my daughter. I want her to have a proper relationship with a mother. Like proper home and all that kind of stuff.*

For Mikayla, her family history and her mother's abandonment prevented her from considering adoption. She did not want to "give away" a child as her mother had, even though her mother had lost custody through neglect rather than purposefully walking away from her children.

Mikayla:

*I don't think I would have been able to adopt her out because knowing how I feel with my mum like basically doing the same thing with me.*

Participant interviews revealed how young women had adapted positively to motherhood despite their histories of hardship and family breakdown. Sienna's early family life exposed her to abuse, abandonment, and state care yet she "*felt a connection with babies and children*" and yearned to have her own baby. Her pregnancy was planned, and she and her long term partner were delighted when she conceived at the age of 15:

Sienna:

*But then I found out I was just over the moon, I was so happy...I went to the library and I studied so hard- all these pregnancy books stacked up high. I really wanted to do the best I could.*

Her intention to become a mother and dedication to gaining knowledge indicate a positive self-perception and sense of agency that may help Sienna overcome some of the disadvantages of her upbringing and help her succeed as a parent. Some studies suggest that experiences of adversity can foster the development of resilient mothering practices in young women who have positively adapted to a mothering identity (Luthar, Cichetti & Becker, 2000; McDermott & Graham, 2005). This adaptation is more likely to succeed if mothers possess the qualities of self-regulation, positive self-perception, a sense of personal agency and have connections to caring and competent others (Luthar et al., 2000; Breen & McLean, 2010). Participants' narratives on stopping drugs and fights, being happy to be pregnant, seeking out parenting knowledge and depending on family and others indicates young mothers possess the kinds of qualities that are needed for positive adaptation to motherhood.

Katelyn's story provides an example of the kind of attitudinal changes young mothers adopt when they have embraced a mothering identity and have developed a sense of personal agency as a mother. Her story provides insight into life as a 'teen mother' that is very different from the popular conception.

Katelyn:

*You see like I have priorities and my children come first whereas an opportunity will come up, "do you want to go out"? And it's like "nah I'm going to stay home and watch movies with my children. Tuck them into bed and just relax with my family". I don't want to be wasting money and feeling like crap the next day.*

Not all participants found it easy or natural to take on a mothering identity. McKenzie initially rejected motherhood and needed direction and encouragement from those around her to help her take on the responsibilities of parenting.

McKenzie:

*I went through the stage of "no she's not mine, someone else take her" for about 3 weeks. And then I actually sorted myself out, got up and actually realized, shit, I have a daughter, I need to actually do something, and yeah, I got up and kept going...because everyone just kept saying to me, you've got a daughter, why aren't you with your daughter? And I'd always be out like drinking or drugs all that kind of stuff, then I'd go home and everyone would say to me: "where's your daughter? Why haven't you got your daughter with you?" And yeah, it just got to me, OK, I have a daughter, I should probably go see her. Hee hee.*

McKenzie's story suggests that for some, giving birth and caring for an infant does not in itself lead to instinctual or intuitive self-identity as a mother. McKenzie required time to come to terms with her new responsibilities, and was encouraged to reflect on her behaviour by those around her. McKenzie's story illustrates how important it is for young women who are struggling to focus on mothering or regulating their behaviour

to be connected with caring and competent people who are interested and involved in her wellbeing (Luthar et al., 2000; Breen & McLean, 2010).

Young women who take on the role of motherhood, even though it was not necessarily planned, gain some certainty as to where their life is headed. Motherhood is a well-known and understood role that can provide a strong self-identity. Giddens (1991) argues that gaining self-identity brings strength and self-regard, and these young women certainly appear as courageous and proud to be mothers in the face of societal and family disapproval. Their belief that they can overcome the negative impact of their own histories is heartening although some might think this indicates youthful idealism because of the statistics of disadvantage and social exclusion that dominate the research on adolescent motherhood (Breheny & Stephens, 2007b).

Critics suggest that while late modernity brings universal changes to the way society is structured and operates, the potential for social transformation is limited for those from disadvantaged groups (Giddens, 1991). Theories of reflexive modernity are grounded in the life worlds of those who have are able to implement choices, and may over emphasise the potential some people have to make rational, conscious choices of self-identity. Young mothers' reflexive construction of their lives will be constrained by structural inequalities and other limitations such as stigma. This limits the choices they can realistically make in regards to identities, relationships and mothering practices (McDermott & Graham, 2005). The young women in this study strongly presented themselves as forward looking, optimistic and certain of their mother identity despite some historical family legacies of adversity. Without a longitudinal study I am unable to determine what limitations they will encounter over time, but anticipate there are many areas of their future lives over which they will have less control, such as where they live and whom they live with, for example, as young people are generally less likely to be able to earn a living wage or enter into a rental housing agreement.

#### 5.4. Teenager identity versus mother identity

Young mothers frequently described feeling as if motherhood had brought maturity, and that they no longer felt drawn to activities they once enjoyed with other teenagers.

Katelyn:

*I was a lot more mature than my age, so I was like 16 and having a child. I felt I was like 18, 19. Like I'd done the partying, I'd done the drinking. When I found out I was pregnant I snapped, and I was like, yeah, I'm cool.*

Others described being caught between the two worlds of adolescence and motherhood; on one hand they enjoyed the responsibilities of parenthood, but at times longed for what they used to do: to hang out with friends or sleep in in the mornings. Giddens might explain this conflict occurring because people are made of more than just one story: the self has several self-identities. He calls this "fragmentation", or, where a person adjusts their behaviour or presentation according to the demands of certain situations as "presentation of self" (Giddens, 1991; Goffman, 1963). Identities can be either activated or played out in a situation depending on the context (Stryker, 1968 in Stets and Burke, 2000). Young mothers recognised that different situations called for different forms of expected behaviour. I wondered if they presented themselves in certain ways for the purpose of the interview. What was evident from their stories was that when they had the opportunity to 'be teenagers' again, they often felt disengaged and less interested in the world of their peers.

Abby:

*With my friends I find it hard to like have things in common with them now because they are "oh we did this in the weekend, I'm with this guy", but I can't say that I do anything. I can't go out, only to work and here.*

Abby felt more removed from her friends because they spend their days doing different things. Some studies claim that teen mothers can experience anxiety,

alienation and isolation, and feel as if they are missing out on teenage activities because of their mothering responsibilities (Clemmens, 2003, Hermann, 2003). They may become distressed from trying to balance competing roles, and feel alienated from their friends. This proved to be the case for one or two women but most, like Maia, indicated that becoming a mother had caused them to prefer being with their children, partners and other young families rather than friends.

Maia:

*My friends like, I don't really worry about them, like, all I need is my son and my sister...I would rather stay at home and just play with my son all day instead of. It's still feels weird ... taking my son to preschool like 5 days a week. I like need that time in the weekend with him. So we can just catch up and play and do whatever we want.*

Where women thought they were able to switch between being their teenager and mother 'selves' it wasn't as easy as they thought it would be. Sam was one who felt she could change back to 'being a normal teenager' but when she did, she missed her child and felt bored.

Sam:

*I: do you still feel that you've got that teenage life as well as a mother's life to cope with?*

*S: yeah. When I don't have my son I am back to being a normal teenager, but then it's really weird because I think what am I going to do, I don't have my son. Like there's nothing to do.*

Most often participants said they would rather be with their children rather than away from them, suggesting that they felt most secure in their mothering role.

Mikayla:

*I worry about her. Like the other day we went out for dinner, me and [partner], and his mum was looking after her. And I was like, "oh, we should get going we*

*should go and check on [baby]", and he was like "oh she'll be fine". Even going out and having time out I like, want to get back home.*

Overall the young women presented as having a strong affinity for spending time with their children, and did not seem to mind losing the relative freedom of unfettered adolescence and belonging to a teenage peer group. Although I was aware they may have been managing their self-presentation to me, there may have been other explanations. It may be because participants were largely recruited from teen parent units where young women are encouraged to have a positive self-perception as mothers and where there are alternative peer groups. Stryker (as cited in Stets & Burke, 2000) agrees that teen mothers who have ties to strong support networks with other young parents are likely to be stronger in their parenting identity. Teen parent units are places where it is safe to be a young mother, surrounded by others, and where the expectation is to support young women to develop into a competent individuals and mothers with goals and aspirations. Becoming part of a support group such as a teen parent unit is a choice, and by making the choice to join, these women have also made a choice to invest in belonging to the young mother community. Results may have been different if I had interviewed other young mothers who were not associated with a teen parent service.

If there were tensions between participants teenager and mother 'selves' they were not obvious. In this study, their enthusiasm for mothering appeared to be genuine, as others have found. McDermott and Graham (2005) agree that teenagers embrace their mothering identity and enjoy motherhood more than their old life.

They talked of being aware of how they have changed in regards to their friends' views, as well as how they see themselves affectionately bonded with their children in a preferential relationship. Many admitted a stronger desire to spend time with their children than with their friends although it's possible that their feelings about whether they would rather be hanging out with their friends or at home with their babies will change from day to day. Fragmentation does not suggest people must prefer one identity over another or that their self is disintegrating but does provide them with the ability to be contextually diverse (Giddens, 1991). For young mothers this means that

identifying as both mother and teenager (and student and daughter...) expands their sense of self rather than fragments it. Mercer's view is that transformation to motherhood means incorporating a new identity and assuming responsibility for an infant and the infant's future (Mercer, 2004). Young mothers do not lose their teenage self-identity, but it is changed, as all their perceptions of self may change as they move through their life course and are exposed to the experiences and influences of raising a child in the late modern world.

### *5.5. Teen Fathers*

To discuss the mothering identity of adolescent women raises the question - what of the father? This study revealed some of the complexities of relationships and boyfriends' families that young women encountered when they became pregnant. Every background story of conception and paternity was unique and women openly discussed their views of the parts played by their baby's father in their present lives.

One of the most common beliefs about pregnant teenagers is that they are sexually irresponsible, become pregnant on a one-night stand and do not know who the father is (Shea et al. 2015). This may be true for a small proportion of teenage conceptions but was not the case for nearly all of the participants. I also know from my own clinical practice that a number of babies are born each year from random sexual encounters to women of all ages - this is not exclusively teenage behaviour.

Although one cannot know fathers' views without interviewing them, participants reflected on past relationships with their baby's father, and how circumstances changed once a baby was expected. Frequently women considered their baby's father to be too immature or unstable to commit to parenting (including fathers who were older, in their twenties). Women often described how seriously they took their parenting responsibilities, but only a few expected their baby's father to do the same - suggesting that if the men were not whole heartedly committed to fatherhood for the long term then they would prefer to not have them around.

Sam:

*I'd rather have just me and him, than me, him, and his father...if he wanted to see my son ...I would go no, you have to give me at least a week's notice or something. I've given him plenty of chances to meet him. He's seen him 3 times in my son's whole life...He just wants nothing to do with him.*

Sam had tried to involve her baby's father in their life, had come to terms with his indifference, and was preparing herself for a life parenting alone. Faith's ex-boyfriend lived in another country and had yet to meet his child. Nevertheless, Faith anticipated his rejection and had convinced herself that his actions did not really matter.

Faith (talking about taking her baby to meet her birth father):

*I don't know if he's going to be shocked or happy or sad or maybe neglect her. If he neglects her I don't care cos I've already moved on and I'm happy, so if he doesn't want to involve himself in [baby]'s life it won't stress me cos I know I'll be always there with her. So if he wants to or not, I don't care.*

Teen mothers like Sam and Faith who choose to parent without involving the father are subject to criticism for rejecting the dominant notion that the two parent family is the best environment in which to raise children (McDermott & Graham, 2005). In late modern society however young women are more able to make decisions based on their individual choices rather than act according to orthodox expectations of earlier times. The data from this study illustrates how the decisions to include fathers is neither simple nor straight forward, not only because of their youth, but because of multiple social, emotional and relationship factors that ultimately impact upon the well-being and security of mothers and their children.

Most often women made decisions about fathers' involvement by weighing up the costs and the benefits to them and their child. Because fathers were young and some were still at school they could not contribute economically to their child's upbringing. What did come across as important was the emotional and physical wellbeing of mothers and babies and the potential of a partner to be a stable and involved father.

Maia, like other women felt strongly that fathers needed to be present in children's lives rather than transient:

Maia:

*Like I don't want my son having a father that comes in and out of his life. Like the doors always open ...but I don't want him coming and going...because I grew up with no father.*

Katelyn was 28 weeks pregnant when she left school and split up with her baby's father. He wanted them to live together but didn't have a job, and Katelyn was well supported by her family.

*He told me you know we either live together or we split up and he was quite a controlling person..." I've known you for like not even a year and I'm 6 months pregnant with your child. Like- no"... his family was quite negative about the fact that ...it was a girl. I'd go around there and like his mother... she'd be like "has that thing grown a penis yet"?... until up to about a year ago he was really nasty. Umm we went to court. He got a lawyer when I was still in hospital, because he thought that I wouldn't let him see her.*

When faced with her boyfriend's ultimatum Katelyn chose the security of her own family over the uncertainty of him and his family. The attitudes of his family towards her unborn daughter worried her, and when they engaged a lawyer Katelyn knew that matters were becoming more complex. Two years later Katelyn's daughter spends time with her father but there is on-going conflict.

Like Katelyn, many of the women found pregnancy was a catalyst to withdraw from unsatisfying relationships. Bella remembered feeling desperately trapped in an unhealthy relationship that she said "wasn't working" and where she was "depressed" and "mentally unstable".

Bella:

*I: so what do you think you'd be doing if you hadn't had [baby]?*

*B: ahh I don't know. Probably say I'd be dead.*

After breaking up with her boyfriend Bella's mental health improved and her pregnancy ended up being an enjoyable experience, in which she reconnected with her mother and remained in contact with her son's father, keeping him involved in his son's life.

Mikayla's 16 year old boyfriend initially panicked when he found out she was pregnant and at first he argued that he was not the father. As they were in a monogamous relationship Mikayla was certain about paternity, and slowly her boyfriend came to accept the situation.

Mikayla:

*[father] was like, I don't even know if this is my kid ...and he had the big freak out and so he decided he was going to keep his distance and then I tried to tell him like, what if this is your kid? ...how many weeks is it going to take us to find out... And then slowly he just like grew really attached.*

Mikayla's partner, once satisfied that he was indeed the biological father of her child showed remarkable dedication and commitment, and with the support of his family he was able to contribute financially while continuing to follow his aspirations to be a professional sportsman:

*M: Most Saturdays [father] works graves [night shift] so he goes to work at 8 o'clock and doesn't finish until 5 in the morning...*

*I: so he's a full time school student, and then he does that?*

*M: yeah, he tries to work 30-40 hours a week.*

*I: wow, that's incredible!*

*M: yeah, and then he's also got ... training Tuesday, Thursday and then at school he does heaps of training.*

Not every teenage father was as dedicated and hard working. Women who lived apart from their baby's father sometimes wistfully held on to the fragile hope that they would one day mature and want to be more involved.

Abby:

*I: what's your relationship like with baby's father now?*

*A: umm, it's on and off. He still doesn't want to be a father... I think he finds it difficult because he does want to be a teenager. At the moment I'm definitely not ready for another child... So I'll just have to see where it takes me in a few years' time. He's young, I'm young, we may want different things in life. Like I know he's always talking about a gap year next year for a year in America. It's yeah, like he IS a teenager. He goes out like pretty much every weekend. He still lives at home. He plays soccer like 5 times a week.*

Where Abby and other women had adapted to a mother identity and changed their lives to be mothers, her baby's father was encouraged by his family to maintain a distance. At the time Abby's baby was born, the father was away with his family on an overseas holiday and one may think that this was deliberately arranged so that he would not be present at the birth. However in her view Abby thinks that young fathers need the kind of help that teen mothers receive to help them adjust to a parenting role.

Abby:

*I reckon for teen Dads there needs to be more support, as in ask them how they are. Support them, show them how to do things. Show them how to be there for your child in the best way, and just make sure they're OK and how they're coping, how they feel about it.*

Keira described another scenario, where she saw herself as a leader in the relationship, helping her partner to become a responsible father and person. She admits that her future with him is still uncertain:

Keira:

*I just know that when I entered his life he didn't have any responsibilities. I almost forced him to grow up faster than I think he wanted to. So he had car repayments and he was in a full time job, yes, but since I've known him he got his car repossessed, he's lost his license, he's gone through heaps of jobs...and now I've put child responsibilities on him. It's almost like he's had to grow up faster than he wants to... we are not married or anything like that so there's not always that 100% we will last.*

Young mothers gave many accounts of standing strong, or resisting pressure from others, but one of the more notable sub themes identified is when they talked of their determination to parent alone, often expressing that a fathers' involvement was optional and secondary to their decision to be a mother. Many seemed disinclined to push themselves into a parenting partnership with men who were unwilling or who failed to meet the standard of "maturity" that was deemed necessary. This view aligns with findings from Hanna's study (2001) showing that young mothers demonstrate a readiness to dismiss their boyfriend if he fails to show the level of expected maturity or loyalty. Women who were living with a 'less than perfect' partner openly declared their intention to parent alone if the relationship collapsed. What they may not have realised is that rejecting a partner might be interpreted as another way in which teen mothers undermine the traditional social concept of family, and further reinforce stigmatising beliefs about them as 'failures' or 'irresponsible'. (McDermott & Graham, 2005).

The rejection of fathers may also be influenced by women's perceptions of safety and security in relationships. One theory to explain this is that relationships with men (especially teenage boys) can be uncertain and fragile, so young women may push them aside to invest in a relationship that is more dependable and certain - the relationship with their baby (Beck, 1992). These young women oftentimes referred to

their relationship with their babies as their 'priority', and described their relationships with men as less certain, suggesting that this may indeed be the case.

In the contemporary world sole parents families are not seen as particularly unusual or out of the ordinary. Teen mothers seemed relaxed about the prospect of raising a child on their own, yet separating a child from their father may have long term consequences that young mothers may have yet to realise. Decisions made at a time of rapid transition and major life events provide a baseline for the future of a young mother and her child, and while these teenagers readily took on a strong mother identity, which is positive, they will need other resources upon which they can draw to ensure their future well-being.

From the perspective of theoretical concepts of identity one could suggest that by creating a conscious robust self-identity as a mother, teenage women are empowered with the self-belief and confidence needed to realistically consider parenting without a partner (Giddens, 1991). This self-belief enables them to reject untrustworthy partners (and their families) in order to achieve security for themselves and their child (Giddens, 1991; Hanna, 2001). I observed evidence of women's individual strength and determination, but cannot deny the role of supportive families here. Young women assured of a place to live, be protected and nurtured are in a better space to think objectively about their relationships, and are able to reject unsatisfactory relationships. Where family and partner environments are less ideal, women may still choose to be where they feel safest, but the benefits for them and their child may not be as obvious. Lastly, where women are disempowered through relationship difficulties, mental health issues or other situations that create dependence, their ability to make choices will be little or none.

### *5.6. Concluding Comments*

This exploration of the 'identity' of teenage mothers brings together several concepts that are important for understanding young women's transition into a strong mothering role. The transformation is rapid - "growing up fast" and young women's lives are changed dramatically within months. Becoming pregnant turns their lives around and they take on a significant workload mentally and physically preparing for

their baby's arrival, utilising the information and support available to them.

Motherhood means different things to individuals meaning their constructions will be unique to their personal circumstances and beliefs. There is no 'one' typical teenage mother.

Young mothers' constructions of their mother identities are influenced by their past histories and direct them away from teenage lives of irresponsibility and lack of concern for the future, into taking on full responsibility for their babies' well-being. They are highly motivated to learn parenting skills. Having access to the Internet, education and support services provides a broad range of information, parenting role models and alternative views of motherhood. In the late modern environment they are able to reflexively consider their own family histories within the context of their personal experiences, and broader influences and construct their own beliefs and values of motherhood and family life. This provides them with the potential to move on from their old lives towards a better life for themselves and their children.

## 6. A BETTER LIFE

Anahera:

*I want us to be able to support ...ourselves on our own without my parents help and ... not struggle to have another baby...without being stressed about being able to afford things, being so young and at school still and still studying.*

The young women in this study embraced their mothering identity, prioritised their children and planned for their future family lives either as sole parents or with partners. What their futures hold is unknown, yet research leads us to believe that as teenage mothers they will experience difficulties securing and maintaining employment (Molloy & Potter, 2014) resulting in material deprivation (Friesen et al., 2008) and poor outcomes for their children (Fergusson & Woodward, 1999). The 'risks' of poor social, health and economic outcomes for teenage mothers and their children form one of the underlying narratives for the argument that adolescent parenting is a poor life 'choice'. On the other hand, in a neoliberal political environment young mothers are expected to use their own resources to take responsibility for their life circumstances and maximize their own potential (Breheny & Stephens, 2007b).

The notion of 'risk' is frequently referenced in discussions of adolescent pregnancy and motherhood, and highlights the vulnerabilities and deficits for young mothers and their children which frame them as 'trapped' in adversity which, as young people, they have few resources to enable them to break out of (SmithBattle, 2000). From an outsider's perspective young women who become pregnant are seen to have chosen to risk becoming pregnant with little regard for prevention, and therefore are held to blame for their situations. Discussions around the multiple 'risks' of adolescent pregnancy and parenthood are commonly associated with notions of choice, responsibility and blame (Lupton, 1999), however young mothers' views of these risks are different, as they are from an insiders perspective and based on their unique individual experiences. Although aware of discourses of risk, blame and choice, the

women in this study were optimistic that they could create a better future for themselves and their children than that which they themselves had experienced.

This chapter explores how participants understood their childhood legacies of family instability and recognised their responsibilities as parents to manage risks for themselves and their children. The sub themes of risk awareness, and future risk minimisation came to light when these young mothers talked about their childhoods and how they understood their own family histories. Unhappy recollections of family strife, parental separation and other distressing events prompted them to think about what they could do to make a happier life for them and their children, and to minimise the chances of past misfortunes happening again. Sub themes identified from the data described several key threats that young mothers wanted to avoid: repeating the mistakes of the past, being an incompetent parent, poverty and deprivation, being overly dependent on others and relationship/parenting stress.

Deborah Lupton writes that there are many diverse theoretical perspectives of socio-cultural risk that describe how people give meaning to, and deal with risk (Lupton, 1999). Her view that risk is understood as a product of perception and cultural understanding helps explain competing views on teen parenting where experts say measured and defined risks are 'real', and subjective or 'false' experiences, such as those of young mothers are less important. Lupton (1999) says that it is not important to distinguish between what is 'real' and what is 'false' but to know how these understandings are constructed and acted upon, for it is these actions that determine discourses of truth, authority and decisions that affect those experiencing the 'risk'.

One recent example, in the context of adolescent parenting, is the suggestion that teenage girls should receive contraceptive implants to prevent unplanned pregnancy before they become sexually active (Pickering, Anderson & Paterson, 2015). The doctors behind this proposal based their opinions on the view that teen parenting is associated with significant costs on the individual and society and their beliefs that the children of teen parents do poorly in statistics related to poverty, imprisonment and teen pregnancy. There was no indication that they had asked teenage girls what they thought, and they did not seem to have taken into account that the majority of New

Zealand high school students have never had sex (Clark, Fleming et al., 2013). Such a response focuses only on young women and pays no attention to the wide range of structural factors that may influence who becomes pregnant and why. The known associations between early motherhood, poverty, disadvantage and lack of opportunities are often overlooked in such discussions, perhaps because they represent a more complex set of issues to 'fix' (Fergusson & Woodward, 2000; SmithBattle, 2000; Graham & McDermott, 2006; Wilson & Huntington, 2006). Targeting individuals appears to be much more achievable, but it is unlikely that pregnancy prevention initiatives will have much of an impact on addressing the effects of multigenerational deprivation.

There are several ways in which theorists consider risk. Douglas writes about risk being cultural or symbolic and constructed through cultural frameworks of understanding. This perspective provides a group or community concept of risk, rather than one focused on individuals (Douglas, 1999). Giddens and Beck consider risk in the context of how it is generated in late modern society, where people are more reflexive and wary and less inclined to accept expert opinions at face value (Lupton, 1999). A Foucauldian perspective highlights the way in which governments rationalise risks and will strategise to make risks more manageable, and bring order (Lupton, 1999). For the purpose of discussing adolescent parenting, I will refer to 'risk' primarily in the subjective socio-cultural context, looking at young mothers' experiences and perception of the struggles they face which may derail their chances of success. Many of these risks are interpersonal as they are to do with intimate relationships, social interactions, love, gender roles, family and parenting (Lupton, 1999).

Lupton argues that risk management is important to human well-being. People like to think that they are responsible, and that they can "do something" to mitigate risks and minimise threats; we like to have a certain level of power and control (Lupton, 1999). This idea resonates with Giddens' view that individuals will act in ways that will help them to achieve security (Giddens, 1991). The findings of this study suggest that these young mothers readily identified risks to both the well-being and security of themselves and their children, (such as an unstable partner), and acted in order to minimise the effects of the risk by choosing to live at home instead of with their

baby's father. Being able to choose who to live with is one of the ways in which young mothers were able to exercise choice and control in order to achieve security, as they had supportive families, but not all young women have family relationships that allow them to make such a choice. The discussion now moves to focus on the issues that women determined were the main sources of stress and disruption, and 'risk' in their lives.

### *6.1. Repeating Mistakes of the Past*

Like teen mothers in other studies, these women had insight into their pasts and understood how family instability had affected them, and this made them conscious of trying not to repeat this pattern with their own children (Collins, 2010). Also like other teen mothers, children were the most important feature in their lives, and motherhood provided an opportunity to demonstrate adult skills and try to be better at parenting than they perceived their own parents had been (Hanna, 2001). For example, women who were exposed to neglect, violence and distress as children held strong opinions on how their parents' or caregivers' actions had negatively impacted upon them and were highly critical of the way their parents had behaved and raised them. Mikayla, McKenzie and Sienna gave some examples of how their parents' lifestyles and behaviour affected their experiences and understanding of family life:

Mikayla passed her younger years living with her mother who worked in the sex industry. She and her siblings were removed from their mother's care after it became known that she brought clients home and they had contact with her children. From then on Mikayla lived most of her childhood in foster care. Now that Mikayla is a mother herself she struggles to understand how her mother could have acted in ways that risked losing custody of her children:

Mikayla:

*I just said that I wasn't going to raise my child the way that I was raised, and I want to have [baby] like in my care, my full time care being raised by me and her father until she was ready to leave home kind of thing...I don't think I would*

*have been able to adopt her out because knowing how I feel with my mum like basically doing the same thing with me...*

McKenzie remembered a childhood of neglect with her mother who was disengaged from the needs of her children. McKenzie was cognisant of this and contacted child protection services after becoming concerned about her home life. She portrayed her mother as a person distracted with other things:

*M: She didn't want anything to do with me; she cared more about her computer games, or her drugs and all that kind of stuff.*

*I: OK so she was quite busy with the own stuff in her life... you brought yourself up a little bit?*

*M: pretty much. And I brought my 2 little brothers up, what about 5 years...it got that bad that I rang Child Youth and Family...and then my brothers pretty much started calling me Mum, since I brought them up from newborn right up until they were about 4, 5 and they went off to kindy and school and stuff, and they were calling me Mum, instead of calling Mum, Mum.*

Even though McKenzie took on the care of her brothers and helped around the house she did this with little support from her mother, and their relationship was not a close one. It was not until she had her own child that she first experienced what a close, caring, secure relationship felt like:

*What do I like about being a mum? [Laughs] Umm, I don't know, just having that relationship with someone. Being able to be so close to someone. I haven't had that growing up, and umm, I want to be a better mum than my Mum was, really. Like my Mum was a heavy drug user and an alcoholic and so was my father and yeah I don't want that for my daughter. I want her to have a proper relationship with a mother. Like proper home and all that kind of stuff.*

Despite having a difficult relationship with her mother in her growing years, and still living with a foster family, McKenzie maintained contact and she and her mother now enjoy a closer, improved relationship, and her mother is also involved in her

grandchild's life. The hardships they endured through McKenzie's childhood have not formed a lasting barrier to an ongoing mother daughter relationship, and McKenzie says she can now run to her mother "for pretty much anything". This experience is not typical, as families can remain locked in adversity over many years, however other studies show that difficult family relationships can improve when young people move out of home (SmithBattle & Leonard, 2014).

Sienna talked about always having a "need" to be a mother after her mum was not "really a mum" for her. Her understanding of this need came from being a caregiver for her brother until they were placed in foster care, and even then she enjoyed babysitting and looking after her foster sister. The time she spent in foster care provided alternative role models for family life that she did not witness at home.

*I really wanted to do the best I could, to be a Mum, because my Mum wasn't really a Mum for us. I just wanted to not follow in her footsteps. So I wanted to become a Mum that she never was so, and being in foster homes from the age of 10 till 15 you kind of see what kind of Mum you want, and what kind of Mum you don't want.*

Research has identified that women who have experienced foster care might choose to have a baby at a young age because they find it hard to trust others, and a baby helps fill an emotional void in their lives (Connolly et al., cited in Aparicio, Pecukonis and O'Neale, 2015). Family stability was important to young women who had lived through family break ups or had absent parents. Abby's parents had divorced when she was younger and family members had become estranged from each other. Because of this history Abby wanted her daughter to have a more secure and connected family life than what she experienced:

*I just wanted the best for her because I didn't have the best upbringing. My Mum, not the best, my Dad, don't see him. My sister has nothing to do with my Mum or me really, so I wanted her to have the best life. I wanted her to be proud*

Maia also grew up with separated parents, and did not really get to know her birth father until she was older. It was important to her that her baby would grow up knowing who his father was:

*Like my father came in my life like 6, 7 years ago...once my dad came on the scene my Mum backed off and she gave full custody to my Dad. And my Mum just took off up north.*

Despite Maia's criticism of her father not being around, Maia seemed more tolerant of her mother's decision to leave: *"my Mum had some trouble and she was going through a lot of things so it was understandable"*.

Participant's cravings for love, belonging and a stable environment provide common threads in their childhood biographies. They learned first-hand that not having a 'proper' home, or being separated from parents by the state or through family breakups are traumatic events for children, as are neglectful parents or those who abuse drugs and alcohol. Lupton recognised that people's perceptions, understanding, and responses to risk are developed by observing everyday life and how it plays out (Lupton, 1999). Collins (2010) agrees, saying a person's history and experiences of being parented will have a significant influence on how they recognise and respond to risk, and how they will parent. This explains how participant's experiences of adversity help them construct potential risks and dangers for their own children.

Some studies have shown that teenagers with an oppressive past strive to be more positive and successful mothers than their own (Graham and McDermott, 2005; Herrman, 2006; Lesser et al. 1998; SmithBattle, 2000). Others have found that most children born to teenage mothers in a longitudinal study avoided the adverse outcome indicators (early school leaving, unemployment, early parenthood and violent offending) they were measuring (Jaffee et al., 2001) strengthening the idea that people learn from their personal experiences and can act to protect their children from similar harmful experiences. By rejecting a dysfunctional past young mothers form a baseline upon which to build better lives for themselves and their children. Teen mothers do not necessarily have to continue on a predestined life path of hardship and deprivation, and neither do their children, although there is still much to

learn about protective mechanisms that help protect vulnerable individuals from adverse outcomes (Jaffee et al., 2001).

### *6.2. Fear of being an incompetent parent*

Becoming a new mother in adolescence was both exciting and terrifying for women in this study, because many had very little to do with babies and were uncertain about how competent they would be caring for their own child. They were aware that young mothers are generally thought to be not mature or knowledgeable enough to cope with a new baby (Breheny & Stephens, 2007a). Participants anticipated that it was going to be very difficult to learn to care for a baby as many knew nothing about feeding or sleep practices, had never changed a nappy or even held a baby. These feelings of anxiety and uncertainty about lacking mothering knowledge and skills have been found in other teen mother studies, and may be representative of normal anxieties of first time mothers (Clemmens, 2003).

The first few weeks after birth were said to be *“the hardest time”* (Anahera) for the women who felt they knew nothing and depended on others to teach them everything they needed to know.

Faith: (talks about being taught infant care at a young mother’s service)

*To ...know if a baby cries, if a baby clenches her legs up they have wind and yeah so most of the things that I didn’t know...*

Although mothers felt they knew very little at first, they generally found that learning the practicalities of infant care was easier than they thought it would be, and were surprised at how much they enjoyed it:

Bella:

*My son’s really good. Like I don’t find it difficult which is what I thought it was going to be difficult to handle having a baby when I didn’t know what I was doing, but I didn’t find that a struggle...*

Learning parenting skills was a priority, and participants were fortunate to have had help to achieve competency in baby care tasks early in the neonatal period, boosting their confidence which they said helped them to bond and feel love for their baby. Although parenting competency is important in the practical sense, there are further benefits, as competency positively influences the development of mother infant relationships and maternal adjustment, reducing stress and the likelihood of postnatal depression (Holub et al, 2007). Teen parent education, support and skill building in the early months is a valuable way in which to reduce maternal anxiety, build confidence and foster well-being for young mothers.

Another strong sub theme from the data was how women aspired to be 'good mothers'. When asked what it was that makes a 'good mother', they referred back to their childhoods for examples. Their ideals of 'good' mothering typically centered on meeting the material, emotional, and developmental needs of their children, and were regarded as serious long-term commitments. Spending time with children was seen as one of the most important aspects of being a 'good mother', but they also talked about playing, reading, swimming lessons and just enjoying their child's company.

The women did not see age as being a barrier to being a 'good mother'. Bella observed that young mothers recover from birth a lot faster and have more energy, and Mckenzie thought young mothers were more focused on their child and less distracted by their personal life and work.

Being a good mother was also about being unselfish, and ensuring your baby had 'the best', in providing material goods and emotional security. In the first instance 'good' mothers were able to financially support their children. Achieving economic independence was a major goal for many women heavily dependent on families and caregivers. Katelyn, now 19, was proud of the progress she and her partner had made towards becoming self-supporting:

Katelyn:

*I wanted a good paying job cos my kids deserve that, you know. So you know I started off working, then I went on a benefit, now we live off one wage and then you know we are working our way up...*

Striving to provide “the best” provided motivation for young mothers to achieve in their studies and to sacrifice some of their own immediate wants and needs.

Summer:

*I don't think of myself anymore. You know I kind of think of like the long run and how it will help my daughter. You know if I don't study and I get not a good job she'll not have the same things as other kids would and she would look down on me and so I like for her to have the best she can.*

Providing the best for your child meant looking at life from their point of view as well as being future focused to ensure goals would be achieved. This was the opposite to what many participants had experienced when they were children, as their own families were perceived to have acted in ways that did not consider their children or their future well-being.

‘Good’ mothers were believed to have well behaved children and there were many different views of how good mothers manage children’s behaviour. Hanna (2001) found that young mothers sometimes enforce strict disciplinary practices so that their children will grow up into ‘nice’ people (Hanna, 2001). This was not the case for most participants who generally were against being ‘strict’, although others described quite structured approaches to managing behaviour:

McKenzie:

*if she does something naughty she gets 3 warnings, and if she doesn't stop doing it she gets sent to the time out corner pretty much, and gets sat there until she comes up to ...whoever told her off and says sorry. And then if she goes back and does it again she goes to bed pretty much.*

Mother's views on behaviour management were highly influenced by the parenting styles of their families and caregivers. For example Anahera and Faith perceived that their parents' strict approach had encouraged them to be rebellious:

Anahera:

*I don't think I'd be too strict because my Mum was quite strict and it kind of made me not like her... it made me do it even more.*

Faith added that strict parenting styles had created a barrier between herself and her mother, so she could not communicate with her. In contrast, other mothers were more in favour of implementing the authoritarian parenting approaches that they had known as children:

Keira spoke about her mother's parenting and her own expectations:

*She was very strict with me, and I don't want my kid to grow up scared to tell me things, but I want to raise him right...*

*You know you'll see the kids out there that are just like, you know they don't get a chocolate bar so it's "f\*\*\* you mum". NO, that's not acceptable... if I say NO, I'm going to mean it.*

*I don't want him to get into any bad habits or anything like that you know. Like you ask to be excused from the table, you use your manners every time. You clean up your mess. It'll be hard, I know it will, but I'd rather do it and put the work in than have to tell him when he's older, NO, that's wrong.*

Keira goes on to say that she wants her son to grow up to be a 'gentleman' and to have 'respect', and to play with traditional toys rather than use iPads and technology. Her son is four months old and so her approach to parenting and discipline is yet to be tested. Greene (2006) argues that teenage mothers like Keira try to reproduce middle class notions of 'good' mothering in order to appear responsible and capable. This may be so, but it could also be she is merely replicating parenting practices from her own background (SmithBattle, 2000). Other researchers (Hanna, 2001) have concerns that young mothers can be punitive parents with unrealistic expectations of child

behaviour, but this finding cannot be compared to this study without revisiting mothers later in their children's lives. Both Hanna (2001) and SmithBattle (2000) agree that a mother's experience, history, community and personal characteristics shape their priorities, skill and learning of parenting knowledge, and this is evident from this study. Participants reflexively considered their childhood parenting experiences and adopted or rejected certain aspects to achieve what they thought was important with their own children - to be liked, to have open communication, or for them to have good manners. Their consideration and selection of parenting practices to use with their children indicates a significant investment in motherhood, and an acceptance of themselves as mothers (SmithBattle, 2000).

The findings from this study reveal that teenage mothers believe 'good' mothers are those who love and spend time with their children, provide them with material goods, plan for the future, provide a stable environment and strive for economic independence. None of this information is new. Greene, (2006), and Lupton, (1999), would explain these findings as reflections of the dominant discourses of 'good' motherhood which have been internalised by these women. In addition it is likely that these dominant discourses are also reinforced within the young mother support networks, and adopted as part of the identity of their teen mother subculture (Lupton, 1999).

Shea et al. (2015) observed that young mothers internalise the social and cultural constructions that label them in certain ways, and work against them to avoid being defined negatively. In similar ways young mothers in this study were anxious to avoid the risk of being thought of as 'typical incompetent teenage parents', and set themselves to the tasks of learning infant care and taking on the responsibilities of 'good mothers'. Women identified more with the dominant expert and popular representations of 'good' mothers, as women who take responsibility for the well-being of their children, and who make 'good choices' (Greene, 2006; Lupton, 2000). Lupton (1999), argues that women's responses, or what they feel they can realistically achieve to be a 'good mother' will be constrained by the agency and control they have and the predictability of risk. I have found this to be plausible for these young mothers, who appear to have an increased awareness of risk because of their family

legacies, and are exercising some control over their lives and parenting of their children. They are able to utilise certain amounts of personal agency and control because of their motivation to be better mothers, and the people and structures around them that enable them to do so.

### *6.3. Risk of Poverty and Deprivation*

Financial hardship was not one of the issues raised as a priority for this group, but is important to include because restricted income, and socioeconomic deprivation are perceived as risks associated with adolescent motherhood (Collins, 2010; Hanna, 2001; Jaffee et al., 2001). This is because teen pregnancy is seen to interrupt schooling or early working careers with the presumed outcome that teen mothers will never be able to obtain work that pays more than a basic wage (Breheny & Stephens, 2007, Fergusson & Woodward, 1999). They are seen as doomed to raise their children in poverty, with all the associated poor outcomes and risks for themselves and their children. In this study, although young mothers acknowledged they currently needed help to meet their costs of living, none were imagining a 'risk' of long term poverty or benefit dependence, and all had plans they were working on to increase their chances of employment and financial security.

Sharing accommodation was the main means by which young mothers managed their living costs. The most common scenario for young women without partners was to live with kin and contribute to household expenses from their young parent payment.

Abby lives with her mother and child and has a part time job:

*Like I pay my Mum to live there and then I have to buy all [baby's] groceries and stuff and my own...It's not like we are struggling. I've always got food for [baby] and nappies, wipes.*

Abby was fortunate that her mother had adequate resources to support her daughter and granddaughter and avoid financial hardship. Bella who also lives with her mother, seemed to have little awareness of the real cost of providing a home for herself and her baby longer term.

Bella:

*From what people told me you know, when you're pregnant: "oh children they're so expensive". Like I don't find it expensive.*

Bella's baby's father also contributed, albeit irregularly to his child's needs:

*Yeah he's got a job. He buys things for her now and again. He buys her milk, nappies, so it's not like I should worry.*

Fathers who were not living with their child, as a rule, did not contribute regularly to their child's cost of living.

Maia, who was the same age as Bella and Abby, had full responsibility for rent and bills and managing a home for her child and sibling. In the short time she had lived independently she had yet to face any major financial challenges.

Maia:

*Being on the benefit and having a kid, like I look at it as that's my son's money. Like everything that I get from WINZ is for my son. Like food in the house, to having the house over our head, is all because of my son....I don't reckon it's a hard budget. I have enough for the house, enough for power and then enough for food and what's left over usually goes on him. So yeah I find it easy to live with.*

In New Zealand in 2015, young mothers between the ages of 16-17 years were eligible for a young parent payment of \$140 per week if living at home, or \$300 if living independently (Work and Income, 2015). The women seemed to find this manageable, possibly because their families adequately supported them, had work to supplement their income, or had never received any other form of regular income by which to compare. Some worked or were supported by working partners and did not receive any government payments apart from those offered to all low-income earning families in New Zealand.

Maia's view that young mothers' consider benefit payments as their child's money has also been found in other studies (Herrman, 2006). Early motherhood can provide a reason for using money wisely and focusing on the future (Collins, 2010). Abby, Bella and Maia did not seem to find managing on restricted incomes unduly difficult, but what we can't know without further discussion is what their understanding of "enough" is, and how financial constraints will affect them in the future, as their children grow older. Maia's money management may work for her now, but she has no savings and depends on others for transport so remains vulnerable. In the longer term, lack of money can force young mothers to make compromises on food, outings, healthcare, transport and housing thus restricting their access to the full resources of society (Hanna, 2001).

Some of the women in this study would have fewer risk indicators because they would be considered 'middle class' by background. SmithBattle (2007) argues that the advantages for middle class young mothers is that they are socialised into expectations of educational and life aspirations for themselves that fit into their privileged view of the world, and with well-resourced families they do not have to worry so much about income, housing or security. This may be true for some of the participants in this study who seemed less worried about financial survival and more focused on their educational aspirations.

#### *6.4. Relationships and Stress*

Although financial deprivation was not a significant issue for women at the time they were interviewed, other stressors such as incessant childcare demands, having no time to themselves and conflict in their relationships with partners and family were identified. In this study participants identified their main stressors as incessant childcare work, having no time to one's self, and managing conflict in relationships with family and partners. Some women were struggling to cope with the numerous demands of young motherhood compounded by custody battles with the birth father, isolation, caring for siblings or parents as well as their own children, and dealing with exams and sleepless nights when children were sick. Isolation, poor health, role restriction, depression and lack of support are common contributors of stress for

adolescent mothers (Stiles, 2010). Relationship conflict along with other factors is known to be associated with poor outcomes for mother's mental health, education and parenting (SmithBattle & Leonard, 2014). In addition the physical demands of parenting are known to be a source of hardship for young mothers, and in the longer term can impair a mother's ability to stay in employment if she needs to take time off to care for sick children (Herrman, 2006). This study showed that although gaining parenting competence was important in helping mothers master day-to-day child care, there were additional layers of physical and emotional challenges to negotiate. Stressful times can occur whether parenting alone, with families or in a relationship.

Every woman talked of their struggles coping with the work of mothering, which they all considered to be their primary role. Despite finding this hard, they felt it was worthwhile because they enjoyed being mothers.

Bella:

*I miss having my time to myself and that probably sounds really selfish, but I miss being able to go to the toilet...or just being able to get in the shower and take 100 years... and like being able to sleep in past ¼ to 7, but I wouldn't change it for anything.*

Supportive family and partners helped to reduce the workload and associated stress.

Katelyn:

*It's difficult at times but when [father]'s there it's good. We'll swap, like he'll bath, I'll do tea you know, like that sort of stuff. We are a good team.*

Katelyn and her partner had worked out a system for sharing the work, but often the stress of parenting young children could be very trying for relationships, and for some couples this was compounded by partners' employment or income difficulties. When partners were struggling to find work tension at home grew and arguments broke out.

Sienna: (referring to talking to her partner)

*Sometimes I say I don't want you anymore...it's just because we are under so much stress*

Women became upset in their relationships when there were arguments, threatened break ups, or when they felt partners were not contributing to parenting responsibilities. Keira describes tension over division of labour and roles:

*It was really rough. At first he didn't get up to bubba in the night because he had to go to work and he needed to have a good night rest, even though I was still up with bubba all day he didn't consider that to be hard work... multiple times we'd have arguments over you don't know what hard work is. And so your job as working is going out and making money for this family. My job is to stay at home, be a stay at home Mum, still equally as hard.*

For some, parenting without a partner was sometimes considered less stressful. Sam, who parented her baby while living with family seemed less concerned by stress. Sam intended to continue parenting without a partner, and while many sole parents cope well, on average they are more vulnerable than partnered parents to poor outcomes across a number of areas, partly due to lower family income (Collins, 2010).

Few 18 year olds know what it is like to manage a household and attend school while caring for a child and a teenage sibling. In some ways Maia was the most isolated of all the participants, as she had no adults living with her. She was embarrassed to tell me about her coping strategy, smoking:

Maia:

*I started smoking again. And I know that's like the biggest no no out, but at the moment there's no other way I can deal with it. Like it's my 5 minute break from everything that's happening in the day, like 'cos some days they can be good and then baby could be teething and up in the night and all you want to do is have that 5 minute break, go out for a coffee or something like that.*

Despite the many hardships of being a teen mother, women did not regret having their baby, and those in settled relationships talked about how they intended to have more children with their partner. Most were planning to delay having another baby, although not all were consistently using birth control, and expressed relaxed views on future conception. As one mother said: “If it happens it happens”.

Anahera summed up how many participants thought about having another baby:

*I want us to be able to support like ourselves on our own without my parents help... not struggle to have another baby... a happy thing without being stressed about being able to afford things, being so young and at school still and still studying.*

Anahera recognised that having another baby would risk adding further stress to a life that was already a struggle. Sienna and her partner had talked of having another child, but Sienna considered it “*selfish, stupid and irresponsible for us as parents to bring in another child*” while they were still unsettled in housing, and both had study and travelling goals. In hindsight Sienna regretted not having completed her education before having a baby: “*I want to at least have a qualification... before I have another one*”, but she was caught in a conflicting situation as her older partner wanted more children, and they were both from a culture where young motherhood was the norm, yet they both had career goals and aspirations.

Complicated relationships and high levels of stress are a feature of many adolescent mothers lives (Stiles, 2010). Other studies have found that young mothers who have responsive support from family and friends appear to manage stressful times more easily than those parenting alone (SmithBattle & Leonard, 2014). From this study, where all but one of the participants lived with family or partners, data suggest that relationships in themselves are frequently a source of stress and can add more complexity to young mother’s lives rather than be predominantly helpful. Dealing with the complicated set of stressors some mothers face adds to relationship conflict and the use of coping mechanisms such as smoking. For young mothers to be able to overcome contributors to stress so they can achieve the long term goals to which they aspire, the right support is especially important.

### 6.5. Dependence on Others

At a time of life when many young people are moving out of home teenage mothers are forced to depend on family for longer as they rely upon their financial, emotional and practical support. Family and other social supports are important for young mothers to be able to overcome hardship and other negative implications of teen pregnancy (Cherry, Chumblor, Bute & Huff, 2015; Collins, 2010), but like any young person, they do aspire to have more choice and control in their lives. Parenting makes young women feel more responsible and mature than their age (Collins, 2010) so many felt they would be able to cope in their own home, although for most this was unaffordable at the time.

Interestingly, participant's mothers were frequently identified as the primary support person even though many women had so strongly criticised them for failing them in their childhoods. These young grandmothers were credited for teaching their daughters basic infant care and child behaviour management, providing a place to live, encouraging them to become involved with support services and helping with childcare and transport. Where mothers were not present, foster mothers, grandmothers or the partner's mother would be involved. In one example, Katelyn and her partner lived with her mother so they could save to set up home on their own:

*Mum pays the rent and all that, we pay board but she works 2 jobs so I run the house. I cook dinner. I do it all but I just don't pay the bills.*

Mikayla lived with her partner's mother who cared for the baby while both of them worked. She avoided taking over the parenting, and encouraged Mikayla and her son to act in the parenting role, making all the important decisions:

*[Partner's] Mum is definitely the biggest one because I still go back to work but I only work like 15 hours a week just to help get a little bit of extra money. And [partner] works...as well, and umm she looks after [baby]... she helps like support me, everything...everyone was like you should breastfeed as long as you can, and she said don't listen to them: breastfeed like if you can do it kind*

*of thing, as long as you feel comfortable kind of thing. And then she supports my decisions, mine and [partner's] decisions about [baby].*

It was also important for young mothers to be assured of ongoing support and acceptance:

Summer:

*She just said to me you know, we are as family, like we are here for you, whatever decision you make, she'll be here for me and things like that yeah.*

Reassurance from families and support people helped young mothers feel secure in knowing there was someone who cared and supported them. Acceptance and supportive attitudes towards teen mothers are known to lessen the chances that their lives and aspirations will be negatively impacted (Hermann, 2006), and nearly all of these women had family they could rely on.

It is also important to consider the characteristics of families who are able to provide their time, knowledge and home to a young mother and child. Many teen parent studies argue that teenagers who become pregnant are from backgrounds of socio economic disadvantage, sole parent families and poorly educated mothers (Jaffee et al., 2001; SmithBattle, 2007). Although this study did not gather data on these family factors, I identified that women were from diverse economic backgrounds, and several were raised in sole parent households and were receiving significant support from their families. This raises questions as to how relevant generalisations of family 'risk' really are as they do not seem to apply in this case. Perhaps it is because of the mixed socioeconomic statuses of the participants, which differs from many teen parent studies focusing solely on disadvantaged groups. It is known that teen mothers from advantaged families tend to fare better overall (SmithBattle, 2007) so perhaps in a mixed class group such as this one negative family factors are less prominent.

Where family support was unavailable, or in addition to family, many of the young women included counsellors, schools, and social workers amongst their support networks.

Sienna:

*I have school, I have the well child nurse, I have PAFT (Parents as First Teachers- a parent education service), I've got my family.*

Finishing high school was a vital step in moving forward to employment and financial independence, and the teen parent units were acknowledged as playing a key role in making education accessible as well as supporting women in their mothering role.

Abby:

*I found my love for science here, I found everything here. I've got the best grades I've ever had...[if it weren't for the TPU] I probably wouldn't be at school, I probably would have left, and be nowhere.*

Young mothers also commented on the interpersonal skills of health workers and youth workers, and how important it was to be treated as mature and responsible young mothers. McKenzie spent some time in a residential home for young mothers, and remembers how the best helpers were those who were patient, showed them what to do and did not “take over” baby care. Although they found being a mother to be hard work, these young women firmly believed that the struggle was worthwhile and they would not change a thing about their lives.

Bella (describing what she enjoys about being a Mum)

*It's lovely, it's wonderful, honestly it doesn't matter what anyone is going to tell you, each experience is different, but it's incredible. It's an incredible experience and I feel so sorry for the mums and the dads that can't conceive because they are missing out on so much.*

## *6.6 Concluding comments*

Listening to participant's stories helps in understanding how young mothers construct 'risk' in their lives. The young women in this study aspire to a better life for themselves and their children and perceive risks for themselves, but their perception of risk is reflective of their past lives and present day experiences of stress and hardship rather

than risks for the future. There will be many potential risks, for example relationship violence, they may not be aware of if it is outside of their experience.

These young women have learned from their pasts how dysfunctional or unstable family life impacts upon children, and have resolved not to repeat the mistakes of the past. At this time they are engaged with support structures and systems that are helping them to progress in their lives. Rather than being overwhelmed by the long-term view of parenthood, restrictions to their social life or financial hardship (Clemmens, 20013; Herrman, 2006, Graham and McDermott, 2005), young women are moving forward because of support from others who shared in the costs and work of parenthood. In many cases both the young women and their parents have made changes to accommodate the baby's arrival. This was fortunate for those women as adversarial caregiving practices are often multigenerational, and family conflict can be detrimental for young mothers who want to develop their own parenting capabilities (SmithBattle & Leonard, 2014).

While young women believe they will be able to achieve their future goals and aspirations no one can fully anticipate how their lives will eventuate. There is no certainty that the women will continue to work towards their goals once they leave a teen parent unit or the family home. Unforeseen factors such as relationship breakdown and unemployment add to the likelihood that young mothers and their children will remain at a high risk of continuing disadvantage (Friesen et al. 2008). In addition, societal factors such as education and the economic environment will have a significant impact upon outcomes for teenage mothers. Young mothers' hopes for a better life are not only dependent on their individual qualities, but socio economic and structural contributors as well (Breheny & Stephens, 2007b).

Although the construction of adolescent motherhood is focused on disadvantage and adversity, these young women believed having a child had been a positive life altering experience. Where society presumes young mothers will have a difficult life, mothers themselves do not anticipate this. Where research emphasises 'risks' for future and intergenerational adversity, young mothers are more concerned with managing in the present. They are relying on teen parent units and family/support networks to help

them achieve future goals of further education and employment. This disjunction in perception of risk may mean that teen parent policies to reduce 'future' risks may overlook how young mothers need help with immediate present day problems as their priority.

## 7. DISCUSSION

The young mothers in this study were able to provide insight into how teen pregnancy and parenthood is experienced and understood by this group of individuals raising children in contemporary society. Living in the late modern era that is characterised by profound social change and multiple global influences, they are making individual decisions regarding where they live, how they will raise their children, who will help them, and how they respond to world around them according to their unique individual world views.

There are many disjunctions between young mother's constructions of their personal worlds and public discourse representing adolescent motherhood as universally disadvantaging which reflects a 'risk' focus (Breheny & Stephens, 2007b). In brief, contemporary public discourse on the problems of adolescent motherhood continues to construct young mothers as having ruined their lives, as too immature to be competent parents, who will probably be dependent on long term welfare (Macvarish, 2010; Shea et al., 2015). Participants however saw themselves as 'just a young mother', focused on their children, working towards further education and employment, and negotiating their way through family disadvantage, stress and relationship conflict.

What cannot be predicted is how future outcomes for adolescent mothers and their children in the contemporary world might be different than for earlier generations. Teen parent studies, including those published in the 21<sup>st</sup> century are based on cohorts of women who gave birth in the 70s, 80s, and 90s when parenthood before the age of 20 was more common, and when access to contraception, abortion, welfare support and higher education was quite different (Jaffee et al., 2001). Participants' experiences of stigmatisation suggest that negative social attitudes towards teen mothers continue to linger on from these and even earlier times.

Amongst the many views and expectations young mothers brought to attention was the strong belief that having a baby as a teenager would not ultimately disadvantage them in the long term. They all saw themselves as different from the negative

stereotypical identity of a teenage mother, that they were good mothers, and had a strong sense of agency, believing they were on a life course that would bring jobs, income and independence.

Hearing young mothers' views emphasises individuals' experiences and de-emphasizes other factors such as the impact of social and structural constraints upon their lives and aspirations (Breheny & Stephens, 2007b). The women's positive outlook on their future potential was in such contrast to the dominant constructs of teen mothers being likely to experience poor outcomes, it needed further consideration. To do this I drew from the findings some of the factors identified by the mothers and in literature for further discussion.

### *7.1. Family Support*

Current social support provisions for teenage mothers and their children depend heavily on the goodwill and resources of the individuals and their families, expecting them to carry the responsibility for protecting and sustaining teenage families for indefinite periods. Families provided significant support for the young women in this study yet they seem to be an unheard voice. Other studies have found that families and partners provide a significant protective influence on women's well-being, and young mothers would suffer further disadvantage without their support (Beers & Hollo, 2009; Friesen et al., 2008). In addition supportive families provide a protective factor against the material and psychological hardships that teen mothers face (Friesen et al., 2008; McDermott & Graham, 2005), and good financial, emotional and social support for sole parents has benefits for them in regards to their mental health and in other aspects (Beers & Hollo, 2009; Centre for Social Research and Evaluation, 2010). Despite the many benefits there is little known about how supporting a teen mother and child impacts on limited family resources, the wider family or support networks (McDermott & Graham, 2005).

The most important support people were, as in other studies, the mothers' of teenage parents, usually "young grandmothers" and still of an age where they will be working full time and perhaps caring for older parents (McNeil & Murphy, 2010). Studies have identified that grandmothers who are caring for their daughter and grandchild suffer

increased stress, decreased marital satisfaction and can become dissatisfied with their daughter's parenting (Beers & Hollo, 2009). Staff at teen parent services expressed concerns that there is nowhere to direct grandparents or support people who come to them asking for help or advice in supporting a teen mother. To try and address this one teen parent unit hosted grandparent evenings at school, so that families and support people could meet others in similar situations, share ideas and explore issues (L. Brice-Nichols, personal communication, February 1<sup>st</sup> 2016). Overall there seemed to be an absence of support networks for family and caregivers who support teen mothers.

Other studies on multigenerational families often focus on grandparents who have full time care of their grandchild in the absence of the parent, and the support that is available for them (McNeil & Murphy, 2010). As they are now, structures and systems for supporting teen mothers usually focus on the mother and child without considering the multigenerational context of teen parent support (SmithBattle & Leonard, 2014). As supportive families are such a significant resource in the lives of teenage parents, there needs to be further investigation into the best approaches for sustaining young mothers, their children and those who care for them within their three generational households so they can be supported to maintain their caring capacity (Friesen et al., 2008; McNeil & Murphy, 2010). In New Zealand, there is the Whānau Ora model of family centered health care, in which practitioners work with the extended family to support their wellbeing (Boulton, Tamehana & Branelly, 2013). This approach would be ideal for providing support within multigenerational households of teen parent families.

Although the findings of this study reveal positive examples of how families can work well to keep young mothers from experiencing the negative effects of adolescent pregnancy (Friesen et al, 2008), living at home in some cases can be detrimental for a young mother's wellbeing and life chances (Beers & Hollo, 2009; SmithBattle & Leonard, 2014). Long standing adversity in family relationships contributes to depression, relationship problems, unstable housing and disrupted employment, adding to the risk that teen mothers will be less able to work themselves out of their disadvantaged status. Where families subject young mothers to conflict over child

care, or where they are constantly criticised for their parenting, they can lose confidence in their ability to be a competent mother (Beers & Hollo, 2009; SmithBattle & Leonard, 2014). Participant's experiences of troubled relationships caused them significant stress, but if living with families is the cause of stress there is little they can do, as current social policy enforces teen mothers to live at home, or to depend on others in order to live until the age of 18 when they become eligible for a sole parent benefit. Even at 18 years of age teenage mothers will often find they are unable to afford to rent a quality home (Friesen et al., 2008) and some report that landlords are reluctant to rent houses to them. The Government has made some inroads into housing for dependent teen mothers by investing \$6.2 million into teen parent homes and supported flatting (New Zealand Government, 2013), but these options are available to very few and only in certain geographical areas, and are a short term option only. The overall lack of housing options for teenage mothers in stressful living environments presents a gap in social policy that has serious implications for the health and life chances of young mothers and their children.

### *7.2. Sole Parenting*

As many of the participants were anticipating life as a single parent it was important to look further into sole parenting in the context of teenage mothers, and what impact parenting alone may have for the future of a young mother and her child. Social changes have meant that teenagers who become pregnant are no longer pressured into marriage or adoption as they were in the past (Wilson & Huntington, 2006.) Mothers in this study found themselves in a sole parenting situation as a result of relationship conflict and separation, or their preference to parent alone. They belong to the increasing number of sole parents raising children in New Zealand, at a time when people can choose not to follow a life course of traditional gender roles, conventional marriage practices and notions of family (McDermott & Graham, 2005).

Participants did not seem concerned about the prospect of parenting alone, and at this early stage in their lives they might easily change their stance, but as many were raised by single parents themselves they did not foresee this to be a barrier against pursuing their goals and aspirations. Unfortunately, sole parenting is associated with further factors that might impact upon their social and economic well-being.

Sole parenting can impact upon young mothers in many ways and contribute to intergenerational disadvantages (Friesen et al., 2008). As some participants had already experienced, parenting without a partner contributes to stress and feelings of isolation, and making them more vulnerable to mental illness, especially anxiety (Friesen et al., 2008; Centre for Social Research and Evaluation, 2010). Parental mental health problems add to difficulties in parenting and parent-child relationship problems, which in the long term can have a negative impact on child behavior and well-being (McLanahan & Percheski, 2008). The consequences of these child and maternal factors is that they work against a child's ability to succeed educationally and socially, therefore increasing the risk for the child to be further disadvantaged (Friesen et al., 2008).

The economic consequences of raising a child alone are more favourable for young mothers from higher socio economic backgrounds with a tertiary qualification (Molloy & Potter, 2014). Unfortunately young mothers raising children alone will struggle to acquire and keep a job, as they have one of the highest unemployment rates of any demographic group (Centre for Social Research and Evaluation, 2010; Molloy & Potter, 2014). This places them at further risk of ongoing welfare dependence and for their children to be raised in poverty (Friesen et al., 2008). There is another broader impact to consider, as although teen pregnancy rates are dropping, there are an increasing number of single parent low income households with fewer resources to address family health, housing and education needs, which over time contribute to increasing inequalities in society (McLanahan & Percheski, 2008).

Although participants did not believe that living as a sole parent would be problematic, there is evident dissonance between their understandings and the broader long term associated 'risks'. The issues identified are potentially significant for all sole parents, not just teenagers, and there are no simple solutions. The phenomenon of sole parenting is just one aspect of the changes in family life in today's society, but it brings attention to the notion that societal structures work in favour of families with two employed parents, and single adult families will struggle to achieve a similar standard of living. These disparities suggest that despite rapid social change and increasing lifestyle choices, government and social policy has not

responded accordingly and disadvantages those who live in non-traditional family structures and lifestyles (Breheny & Stephens, 2007b).

### *7.3. Fathers*

Many of the women described fathers as being important in their lives, and some regretted that they were not able to enjoy close relationships with their fathers as they were growing up. Ironically women made decisions concerning their babies' fathers that did not always encourage their involvement in family life. From their view their baby's father was often portrayed as missing, disinterested, or intolerable in some way, and to address this women suggested that teen fathers were in need of the same sort of support that pregnant women are offered to help them adjust to a fathering role.

When teen fathers choose to distance themselves from young mothers and their children it often goes unquestioned, perhaps in part, because the social script for teenage fathers is unclear, or because it is still considered a societal norm for women to bear the primary responsibility for childrearing (McLanahan & Percheski, 2008). Research on teen fatherhood is conflicting. While Jaffe et al. (2001) found that becoming a father does not provide a 'turning point' as it does for young mothers, others argue that young fathers are keen to stay connected with their children, enjoy parenthood, and find that it gives their lives meaning (Frewin et al., 2007). Without asking the fathers themselves it is impossible to know what is really behind the actions of those who stay away from their children, but studies suggest that young fathers who want to be involved in their child's life have to negotiate around many obstacles such as the mother's reluctance, peer disapproval, lack of support from his or her family, expected financial contributions, and demands on their time and emotional support (Breiding-Buss, Guise, Scanlan & Voice, 2003). Perhaps these factors, many of which were described by mothers in this study, just seemed too difficult to overcome for many potentially interested teenage fathers.

Although sole parenting is associated with risks for teenage mothers, young fathers may not be able to provide the stability and support teenage mothers need, and simply encouraging them to be with their children might not be in their best interest

(Jaffee et al., 2001; Wilkinson & Pickett, 2009). The factors that predispose young men to become fathers at an early age position them as disadvantaged by family, behavioural and social deficits as teen mothers, and they are more likely to have been raised by teen mothers themselves (McLanahan & Percheski, 2008; Jaffee, Caspi, Moffitt, Taylor & Dickson, 2001).

Fatherlessness may also contribute in other ways to the continuation of intergenerational disadvantage. Studies suggest that separation from a biological parent will affect the life chances of a child by increasing the likelihood of early school leaving, early sexual experience and living in poverty (McLanahan & Percheski, 2008).

Government efforts to support teen fathers include extended support from teen parent units to young fathers but their enrolment is exceptional and uncommon. Although the National government declared parenting support for teen fathers was made available in 2010 (New Zealand Government, 2013), teen mothers in this study were unaware of any actual help for teen fathers in their area. Some of the strategies suggested to increase young father engagement have been to find out more about the challenges young fathers face in becoming involved with their child (Jaffe et al., 2001), and involve them more in pregnancy care and childcare education (Beers & Hollo, 2009). What really matters is that there are quality relationships between a child's parents that allow them both to be involved in their child's life (Breheny & Stephens, 2007b). However interventions aimed at individuals will do little to address the broader socio economic inequalities that predispose young men to become fathers at a young age.

#### *7.4. Making a better life*

The women in this study, both with and without partners, had settled into life with their new babies and made plans for the future. They believed that with hard work and perseverance they would achieve qualifications after which they would be able to secure a job and work towards financial independence. This positive construct of their future gave them hope, and fitted with their sense of purpose as mothers. They did not seem to anticipate any social, educational and economic threats that might impact upon their goals and aspirations.

Getting a job was seen as the first step in securing independence and becoming an autonomous parent. Unfortunately finding and keeping work is more difficult for single mothers than most other job seekers (Molloy & Potter, 2014). The difficulty young mothers have in securing employment is primarily due to childrearing responsibilities, and having to restrict their work hours to when childcare is available (McLanahan & Percheski, 2008; Molloy & Potter, 2014). In addition young mothers have a higher chance of disrupted education, which limits their employment prospects, as the labour market increasingly requires people to have post-school qualifications. Many young mothers remain a NEET (not in employment, education or training) statistic, which may be due to childcare responsibilities (Molloy & Potter, 2014), but may also be because the jobs that are available are too low paid or unstable (for example zero hour contracts) to realistically support an adult and child, and pay for child care. All working mothers are challenged by balancing the demands of a full time job with the care needs of a child, especially during school holidays or when they are sick. Where teen mothers are pressured to take on an unsuitable job that does not accommodate children's needs this can contribute to maternal stress and depression (Friesen et al. 2008). In addition childcare is expensive, and although there may be government subsidies if young mothers meet eligibility criteria, the expense forms a further barrier to engaging in the workforce. Part time work may be a more realistic option for most teen mothers, and would allow them to continue nurturing their children's development (SmithBattle, 2007). However it is apparent that the current policy environment does not pay enough attention to the balance of childcare with workplace demands that all working mothers face (Molloy & Potter, 2014). There are so many barriers that mothers must overcome in order to enter the workforce that some will find it impossible. The consequence of this is that teenage mothers who do not work are assumed to be unwilling, rather than unable which may be the case.

For teenage mothers, the consequences of not being in paid employment are likely to be drastic. Not only do they fail to achieve the first step in their plan to make a better life for themselves, but the effects of unemployment and ongoing welfare dependency strengthen the likelihood that their children will become one of the 20% of New

Zealand children being raised in poverty (Friesen et al., 2008). It is well known that low family incomes predispose children to poor outcomes (Collins, 2010; Friesen et al. 2008), as living in adverse socio-economic conditions impacts upon children's health and reduces their social development opportunities drawing them further into the prospect of lifelong disadvantage. In this way the impact of maternal unemployment on her child contributes to the repeating cycle of intergenerational disadvantage.

It seems that the key for young mothers to have a better chance of employment is for them to gain university entrance and go on to post-secondary education or training. It is known that single mothers with a tertiary qualification have similar employment rates as all tertiary qualified single women (Flynn & Harris, 2014). In addition better qualifications are also associated with improved parenting and increased couple stability (McLanahan & Percheski, 2008; Molloy & Potter, 2014), so there are potentially multiple benefits for teenage mothers.

Teen parent units were established to help young mothers complete their high school education so they are able to transition into further education, and they help overcome some of the barriers against attending school by offering onsite childcare and transport. In 2013, Minister Paula Bennett declared her "particular passion" for helping teen parents was a Government priority, and that over 1,400 teen parents were in education and training or doing budgeting and parenting courses (New Zealand Government, 2013). Considering there are over 3,500 births to teenagers a year, and as of March 2014, there were 2,500 not in education, employment or training (NEET), and as there are only 500 places nationwide in teen parent units, most teen mothers are not or could not attend teen parent units (Molloy & Potter, 2014, Superu, 2015). Perhaps this is because access to teen parent units is quite limited, not only by the low number of places available, but also because there are only 23 of them across the country and so are only available to women who live within commuting distance.

Teen parent units are funded for high school level education and no further, so students may still be under 20 years of age when they graduate, and lose the support

and structure of the nurturing teen parent units (TPU) environment. There is little known about what happens once teen mothers leave the support and structure of TPUs, due to an absence of studies and funding for follow up (L. Brice Nichols, personal communication, February 1<sup>st</sup> 2016). Although all graduates leave the units with a transition plan, staff suspect that many lose momentum when it all becomes “too hard”. Some women return, wanting to study open polytechnic courses in the TPU. There are no resources to help students pursue tertiary qualifications within TPUs, although staff try and arrange some way to help them continue. Further investigation is required into whether TPUs could be expanded, and what other support is needed to help bridge the transition from secondary to tertiary education, in order to minimise ‘drop out’ and education disruption.

Young mothers who manage to gain entry to a tertiary study programme will accumulate a student loan debt and have added costs for childcare. Up until recently, mothers receiving a benefit could apply for an additional Tertiary Incentive Allowance (TIA) to enable them to meet the costs of studying. Many who obtained tertiary qualifications with the TIA said they would not have been able to afford to study otherwise (Collins, 2010). In recent years this has devolved into a ‘Training’ Incentive Allowance, and has become much more restricted therefore excluding many young mothers from being able to further their studies. Minister Bennet’s argument for this was that people should be investing in their own study, and that there were sufficient supports for tertiary study with interest free student loans and subsidies for extra childcare (NZ Parliament, 2012), reflecting governmental views that individuals are ultimately responsible for progressing their lives.

Some inroads have been made into supporting young mothers by establishing teen parent units and access to youth support services, teen parent payments, free sexual health consultations, limited free childcare and free healthcare for 13 and under. However more initiatives like these will continue to be needed if the political environment continues to foster increasing inequality in New Zealand society, worsening the prospects for those depending on access to education and the labour market, and an adequate income to progress in life. These structural barriers, if not relieved, will affect young mothers’ access to the resources they need to effectively

educate, house, feed and parent a child over the years, limiting her child's ability to move out of a disadvantaged life, therefore perpetuating further risk for future generations.

Socio-political expectations that individuals are able to take control of their lives and make their own success are reflective of a neoliberal philosophical view that teenage mothers (and their families) are ultimately responsible for getting themselves out of the situation they are in. Constructing teenage mothers as solely responsible for their own 'misfortune' fails to address other social forces shaping the experiences of teen mothers, and those that placed them at increased risk of early pregnancy in the first place. Social policy directs teen mothers towards socially sanctioned 'choices' such as education, training or employment, but fails to address the multiple personal, structural and policy barriers that could make it very difficult for these young women to improve their life chances in a socio economic climate of increasing inequality and labour market demands (Breheny & Stephens, 2007b; Friesen et al., 2008). This study shows how teen motherhood provided a turning point in young women's lives and they felt motivated to break free of their pasts and create a new future for themselves. What remains to be seen is how their determination to take responsibility for themselves and their children, will help them overcome an unsupportive social environment that makes it difficult for single mothers to obtain suitable employment, higher education and a comfortable standard of living.

Having a baby while still a teenager is often a reflection of an accumulation of social, cultural and individual factors, but not always (Friesen, et al., 2008). Having a baby while still a teenager may lead to further disadvantage for a woman and her child, but not always (Breheny & Stephens, 2007b). Research comparing the outcomes of teenage mothers with teenagers who did not have children is not helpful as it positions some teenagers as 'failures' and others as 'successful' based solely on a reproductive event (Breheny & Stephens, 2007b).

This study has provided information that enables further consideration of teenage mothers in their own terms. This discussion recognises that there are many contrasting perspectives to the phenomenon of teen parenting and many

corresponding arguments as to what factors contribute to or maintain teenage mothers in positions of disadvantage. For teen mothers themselves, their stories raise underlying concerns regarding inequality and women's roles rather than teenage behaviour and welfare dependency.

## 8. CONCLUSION

This study sought to learn more about parenting at a young age from those experiencing it, recognising that the phenomenon of teenage motherhood is constructed in many different ways. There is a significant body of research that has constructed adolescent motherhood as problematic for mothers, their children and society (Breheny & Stephens, 2007b). The perspectives of researchers and government tend to frame young motherhood as a social problem, resulting from, and associated with multiple disadvantageous factors. In contrast the young mothers in this study viewed parenting more positively, linking motherhood with affirmative life changes, and they strove to be 'good' mothers able to provide for their children.

Rapid social changes of the late modern era are transforming social structures, identities and relationships, so that people's lives are less shaped by traditions and social institutions (Giddens, 1991), and there is greater acceptance of sole parenting. Women described how societal change has not translated into acceptance of teen pregnancy, as they believed they were subjected to criticism and marginalisation because they had children at a young age. Women were hypervigilant to others' perceptions of them, and tried to present themselves in a good light which sometimes prevented them from seeking help when life became a struggle. The ways in which families, boyfriends, schools, health or social services responded significantly impacted on young women, illustrating how stigmatised views on teen motherhood prevail, and continue to have the potential to divide families, and for young pregnant women to be punished or isolated.

Women were deeply invested in motherhood, and the challenges of learning to parent helped them to "grow up fast", transforming them from teenagers to identifying strongly as mothers. As in other teen mother studies, women were of the opinion that motherhood was rewarding and gave them a sense of purpose and strength (Collins, 2010; Hoggart, 2012; Shea et. al, 2015). Their identity as mothers brought self-validation and helped them to feel more mature and responsible than when they were teenagers, changing their perspectives on life and forcing them to plan for the future.

Participants strongly identified themselves as 'young mothers' rather than 'teen mothers' and wanted to be treated with patience and to be shown what to do like any other first time mother. The contemporary environment enabled them to acquire parenting knowledge through families, friends, teen parent services and the internet, enjoying access to a far broader range of information than teenage mothers of earlier times.

Children were the most important priority in women's lives. Many participants came from unstable family backgrounds with difficult family relationships and mothers wanted to avoid similar situations and provide a loving stable home life for their children. They negotiated relationships with family members and particularly their baby's father, rejecting those thought to be de-stabilising influences. Although there were those who lamented the absence of a father in their own lives, young mothers were disinclined to push themselves into a parenting partnership with men who are unwilling or fail to meet the level of maturity to be a supportive father. They felt empowered to take on the role of sole parent if this was necessary to establish security and stability for themselves and their child.

In contrast to the public's perception of the risks of teen motherhood, participant's views of risk focused on imminent or present day struggles rather than long term prospects of disadvantage. Their perception of risk is drawn from their own experiences of family life, and from their perception of present day challenges. The women in this study, like many teenage mothers, had goals and aspirations and were optimistic they could improve their future lives (Collins, 2010). The realisation of these future goals depended on further education, successful employment and having sufficient income to live independently and provide for the needs of themselves and their child. While presently living on very restricted incomes, they took their money very seriously and relied on partners, families or welfare support to help provide for their basic living needs.

The main challenges for young mothers were concerning relationship conflict and the relentless demands of caring for young children. Those living in supportive families or partnerships appreciated the help that was offered in caring for children or helping

with housework, while women parenting alone experienced stress from being isolated from other adults. Some women admitted to having mental health issues. Responsive families were recognised as providing the most available, consistent, safe support, and the mothers of teen mothers (young grandmothers) were frequently acknowledged as the primary support people for teen mothers and their children. There needs to be increased recognition of the supportive role family's play, as they will be able to offer more intensive and long term support for young mothers than any outside service provider could.

### *8.1. Recommendations:*

Research investigating parenting, health care and the effects of poverty tends to separate adolescent mothers from other mothers (Breheny & Stephens, 2007b), which perpetuates the view that adolescent parenting is special or abnormal. To reduce the stigmatisation of teen parenthood, future research should consider family well-being inclusively, and include teenage mothers in family research, as what will benefit all mothers will also benefit teenage mothers.

When measuring desired outcomes for mothers and children, consideration should be given to other indicators apart from those associated with economic disadvantage. Outcomes such as positive mother identity, child attachment, responsive family support and positive relationships between biological parents are examples.

Initiatives that help teenage mothers to develop their skills and competencies, provide social support and encourage further education and suitable employment help them to become strengthened rather than diminished by teenage motherhood.

Service providers need to be aware that parenting support and health care for young mothers needs to be offered in ways that will not diminish their self-esteem or sense of control or competence. They also need to open their services to engage teen fathers where possible, to develop their parenting knowledge and skills, and look at ways they can contribute to their child's upbringing.

The findings of this study reinforce the need for further funding to increase availability of support services for teen parents, and their families. Services should be able to

tailor services to the particular needs of individuals and their families, and keep their doors open should families encounter difficulties along the way. The Whānau Ora approach to supporting well-being while maintaining a central family focus could provide an effective model to use when a teenager becomes pregnant, or families need additional support.

Literature tells us that despite falling rates of teen pregnancy in New Zealand and other developed countries, the social construction of adolescent motherhood determines that to become a parent at a young age continues to be viewed as a problem of social, cultural, health and economic concern. Young mothers have provided a different perspective and consider themselves competent mothers with high hopes for a bright future. While the current socio economic environment may not promise to be entirely supportive of teen mothers' aspirations, there is potential at both policy level, local and individual level to improve the lives of young mothers and their children with appropriate support.

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