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Teen mothers' management of stigma

Christine Buckner

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ABSTRACT

TEEN MOTHERS' MANAGEMENT OF STIGMA

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Teenage pregnancy in the United States is the highest among developed countries. This study examines how women who were once teenage mothers managed their stigma. I conducted 16 in-depth face-to-face interviews. After analyzing the data collected it is suggested that teenage mother manage their stigma by using accounts: excuses and justifications. This study also has policy implications.

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TEEN MOTHERS' MANAGEMENT OF STIGMA

BY

CHRISTINE BUCKNER
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Dr. Kristin Myers

TABLE OF CONTENTS

	Page
LIST OF TABLES	iv
Chapter	
1. INTRODUCTION	1
Theoretical Framework	2
2. TEENAGE PREGNANCY IN THE UNITED STATES	5
Deviance & Abuse: Factors that Lead to Teenage Pregnancy	7
Stigma: Poor Teenaged Mothers.....	9
“Good Mom” VS “Other Mom”	11
Reclaiming Identity: Proud Young Mothers.....	13
3. METHODS	17
Sample.....	17
Coding.....	22
Ethics.....	22
Retrospective Analysis: What Can We Learn?.....	23
4. FINDINGS.....	24
Teen Mothers Acknowledging Stigma	24
Unapologetic Teenage Mother.....	26
5. RESPONSES TO STIGMA: EXCUSES.....	28

Chapter	Page
I Wasn't Going To Have Sex.....	28
Birth Control: Too Late, Doesn't Always Work and How Does it Work .	30
6. RESPONSES TO STIGMA: JUSTIFICATION	35
Teenage Pregnancy Changed My Life.....	35
I Turned Out Good.....	40
7. WHAT I DIDN'T FIND	44
8. DISCUSSION AND CONCLUSION	45
REFERENCES	49

LIST OF TABLES

Table	Page
1. Sample Demographic.....	20

CHAPTER ONE

INTRODUCTION

The majority of teenage mothers face numerous obstacles prior to pregnancy, during pregnancy and after the baby is born (Barn & Mantovani, 2007; Benson, 2004; Fulford & Ford-Gilboe, 2004; Yardley, 2008). Society has stigmatized teenage pregnancy and associates it with poverty, uneducated and overly sexualized black girls (Phoenix, 1991). Society has the idea that a “good mom” is married, financially stable, and educated (Douglas & Michaels, 2004). When a teenager becomes pregnant, it is assumed that she will live off government assistance the rest of her life and that her child will continue the pattern and become deviant. Because they are stigmatized, teen mothers have to negotiate their identities in their daily lives. However, stigma and stress for young mothers may be reduced. I argue that we should look at teenage pregnancy as one stop on a long road toward success. Teenage mothers can be successful if they have the right tools.

Being a teen mother myself, I found myself always defending my decision to keep and raise my child. I also had to defend the act of becoming pregnant without being married or financially able to care for a child on my own. Research has failed to examine how teenage mothers negotiate their identity on a daily basis. Studies have begun to examine the positive aspects of young motherhood for disadvantaged girls (Higginson, 1998; McDermott & Graham, 2005; Smithbattle, 2007; Baker, 2009), which show that young mothers are able to redefine their identity into one that is positive. My study builds on that research. I conducted sixteen semi-structured interviews to get a better understanding of how women who were once teen mothers

managed their identity during their pregnancy and how they currently manage their identity when speaking about their experience as a teen mother. I will first examine the theoretical framework: identity work and accounts, which will be the focus of this paper. I will then examine teenage pregnancy in the United States, examine factors that may lead to teenage pregnancy, examine the stigma associated with young motherhood and then focus on teen mothers redefining their identity.

Theoretical Framework

The major sociological concepts I will be drawing on in this study are stigma Goffman (1963), identity (Goffman, 1963; Gecas, 1982; Snow & Anderson, 1987), and accounts (Scott & Lyman, 1968). Goffman (1963) is the first sociologist to examine identity work, which he studied as it pertains to stigma. Goffman defined stigma as a characteristic that makes someone “different from others in the category of persons available for him to be, and of a less desirable kind...reduced in our minds from a whole usual person to a tainted, discounted one” (p. 5). Individuals in society face stigma, which can be a noticeable stigma like a physical handicap or one that is not noticeable, such as a learning disability. Individuals try to manage their stigma by presenting an identity that is different from the role prescribed to them by society. Identity is the self-concept, or one’s overarching view or image of her- or himself “as a physical, social, spiritual, or moral being” (Gecas, 1982, p. 3). Snow and Anderson (1987) build on Goffman’s research.

They examine two identities: social and personal. Social identities refer to the meanings attributed to the self from society (Snow & Anderson, 1987). Personal identities refer to the

meanings attributed to the self by the actor (p. 1348). Identity work in this study will involve the activity of verbal construction and assertion of personal identities, which is also called identity talk. Ernest Becker (1962) argued human's most basic drive is for a sense of self-worth or personal significance. If this is true, teen mothers sense of self might be low due to the stigma associated with teenage pregnancy.

In this study, I will examine how teen mothers negotiate their identity by using accounts, which Scott and Lyman (1968) define as "...a statement made by a social actor to explain unanticipated or untoward behavior" (p. 46). The two accounts this study will focus on are excuses and justifications. Scott and Lyman say, "Excuses are socially approved vocabularies for mitigating or relieving responsibility when conduct is questioned" (p. 47). Excuses can be broken down to four categories: accidents, scapegoating, defeasibility and biological drive. Excuses claiming to be accidents as the source of conduct are acceptable because the same accident is not expected to happen again to the same social actor. Scapegoating is when a "person will allege that his questioned behavior is a response to the behavior or attitudes of another" (p. 50). In other words, this is when an individual blames someone else for his or her actions. Defeasibility or the capacity of being voided is another form of an excuse. For example, "an individual might excuse himself from responsibility by claiming that certain information was not available to him, which, if it had been, would have altered his behavior" (p. 48). Another claim an individual might make is that they were unable to make the right decision due to being under the influence of either a drug or alcohol. Finally they might say others misrepresented the facts to them. Biological excuses refer to the actor not having control over the forces that shape their lives. An example of this would be the saying "boys will be boys." It excuses their behavior by saying it is "natural" or "normal" for them to display certain behaviors and or characteristics.

I will also examine justifications, which are “accounts in which one accepts responsibility for the act in question, but denies the pejorative quality associated with it” (Scott & Lyman, 1968, p. 47). Scott and Lyman used “techniques of neutralization” as types of justifications. For the purpose of this study I will focus on “sad tales” and “self- fulfillment.” A sad tale is “a selected (often distorted) arrangement of facts that on an extremely dismal past, and thus explains the person’s present state (Scott & Lyman, 1968). An example of this is if an individual was abused as a child and they grow up and abuse their children- they might justify their action using the “sad tale” of their past. Self-fulfillment is when the actor justifies their action by saying it fills their purpose. These individuals see nothing wrong with their behavior.

Role distancing (Goffman, 1961) is another pattern that I will examine in the study. Role distancing involves an active and conscious attempt to foster the impression of a lack of commitment or attachment to a particular role in order to deny the virtual self-implied (p. 107-8). I will next examine previous research that pertains to my study.

CHAPTER TWO

TEENAGE PREGNANCY IN THE UNITED STATES

Despite this historically (United Nations, 2011) low percentage of teenage pregnancy, the U.S. teenage birthrate is still the highest among the most developed countries in the world. It is more than twice that of Australia and Canada, more than three times higher than France, three and a half times higher than Germany, six and a half times higher than the Netherlands and seven times higher than Japan's (Hamilton, 2006; United Nations, 2011). Table 1 illustrates the difference in teenage birth rates for developed countries (Hamilton, 2006). Approximately 67.8 per 1,000 females aged 15-17; that is about 750,000 teenage pregnancies (Finer & Zolna, 2011).

Mcneely et al. (2002) Asked 14 and 15 year olds if they were still virgins and only 95 (10.6%) males and 162 (15.8%) said "yes." Girls are now having sex at an early age, which increases their likelihood of becoming a teen mother (Mcneely et al., 2002). A study reported that adult men father about half of the teen mothers aged 15-17 years old (Hollenberg, 1998). It is less common for teenager to become pregnant due to a higher use of contraceptive (Kost & Henshaw, 2012).

Teen pregnancy is not equally likely across racial/ethnic groups in the US. For example in 2012, the pregnancy rate for non-Hispanic white teens was 2.18 per 100 (2%) girls age 15-19; for Hispanic teens the rate was 4.94 (about 5%) and for African Americans it was 4.74 (4.7%). African American and Hispanic teens are more than twice as likely as their white counterparts to become a pregnant teen. Of course all pregnancies do not end in live births. Between 1986 and 2008, the percentage of teenage pregnancies ending in abortion decreased by one third; in 2008, 31 percent of teenage pregnancies resulted in abortion for girls aged 15-19 (Kost & Henshaw, 2012). Asian American females are not mentioned in the studies.

Not all abortions are reported to the U.S. Center for Disease Control and Prevention, so an accurate number cannot be obtained. However, in 2008 for the abortions that were reported, women under the age of 20 made up 17 percent of all abortions. Teens whose parents are not involved in the abortion process are more likely to come from homes that are unstable or abusive (Henshaw & Kost, 1992). Only about one percent of teenage mothers choose to put their infants up for adoption. In sum, the United States has the highest rate of teenage pregnancy compared to other developed nations and it is twice as likely. The rate of teenage pregnancy in the US has been on a decline but the rate is still high in comparison to other developed countries. Researchers have found pointed to factors that may contribute to teenage pregnancy, which I examine next.

Deviance & Abuse: Factors that Lead to Teenage Pregnancy

There are many factors that are associated with teen pregnancy, including delinquency (risky sexual behavior), poor family relationships, economic poverty and child abuse. Girls have not been the main focus of researchers who study delinquency because they only make up a small proportion of offenders. Engaging in delinquent behaviors increases the likelihood of becoming pregnant as a teen (Khurana, Cooksey and Gavazzi, 2012). More specifically, engaging in risky sexual behavior, unprotected sex, frequent sexual activity, and having multiple sexual partners increase the likelihood of becoming pregnant (Woodward, Fergusson and Horwood, 2001). Studies have reported similar findings that teenage girls do report engaging in delinquent behavior prior to pregnancy (Hanna, 2001). Studies tend to support the notion that delinquent behavior precedes pregnancy. Hope, Wilder, and Watt (2003) argue that becoming a mother serves as a mechanism of social control (even for teens), substantially reducing the likelihood of engaging in delinquent behavior. The transition into parenthood encourages females to assume a more responsible adult role that is ultimately incongruent with delinquent activity.

Some teen mothers described their pregnancy as hard, stressful and they reported concerns about long-term responsibilities, conflicts with family members and economic and physical needs (Oxley a& Weekes, 1997). Barn and Mantovani (2007) showed that coming from a disrupted family, a divorced family, or being born “out of wedlock” increases the chances that a girl will have a baby during adolescence. Their study suggested that children growing up in single parent homes had less parental (direct) supervision and more lenient sexual attitudes, which may be among the reasons for, increased risk of teenage pregnancy. Benson (2004) argued

that economic poverty at the individual and community level is linked to higher rates of pregnancy, childbearing and abortion. All adolescents do not have equal access to information, guidance and the support they need to live up to their full capabilities (U.S. Department of Health and Human Services, 2012). Youth growing up in economically disadvantaged neighborhoods have low expectations for future education and career goals (Klaw, 2008). Barn and Mantovani argued educational background is another significant factor linked to teenage pregnancy. Research suggests that inner-city youth know the value of education nevertheless, they lack certain structures (information, capital, and support) needed to reach their goals (Klaw, 2008).

Overall, many studies support the idea that risky sexual behavior, weak parental attachments, and economic poverty are linked to teenage pregnancy (Hanna, 2001; Hope, Wilder and Watt, 2003; Barn & Mantovani, 2007; Klaw, 2008). Risky sexual behaviors include engaging in sexual behavior, having unprotected sex, having multiple sexual partners and frequently engaging in sexual intercourse. Engaging in sexual behavior is risky even with condoms and other forms of birth control, because girls may still become pregnant. Woodward, Fergusson and Horwood (2001) suggest that poverty, poor parenting practices, and sexual abuse might increase the risk of teenage pregnancy. Research shows the adolescents in economically disadvantaged neighborhoods know the value of education but do not have realistic expectations about education and occupation and view pregnancy as a path to economic independence and a transition into womanhood (Domenico & Jones, 2007).

Stigma: Poor Teenaged Mothers

Teenaged mothers are a stigmatized group in the US. In recent decades, the pattern of high education, starting a career, and delaying childbirth has become normative for middle-class women. Teen mothers do not follow this course have become objects of marginalization and stigmatization. Goffman (1963) defined stigma as a characteristic that makes someone “different from others in the category of persons available for him to be and of a less desirable kind...reduced in our minds from a whole usual person to a tainted, discounted one” (p. 5). Major and O’Brien (2005) argued the stigmatized individual is seen to hold a characteristic that acts to diminish their identity in a particular social context. Goffman (1963) argued society uses the individual’s stigma as a justification of discriminatory practices against them. He also argues “The stigmatized individual tends to hold the same beliefs about identity that we do; this is a pivotal fact” (p. 7). This is important because the teen mother internalizes the stigma, affecting how they interact with others in society.

Clark (2006) said that older adolescents (13-17 year olds) are viewed as accountable for their actions, which leads to their social exclusion. A 13 year-old girl who has a child is accountable for that baby, and if they are stigmatized for having the baby it is their fault. Teenaged mothers are blamed for their situation. They should be responsible for their children economically as well as practically (Lister, 2003). Studies show that young mothers are completely aware of their stigmatization as being deviant, reckless, and immoral (Hanna 2001, Yardley 2008). Wiemann et al. (2005) found 39.1% of the participants reported feeling stigmatized by their pregnancy. Eighty-three percent of Fulford and Ford-Gilboe’s (2004)

participants reported at least one experience of feeling stigmatized by their teenage pregnancy. Lacking an education and career opportunities contributes to the lack of qualifications and an increased risk of social exclusion (Barn & Mantovani, 2007).

Yardley (2008) stated, “All participants felt stigmatized by the general public” (p. 675). The young mothers in Yardley’s study reported that disapproval from the general public was a common event. People’s reactions ranged from disapproving looks, to negative comments and even arguing with the young mother. One example was a mother that was verbally attacked by a stranger. This stranger disapproved of her being a teenage mother and asked her if she was on drugs. Fulford and Ford-Gilboe (2004) found one of the two main stigmatizers was the general public. One young mother reported that she received nasty looks from people her own age. Many of the young mothers reported people’s assumption that they were on welfare and that they received housing for having a baby. The teen mothers also reported feeling stigmatized by the media saying the way teenage mothers are portrayed was not an accurate representation of their lives. The media often portrays teen mothers as welfare dependent and lacking educational and occupational aspirations. The teen mothers felt there were rarely any positive images of teen mothers in the media. They felt this was unfair and that teen mothers did have aspirations to be financially independent and have careers. Some of the young moms thought the positive aspect of teenage motherhood should sometimes be displayed. Yardley and one of the teen mothers were discussing a documentary about teen motherhood and the young mother stated: “...they wouldn’t film me because it would be boring...people like the stereotypes and to look down at young moms thinking they can’t do it right...” (p. 676).

Teen mothers reported experiencing stigma in places of public services (Yardley, 2008). Staff members at health clinics and hospitals expressed prejudiced attitudes. Fulford and Ford-

Gilboe (2004) found health workers and social workers as the second main source of stigmatization for teenage mothers. Sgarbossa & Ford-Gilboe (2004) found that teen mothers feel stigmatized by people in health care services. This could affect the teen mother turning to conventional others in the health field for help and parental advice. It also makes teen mothers delay getting prenatal help. It has been argued that the stigma surrounding teenage motherhood can prevent young mothers from seeking help with their children (Phoenix, 1991). DeJonge (2001) and Hanna (2001) report that teen mothers are aware of the sanctions associated with health and social services: the risks include having their children removed by child protection services (DCFS). This causes a lack of trust in health and social services, which means the teen mothers are less likely to turn to them for parenting and advice in general. Society has defined what is a “good mom” which contributes to the stigma teen mothers face. I will next examine the literature on what is a “good mom.”

“Good Mom” VS “Other Mom”

Susan Douglas and Meredith Michaels (2004) describe “The New Momism,” which implies that “to be a remotely decent mother, a woman has to devote her entire physical, emotional, and intellectual being to her children” and enjoy every minute of it (p. 4). These expectations are unrealistic and can cause a mother stress and lower her self-identity. Turnbull (2001) argued, “We hold mothers and pregnant women to a higher moral standard than we require of other members of society” (p. 132). Mothers who pass as a “Good Mother” are assumed to be “fit” to have and raise children. Parents, especially new mothers, turn to “expert”

books and magazines to reinforce their own ideas of what the “Good Mother” looks like, how she behaves, and how her children behave (Francis-Connolly, 2003).

The discourse of the “Good Mother” is reinforced by people in the medical field, educators, other childrearing “experts,” “The implicit reliance by the courts on the norm of the ‘good mother’ means that they are in essence applying a universal standard that ignores circumstance” (Turnbull, 2001, p. 132). Circumstance should be considered because everyone’s circumstance is different. A teen mother might not have the financial means or education as an older mother might have. Being a good mother is subjective and depends on the person’s idea of a good mother. In this study going back to school and bettering themselves, the teen mothers felt that's what made them a good mother.

The Girl-Mom was produced as being single, sexually deviant, and promiscuous (Ledger, 1995). Single mothers have been constructed as sexually deviant. The Girl-Mom is also produced as being: black, on welfare, unemployed, uneducated, too young—or “appears” to be too young. She is often represented as a high school dropout that has no control of her children, and in the worst case she might be a prostitute, a drug abuser, or an alcoholic (even all three). It is ironic that the New Woman was a white, heterosexual woman from the upper and middle classes, who desired more access to education, waited to marry and have children (Ledger, 1995). However, women having children is not the concern, “What seems to be of public concern is the repeated ideology that young mothers are ‘unfit’ if they are unmarried” (Phoenix, 1991, p. 247). The teen mothers in my study would be considered “unfit mothers” due to their age, lack of education at the time of pregnancy, not being married and receiving government assistance. However, half a century ago, women were encouraged to marry and have children early. These young mothers are going against the norm, the ideology of what a “good mother” is. As

individuals in society we have the ability to reclaim and redefine our identity, although it is not always easy and does not mean that society will accept this new identity. I will next examine how some young women reclaim their identity and not accept the stigma associated with their young motherhood.

Reclaiming Identity: Proud Young Mothers

Stigma from the viewpoint of the teen is not always negative. Embracing stigma in forms of dishonor, pathology, and dysfunctions as markings of moral commitment, and political authenticity is stigma allure (Hughey, 2012). Quantitative studies tend to highlight the negative aspects of young motherhood. However, emerging qualitative research shows teenage motherhood as a turning point in these young mothers' lives and has a positive impact on them. Some teen mothers report having different value systems than society, particularly seeing their young motherhood as a positive life event (Yardley, 2008). Smithbattle & Leonard's (1998) study showed that teenage mothers' views of self and future came from the meanings and practices of their communities and families. Some teen mothers developed positive behaviors due to motherhood including continual commitment and agency to their role of being a mother.

Literature suggests teen mothers are very resilient. They negotiate poverty and stigma through social support from family and others. They report positive experiences with motherhood, finding it provides personal satisfaction, and a motivator to pursue school or employment (Rolfe, 2008; Arai, 2009; Gregson, 2009). Fulford and Ford-Gilboe's (2004) study reported teen mothers feel that their pregnancy and young motherhood had positive aspects

despite some of the negative consequences. Young mothers also reported their motherhood helped to build their self-confidence for entering employment outside the home (Dawson, 2006).

For many young mothers, the shift to motherhood symbolizes the transition to adulthood with “good mothering” as key to this new identity and defined by the conviction in their assets such as competence as a mother and the benefit of their youthful age (McDermott & Graham, 2005; Baker, 2009). Young mothers are involved in “consoling plots” (Prettyman, 2005) or competitive parenting (Higginson, 1998), an interactional process in which they reject the “teen mother” as “unfit mother” identity by “investing in the good mother identity” (McDermott & Graham, 2005, p. 71). Many disadvantaged teens reorganize their lives and priorities around the identity and practices of mothering (Clemmens, 2003; Edin & Kefalas, 2005; Kendall et al., 2011).

A study conducted by Breheny and Stephens (2008) and (Wylie, 2009, p. 20) concluded that early motherhood is “an avenue for achieving fulfillment and identity in disadvantaged women.” Teenage pregnancy reduces risky or unhealthy practices and limits girls’ involvement with risky peers and gangs (Hope, Wilder, and Watt, 2003; Hunt, Joe-Laidler, and Makenzie, 2005). A significant proportion of girls return to school during pregnancy or become more engaged in school after giving birth (Casserly, Carpenter, and Halcon, 2001).

Literature shows teen mothers do aspire to a college education and have career desires (Brosh, Weigel, and Evans 2007). Zachry (2005) and Smithbattle (2006) argue that teenaged mothers were motivated by their pregnancies to resume their education; in order to gain the qualifications needed to improve their employment prospects. Clemmens (2003) suggests that young motherhood is both stressful and difficult but can be altered given a supportive environment. Collins’ (2010) report on resilience in teenage mothers stated that:

While most of these young women would not recommend teenage motherhood, their stories show how giving birth as a teenager can be a strengthening experience that can help unlock potential and, with the appropriate resources and support, can result in good outcomes for themselves and their children (p. 50).

The adolescent mothers in Collins' study saw their motherhood as something positive that helped them realize their aspirations and they found support and resources as an essential part to them succeeding.

Chumbler et al. (2015) did a study and found that teenage pregnancy had a positive impact on some young women's lives. One of the main themes is that young motherhood helped refocused the teen moms on their educational and career goals in life. Many of the young mothers' narratives revealed a transformed sense of identity and future, particularly for those who had strong family and community support (Smithbattle, 1994). Qualitative studies show that teenage mothers feel like their children allow them to reinvent themselves and make radical changes with their life style. Young mothers want to be worthy citizens and good mothers (Hanna, 2001). Arenson (1994) described having children as bringing hope and meaning to young mothers' lives, that motherhood motivated them to set and achieve educational and vocational goals. Lesser et al's (1998) study also found that teen mothers did not view their pregnancies as a liability but rather as a benefit. Pregnancy motivated them and they saw it as an overall positive life event.

To conclude, some teen mothers view their young motherhood as a positive life event. Becoming a mother can motivate young mothers to aspire to complete high school, college and provide their child with a better life. By showing the positive aspects of teenage motherhood, it allows the young women to see their life in a different and positive way. It also allows them to

reclaim and redefine their identity to one that truly fits them. Although teenage pregnancy will bring hardship for the young girl it can also bring a sense of self worth and/or serve as motivation to do “better.” Managing one’s identity is a form of reclaiming their identity.

To summarize, the main points from the literature that are relevant to my study, research shows some factors can be linked to teenage pregnancy. These factors include “deviance” in terms of risky sexual behavior, abuse or neglect as a child, being raised by a single mother and coming from a disadvantaged background. Teen mothers are aware of the stigma they face which affects how they interact with society, including family and friends. They are stigmatized because they do not fit society’s idea of a “good mother.” A good mother is a woman who is married, has the financial means to completely provide for a child without any assistance from the government, and educated. Teenage mothers are assumed to be unwed, black, poor and living off welfare. Teen mothers try to manage their identity by using accounts and justifications to distance themselves from their social identities. They negotiate their personal identity to their audience and want to present a positive identity. In this study, I will contribute to the literature by analyzing teen mother’s accounts, paying special attention to their identity work and stigma management, reclaiming value for their identities as good moms and successful women.

CHAPTER THREE

METHODS

The goal of this study was to find out how teen mothers managed their identity, knowing the stigma associated with their role. To do this I conducted semi-structured, face-to-face interviews. In structured interviews, the interviewer has very specific objectives for the type of information sought from the interview, so the questions are specific (Seaman, 1999). In unstructured interviews, the interviewer suggests the theme for the interview, but has few specific questions in mind and the interviewee guides the interview (Rubin & Rubin, 1995). This study employed a combination of both structured and unstructured interviews. Semi-structured interviews allow foreseen information and unexpected information to be brought forth from the interviewee. In order to understand the young mother's perspective, interviewing was the best method to use. Interviewing face-to-face allows the interviewer to gain a relationship with the interviewee. It also allows for more sensitive questions to be asked and answered.

Sample

To get a sample of participants who qualified, I used the snowball method (Greenhalgh & Peacock, 2005). Snowball sampling may be defined as a technique for gathering research subjects through the identification of an initial subject who is used to provide the names of other actors. These actors may themselves open possibilities for an expanding web of contact and inquiry (Lewis-Beck, Bryman and Liao, 2004). The strategy has been utilized primarily as

response to overcome the problems associated with understanding and sampling concealed populations such as the deviant and the socially isolated (Faugier & Sargeant, 1997). Finding adults who were once teen parents can be a difficult task because it is usually unknown if a person was a teen mother unless the researcher knows them. The two requirements for participants were (a) she had her first child when she was 19 years or younger and (b) come from economically disadvantaged backgrounds. Economic background was important because that determines access to resources prior and after pregnancy, which in turn can greatly influence an individual's life.

I started by recruiting people whom I personally knew were teen mothers. I know three of the participants on a personal level. At the time the study was conducted, I was employed at a daycare. I went to the Director and informed her of the study I was conducting. She informed me that there were a number of families at the Center in which the mothers were once teen parents. The Director said she would speak to the mothers who fit the criteria of the study and help recruit them. She provided contact information for thirteen mothers. I spoke to all the mothers and gave them an idea of what the interview would be about. I informed them that I would be asking them questions about their experience as a teen mother and the interview would last about an hour and a half, two hours at the most. I interviewed each mother at a place of their choosing. All but one chose to be interviewed in their homes. I interviewed one person in a park. Prior to being interviewed, I gave each participant an informed consent form, which they read and signed. I audio recorded and transcribed all of the interviews. Table 1 describes the subjects' key demographic factors as well as their age at the time of interview, age of first pregnancy, self-identified race and class, marital/relationship status, number of children they have, level of

education, abuse of any kind while growing up, if they were involved with DCFS (Department of Children and Family Services) and if they experienced any domestic violence.

I asked the women questions about how people in the medical field, family, friends and the general public treated them while they were a pregnant teen. I also asked about their support system during and after their pregnancy. The women were asked about their decision to keep their baby and if they considered other options, including abortion and adoption. These questions lead to the women giving examples of situations that made unforgettable memories. These questions allowed the women to tell me about what motivated them to ignore society's stigma and led them keep pushing to their idea of success. I did have an interview guide, but I also let the women lead the conversation. Our conversations were relaxed and most subjects anticipated the questions before I even asked them.

Based on self-reports, 38% of the women in my study were black; 24% were Latina (Mexican), and 31% were white. One of the women identified as biracial, black and Hispanic, but she appears black due to her skin color. Her complexion is dark brown. The percentage of girls who became pregnant under the age of 18 is 56%. The percentage of girls who became pregnant between the age of 18-19 was 43.75%.

Table 1
Sample Demographics

Name	Age	Age Pregnant	Race	Married Status	Class	# children	Education	Abused	DCFS	Abused By Spouse
Monica	49	16	Black	Single	Middle	2	BA	No	No	No
Aleshia	28	16	Black	Single	Working	4	College	No	No	No
Ashley	38	17	White	Single	Working	4	GED	Physical, Sexual, Mental	Yes	Yes
Heather	24	16	Black	Single	Lower	2	High School	Sexual, Mental	No	Yes
Trisha	24	18	Black	Single	Working	2	BA	No	No	No
Amanda	26	19	White	Married	Middle	2	Certificate	No	No	Yes
Chrissy	24	15	White	Engaged	Working	5	In-College	No	No	Yes

(Continued on following page)

Table 1 (continued)

Name	Age	Age Pregnant	Race	Married	Class	# children	Education	Abused	DCFS	Abused By Spouse
Terenea	21	18	Black	Single	Working	1	In- College	Mental	No	Yes
Diamond	47	18	Latina	Single (Divorced)	Working	2	Certificate	Mental	No	No
Nancy	28	17	Black	Single	Working	2	In- College	No	No	Yes
Tamika	30	15	Latina	Married	Working	2	CNA In- College	No	No	Yes
Lanair	24	18	White	Single	Lower	1	Some College	Sexual, Mental	Yes	
Lisa	20	18	Latina	Married	Middle	2	In-College	No	No	No
Bianca	25	16	Black/ Latina	Married	Working	4	In- College	Sexual, Mental	No	Yes
Gina	35	18	Latina	Married	Working	3	BA/ In College	Mental	No	Yes
Tiffany	22	17	White	Single	Working	1	Certificate	Mental	No	Yes

Coding

According to Corbin and Strauss (1990), there are three basic types of coding: open, axial, and selective. Open coding is the interpretive process by which data are broken down analytically. Axial coding categories are related to their subcategories, and these relationships tested against data. Selective coding is the process typically done later in the coding phase. It is the process by which all categories are unified around a central “core” category or categories that need further explanation are filled in with descriptive detail. I followed each of these steps, in this order to find the patterns of excuses and justifications.

Ethics

In this study, I knew some of the women personally, and the majority of the women I interviewed live in the small community in which I also reside. This assisted and my study in some ways and hindered it in others. It assisted me because more of the women were willing to be interviewed and share some of their personal information with me. The women invited me into their homes, which is a more comfortable setting where they would feel comfortable talking about their life and some very personal situations such as child abuse, domestic violence and their experience as a teenage mother. Knowing some of the women’s personal stories also hindered the interviews in some cases. Some people did not want to be completely forthcoming with some personal issues such as domestic violence. One woman was not truthful about experiencing domestic violence. She reported she never experienced it, but I knew she had due to prior knowledge of her situation. Even though I know one participant was not being truthful, I

did not question her more about the situation. I wanted her to be comfortable and answer as many questions that she was comfortable with. Prior to being interviewed I did inform all the women that anything said during the interview would be confidential. I gave each woman a confidentiality form to inform her that no one else would know her actual identity. I used aliases when reporting data. I use nothing that would lead a reader to be able to identify them.

Retrospective Analysis: What Can We Learn?

It is important to note that the women interviewed were not teenage mothers at the time of the interview. They were outside the “crisis period” of teenage pregnancy. The women had had time to cope with and overcome the pressures placed upon them during their pregnancy, and they had time-- some of them many years-- to craft and rehearse their accounts they used to manage their stigma. As such, I am analyzing their accounts of pregnancy, not their actual lived experiences of pregnancy and early motherhood. Although there was much diversity among the sample, with women varying by race, class, marital status, and educational status, all but one of the women told the same story. This implies that there is something common within the experiences of teenaged mothers, which the literature has predicted. The women’s shared narrative reveals the shared stigmatization of teen pregnancy and motherhood. As such, this retrospective analysis is useful for understanding what Ridgeway (2011) calls persistent gender frames.

CHAPTER FOUR

FINDINGS

Based on Turnbull's (2001) data, the mothers in my study would not be considered "good moms," they would be considered "unfit." Throughout this study, subjects used excuses and justifications to explain their teenage pregnancy. The women did not want the stigma associated with the teenage pregnancy to be applied to them. The women were aware of the stigma and because of that they tried to save face. They managed their identity using excuses to justify their early pregnancy. They included: "I wasn't going to have sex," "Too late for birth control," "Birth control doesn't always work," "Birth control, how does it work?" They also used justifications to justify their early pregnancy. They argued, "teenage pregnancy changed my life" and "I turned out good."

Teen Mothers Acknowledging Stigma

Teen mothers are aware of the stigma associated with teenage motherhood and they do identity work to save face. Throughout the interviews, participants made it known that they were aware of the stigma associated with their teenage pregnancy. They were aware by the comments people made to them including the general public, people in the medical field and family members. Aleshia said:

I think that teachers, sales associates, people that worked at McDonald's, people sitting on their porches and basically everyone had something to say (about her pregnancy). You get nasty stares. I had an older lady tell me once when I was walking down the street, she

says to me- “You know what's good to you going in isn't good going out”. Her husband responded to me and said I would love to experience you now because it would be great. I had things from older men said like that. You know teachers didn't say things they gave you looks or they made comments to other teachers and they'd do it right in front of you.

Aleshia was aware of the stigma associated with being a pregnant teenager. The general public gave her disapproving looks and some people would even say things to her. Women looked down on her for being pregnant and grown men would make sexual comments to her. Being a pregnant teen puts a woman in the vulnerable population category. Similar to Aleshia, Chrissy said:

There was one time that I had a nurse that was rude and this is a part of the reason why I wanted to become a nurse. I just felt like that was wrong, I was only fifteen and Julian was sick and his fever was like 103. I went to the hospital and the doctor told us it would go away with Tylenol and to come back if it didn't. The next day even with Tylenol, it didn't go away and we went back. Even before we could be seen by the doctor, the nurse came into the waiting room and she literally in front of everybody kind of just scolded me and said that we've already been there and there's nothing they could do and that I should leave. I just felt like that was so rude and was wrong you know. I was young, I didn't know anything about fevers and medicine. I just felt little and went home. I think one of the hardest things was not being able to depend on myself.

Aleshia credited an experience she had with a nurse at 15 to her current career aspirations. A nurse scolded her for something very simple and she felt that she would have been treated differently if she was an older mother. These are a couple of examples that demonstrate that

women were aware of the stigma as a teenager. While being interviewed they managed their identity by excusing their young pregnancy and/or justifying it. By using both excuses and justifications, they distanced themselves from the stereotypical teen mother. These excuses include, “I wasn’t going to have sex,” “It was too late for birth control,” “Birth control doesn’t always work,” and “I didn’t know how birth control works.” The justifications included, “Teenage pregnancy changed my life,” and “I turned out good.” I will first examine one of the teen mother’s who is an unapologetic teenage mother.

Unapologetic Teenage Mother

Despite prevalent stereotypes about teen motherhood, only one participant in my study exemplified the stereotype of a teen mother: Heather. She embodied the stereotype that the other teenage mothers attempted to distance themselves from. She was an unapologetic teen mother.

Heather said:

Before I got pregnant, no I didn’t even know I could (use birth control). I was just having sex to be having sex. I guess I was just invincible to pregnancy ‘cuz it wasn’t even in the back of my mind. I didn’t even think nothing of it, think twice about it, uh no I was not taking any birth control.

Heather was having sex without considering the consequences. She did not use any form of birth control and was acting in a way that middle class society would consider to be irresponsible.

Later in the interview when I asked Heather what was the best part about being a young mom, she replied:

I know this is so wrong but, people that felt sorry for us did help us out a lot. I mean it was a lot of stuff. Like, I'm in a lot of programs that do stuff for us like for Christmas, stuff like that even getting my first apartment. I only got that because I had a baby so that's bad but people that felt sorry for us helped us out so that was good for us....

Heather's first response was that having a baby benefitted her because people felt sorry for her and wanted to help. She goes on to say the only reason she got her own first apartment was because she had a child. As she spoke she did identity work by emphasizing she knows it is wrong to say what she said. She embraced the role of a teenage mother and was not ashamed of it. She was the only teen mother that did not do role distancing.

All of the young mothers were aware of the stereotype of a teen mother and fight to manage their identity, provide for their family and better themselves. All of the young mothers in my study did identity work (Snow and Anderson 1987) to avoid association with the "typical teen mom" stereotype. They used excuses and justifications to show they are "not that girl". I will first examine the "excuses" used to manage the teen mother's identity. She knew she fit the stereotype and yet she did not edit her story to make herself look better. She owned it, even though she felt her behavior would be judged as "wrong." I will discuss her later in the discussion and conclusion.

CHAPTER FIVE

RESPONSES TO STIGMA: EXCUSES

Teen mothers in my study managed their stigmatized identity by using excuses. As defined above, “Excuses are socially approved vocabularies for mitigating or relieving responsibility when conduct is questioned” Scott and Lyman (1968). Subjects in this study excused pregnancy by saying; 1) they were not planning on having sex, 2) by the time they wanted to get on birth control they were already pregnant, 3) they were on birth control but still got pregnant and, 4) lack of knowledge how to properly use birth control (p. 47). I will also examine how birth control is seen as the responsibility of the young girl according to the women who participated in my study.

I Wasn't Going to Have Sex

Most of the interviewees excused their pregnancy because of failure to use birth control. When I use the term “excuse,” I am referring to an explanation from the subject that society would find legitimate for a teen to become a parent. For example, Aleshia said,

No 'cause it wasn't planned. People who were on birth control were planning on having sex; I wasn't planning on having sex either. I was planning on going to a movie and that's it. I don't know what happened. No it wasn't, who plans a pregnancy at that age? I was trying something new for the first time; no I didn't plan anything. I actually got pregnant my first time having sex it wasn't even fun, promise to god.

Aleshia excused her pregnancy and said that she was not planning to have sex, and therefore was not on birth control. She believed people on birth control planned on having sex. She reinforced this excuse and said she got pregnant after her first time having sex and that she did not enjoy it. Aleshia's explanation took responsibility from herself by saying the sex was unplanned. She cited not being on birth control as proof of that. She excused not being on birth control or using protection because she did not plan on having sex. The one time she had sex is when she got pregnant. Similarly, Lanair explained her first time and said,

I was like, OH my god! That was my first boyfriend you know and I'm very intoxicated and under the influence. Mariah (her friend) offered me protection and I was like no, I'm not gonna sleep with him. I'm like seeing him for the first time after all these years. Then somehow one thing led to another and here I am in this guy's bedroom. We did the thing and I just instantly had the feeling that I was pregnant. Then I knew it was too late to get an abortion at that time. Then I didn't even have the money for it, I didn't know how to go about it, I was pregnant and I had to deal with it.

Lanair, similar to Aleshia, did not plan to have sex. Even though she was offered protection she refused because she had no intention of having sex. She went on to say "that one thing led to another," as if she had no control over the situation. To reinforce her lack of control over her actions she mentions that she was intoxicated when she first had sex. She explained that she might have gotten an abortion but it was not an option because she could not afford to get one. She did not believe she had any other option so she had to accept the fact that she would be a young mom. Lanair ultimately accepted responsibility- "I was pregnant and I had to deal with it." In both Lanair's and Aleshia's cases, subjects offered what they considered to be socially legitimate reasons for getting pregnant and keeping their babies. Both women distanced

themselves from society's perception of a teen mother. Aleshia implied that even though she is a teen mother, she is not sexually promiscuous as society assumes teen mothers to be. Both women distanced themselves from society's perception of a teen mother.

Birth Control: Too Late, It Doesn't Always Work and How Does it Work

A common excuse from many women interviewed is that they were not on birth control and were going to start using birth control, but it was too late. For example Lisa said,

I was actually in-between birth controls. I had just got off the depo shot, and I was on that for like two years. Then I was having complications with that. Then I was supposed to, I actually had an appointment to go get on some type of pill but I think it was too late. I think that I learned I am really fertile so I can't really move fast enough to make that gap you know. I have to go right away, I definitely make sure now that I you know take precautions but yeah.

Lisa explained that if she would have made her doctor's appointment in time, she would not have gotten pregnant. She excused the fact that she was not on birth control because she just got off a powerful birth control- the depo shot. She went on to say that she did not know it would be so easy for her to get pregnant due to previously being on birth control but she later recognized that she is fertile and cannot have a lapse in birth control. Tamika explained her experience of trying to get on birth control by saying, "I had made an appointment at the clinic to get birth control and uh week before my appointment I realized I was pregnant."

Tamika explained that she made a doctor's appointment so she could start protecting herself against the possibility of pregnancy but prior to her appointment, she realized she was

already pregnant. Tamika tried to be responsible but she was too late. Like Lisa, if Tamika would have made her doctor's appointment a little earlier she might not have become pregnant. However, both subjects assert that they had acted responsibly, but that they got pregnant anyway.

Lisa and Tamika excused their pregnancy by saying they attempted to be responsible but were already pregnant. They managed their identity because they showed they tried to be responsible by getting on birth control. However, they did not know they were already pregnant. They had the intention of being safe.

Another pattern that I found in this study was that women argued that they were on birth control but still got pregnant. This assertion excuses the pregnancy, because the women tried to avoid it, however unsuccessfully. For example Bianca says:

Actually all of my kids were birth control babies. Carrington I was on- I forgot which one it was, it was one of the more popular pills. Back then my school handed them out like candy. The state of Illinois, you only had to be 12 for your reproductive rights, and so I was 16 and in my school was a clinic. They did pregnancy test, std test, they did pap smears, they did you name it they probably did it- when it came to women's health. So I was on the pill when I had gotten pregnant with Carrington. All of my kids (she has 4 children) except Elleysen were birth control babies...but even she kinda of came as a surprise. She is her own interesting story

Bianca excused her first three pregnancies, starting at age 15, because she was actively taking measures to prevent pregnancy. She explained that at 16 she knew her reproductive rights and that the school she attended had a clinic in the school. She implied that she was acting responsibly. Similar to Bianca, Ashley accounted for her pregnancy by saying:

Yea actually I was on birth control, the pill that's why I said I wasn't planning it (I was pregnant). That's why I didn't expect that (being pregnant). I didn't have morning sickness, I got sick I thought I had the flu I didn't know and that was that. Well you know, everybody will skip a pill a day here or there but you take it the next day but nothing out of the ordinary.

Ashley explained that she was on one of the pill forms of birth control. Because she was on birth control, she thought she was protecting herself against pregnancy. She gave a possible explanation of how she became pregnant by saying sometimes she skips a day and does not take her pill. So even though she was on birth control, she might not have taken it according to the directions. She excused this action by saying everyone does it "it's normal" and she did what she was supposed to by taking the birth control the very next day. Ashley's explanation is also an example of another type of excuse, not having proper knowledge of how to properly take the birth control.

Some of the subjects in my study did not have the proper knowledge on to properly take birth control or misused the birth control. Ashley for example assumed that it was okay to skip a day "here or there" but that is not the proper way to take the birth control. Birth control is most effective when properly taken. Like Ashley, Chrissy would skip a day "here or there" on taking her birth control pills. Chrissy explains her experience of becoming pregnant by saying,

I was taking the pill but I wasn't taking it how I was suppose to be taking it everyday, same time you know. I would skip it here and there, I think I didn't have either the knowledge or the correct teaching on how to take the pill.

Chrissy excused her pregnancy because young people are not born with the knowledge of how to prevent pregnancy. So they have to be taught the knowledge about how to properly protect

themselves from pregnancy. Someone else, her parents, schoolteachers, or community failed by not providing her with important knowledge. If she had known the proper way to protect herself, there is a possibility that she might not have become pregnant. Trisha explains how a lapse in taking her birth control is the reason she became pregnant:

I was shocked cuz it had just happened. I think I had, I was on the pill at the time and I was working at NIU. I was working at NIU and they would, my pills got switched over to their pharmacy. I didn't know once campus closed the whole thing closed so I went home for break and I didn't have a supply. Then I guess it happened in February, I guess we did it when I wasn't taking it in January and didn't take em like I was supposed to so I got pregnant. Yep, I think I got real drunk maybe the weekend before and I got like super sick and after that I just kept getting sick and sick and sick so I went to the doctor.

Trisha explained that she was on birth control but there was a lapse of two weeks in which she did not take her pills. She was unable to refill her prescription because she did not know that the clinic closed when the school closed for break. She believed she got pregnant during the two weeks she was not taking her birth control. She believed she got pregnant the day she was also intoxicated. Trisha is simultaneously externalizing responsibility for the pregnancy—she could not access birth control because the school closed—and taking some responsibility—she did have sex while drunk, even though she knew she was not taking the pills correctly. Referring to being drunk is yet another excuse embedded in her description. Nancy explained her similar experience a lapse in taking her birth control; Nancy explains her similar experience of a lapse in taking her birth control:

I was actually in-between birth control. I had just finished; I had been on the Depo for years. I decided to stop because of the side effects, the weight gain, hair loss, I moved on

to the birth control tablet. I guess with everything going on like graduation and stuff and the stress I guess forgot to take them. I didn't think about it, I just I don't know I guess I thought it couldn't happen to me, but it happened.

Nancy explained that she was on birth control, the Depo-Provera shot, for years but it had side affects that she no longer could deal with. It was not her fault that the drug was too hard to take. She also tried another drug to prevent pregnancy, the pill. She assumed that the very strong Depo drug would not leave her system so quickly, and, as such, got pregnant. As with other women above, Nancy made the best decisions she could with the information she had. As such, she excused the pregnancy.

None of the teen mothers referred to condoms as a form of birth control. It is interesting to note that out of the sixteen women interviewed no one mentioned condoms as a form of birth control. When speaking about birth control they only referred to the form of birth control that they would take to prevent pregnancy. I will next examine another way the young mothers managed their identity. The young mothers used justifications as a way to justify being teenage mothers and to separate themselves from society's perception of a teen mom.

CHAPTER SIX

RESPONSES TO STIGMA: JUSTIFICATIONS

Women used justifications as well as excuses to manage stigma. As I discussed above, “Justifications are accounts in which one accepts responsibility for the act in question, but denies the pejorative quality associated with it” (Scott and Lyman, 1968, p. 47). I will explain the different justification used by women in this study.

Teenage Pregnancy Changed My Life

The majority of the teen mothers interviewed justified being a teen mother by explaining how becoming a young mom changed their life for the better. Had they not become a teen mother, it is unknown how they would have turned out. They accept the role of a teen mother but do not accept the negative identity associated with the role. Aleshia explains her story:

(Something that was put on hold due to pregnancy) I think that stupid phase in my life was put on hold and I never went back to it. I think that’s a good thing. I think that if I didn’t have my children I would have done dumb things. I would have been out with my dumb friends and we would have done dumb things. This is what would have happened and so a lot of the hurt and pain I didn’t have. I can imagine being hurt by one, I can’t imagine being hurt by four or five people; so I didn’t have to go through some of the stuff they did. I can not relate to them on that you know.

Aleshia justified becoming a teen mother because she believes it made her skip the “stupid phase” of teenage years. She also justified it by saying she stayed with the father and unlike other girls she never went through relational problems with multiple men. She believes if she did not become pregnant she would have made many mistakes like her friends did. Lisa explains her experience as a teen mother:

Honestly being a teen mom probably bettered my life. I’m happy in my relationship, I have a job, I do pretty well for my age I think. We do pretty well and I can’t say anything bad about being a teen mom. It made me grow, it made me grow relationships with my dad my mom and my family that I do not think I would have had if I wasn’t a teen mom. It made me become selfless. I really can’t say anything negative about being a teen mom because I’m happy with the way my life turned out. I’m happy with the way things are. Yea sometimes I struggle, I have problems just like everybody else and probably problems that people who don’t have kids don’t have to deal with. I have to pay bills and if I didn’t have kids I would probably still be mooching off my parents. I don’t think I’d be as motivated to get up and do stuff in my life or I don’t know where I’d be right now honestly. I don’t know if I’d still be hanging out with the same friends I had and some of them aren’t doing so well. I don’t know, I guess being a teen mom made me the person I am today and I like the person I am today.

Similar to Alisha, Lisa justified her pregnancy by saying it helped her better her life. Prior to being a teen mother she was hanging with friends that were headed down the wrong path and she was “mooching” off her parents. Her being a teen mom helped her build stronger relationships with family members, she learned responsibility and is happy with the person she turned out to be. If she did not become a teen parent she does not know how her life would be at this point

because she was not motivated to do anything, she was unemployed and being financially supported by her parents. Tiffany explains how being a teen mom changed her life:

I stopped doing drugs, I've definitely stopped drinking, I'm no longer involved with any type of law enforcement and I'm not in trouble with the cops anymore. I'm out of the courts system, I have a stable job, and I have my own place. He (her son) changed me, he stopped a lot of stuff that I was doing. I don't know honestly where I would be if I didn't have my son. I honestly do feel like we made the better choice following through and keeping our children, going to school and getting a career. Definitely being pregnant, knowing I needed a job, knowing that I had to get out of my mom's house, so it just knowing that I was about to have a son and so I think I was about eight months pregnant when I ended up graduating (with CNA certificate). So definitely having my son was a big reason I knew I had to follow through with it (completing CNA).

Tiffany justified being a teen mother by saying it helped her stop toxic behavior and gave her motivation to complete school and move out of her mother's house. Ashley explained how being a young mom gave her stability:

I think it made my life a little more stable (being a teen mom) you know. When it was just me by myself I didn't know which way I was coming or going. I think once I had the child then I knew I had to do certain things or not do certain things so I just became more responsible.

Ashley grew up in an unstable home where her father sexually abused her and her siblings and introduced them to drugs. Her home life was unstable, utilities would not always be on and bills were not always paid due to her father addiction. She considered her upbringing unstable, which contributed to her leaving home at 15. She justified being a young mother because it made her

become responsible and gave her stability, which she never had prior. Remy explains how she would not have changed any decisions she made (in regards to being a teen mother):

She taught me how to be responsible how to do this how to do things it taught me responsibility I can't depend on this person I can't depend on my parents so I have to get things done. I got to do what I need to do to take care of her; so I wouldn't change it (being a teen mother). If I were to change it I don't know how I would be. I don't how it would be not to have her. I don't know how I would have grown up. I'd probably would have been different; I would have been different.

Remy justified having a baby as a teenager by saying it made her grow up and become responsible. She went on to say that she would not change any decisions she made. If she had the chance to do everything over again, she would choose to be a teen parent. She knows that her life would have been different if she was not a young mom. Nancy explains how being a teen mother impacted her life:

I didn't have it as hard as some others but I felt like it impacted my life (being a teen mother) because my kids are my motivation to do better. If I didn't have them, I don't know that I would just be so driven. I don't know that I would wanna do so much because I can sleep on anybody's couch. I could live anywhere with anybody but knowing that I have them at home makes me feel like, okay I'ma stay here and get this overtime. I don't care that I'm tired, I'm gonna make it work so they make me wanna do better. I like having them; it was a good thing. I feel like it makes me a better person. Without them I really don't know where I would be.

Nancy started off by acknowledging that some teen mothers have a hard life. She justified being a teen mother because her children motivate her to do better and to provide for herself and her

children. She did not know if she would have been as motivated to do something with her life if she wasn't a young mom. She never really cared about where she slept at night, but she cared about the safety of her children. She was willing to work overtime despite her tiredness to provide the best life for her children. Nancy went on to say:

I said before they motivate me, they make me wanna do better. They make me wanna do so much more for them because I wanna be a good example, a good role model for them. I want them to say I can look up to my mom, she did this, she made it happen. I try to be that fun mom. I never try to make them feel the pressure from me working so much. I felt the pressure of my mom working so much, that's where my step mom came in. My step mom was that mom that took me places, did things with me on the weekend, while my mom worked. My mom support me financially but she never had that time to be with me. I try and balance that out, I try and make it work from both ends. I mean it gets tiring and overwhelming but it works.

Nancy wanted to be the best role model for her children. She knew that it is not only financial support but also quality time that mattered when it comes to raising children. Being a teen mother helped her become responsible and she put her children's welfare above everything.

Tamika explained her motivation as a teen parent:

Dana (daughter) my motivations and all those people that, excuse my language, talked shit and told me that I was gonna be nothing and I wouldn't amount to nothing. That I would just be another statistic on welfare, made me prove them all wrong it just pushed me more and more. She's amazing, she's nothing like me or her father, she's an amazing kid, she's an honor roll student. She's very quiet and she's every child a teen mother can ask for.

Tamika justified being a teen mother because her daughter is her motivation. She viewed her daughter as perfect; smart, well behaved and nothing like herself or her father. Statistics show the outcomes for children of teen parents are negative, and Tamika felt like her daughter is the ideal child. Lanair explains how being a teen parent changed her life:

Charlea is the best thing that ever happened to me though, that's for sure. I was partying and I quit everything, like once I realized I was pregnant which was about two months. I was like I am pregnant, I need quit everything. I did a lot, like smoke pot since the age of 15 everyday. I wasn't much of a drinker but my friends were drinking so I would drink too type thing. and other recreational drugs.

Lanair explained how her daughter is the best thing that happened to her. She use to be a social drinker and use some type of drug daily. She justified being a teen mom because it helped her turn her life around. Once she found out she was pregnant she stopped using drugs and drinking. Her daughter was the motivation to do that.

I Turned Out Good

The teen mothers in my study did identity work using justifications to separate themselves from society's perception of a teen mother is. A majority of the participants of the study justified being a teen mother by saying they turned out "good" and that they were "not that stereotypical girl." For example Tiffany said:

I feel like I have my own place, and my own job. I did have my own car until it broke down the other day, but I don't know. He is well taken care of, me and his dad are still both in his life he has a lot of family that is around. I mean it's not a great job but it's a

job. I've had the same job for three years and as long as he's good I feel like I beat the odds at least.

Tiffany justified having a baby at a young age by saying she is not a stereotype. She said she beat the odds (of what is expected of a teen mom). She has her own place, it is society's perception that teen mothers are on welfare and receive public housing. She also says that both parents are in the child's life, it is also a perception that teen mothers are single mothers and that they are promiscuous so they might not know whom the father is. Gina who is a registered nurse explained how being a teen mother affected her life:

One of the things that made me want to go back to school, was every time I remembered being in school and hearing whenever you have the talks in health class and mostly health class on all the negative statistics or on television and it was an Hispanic girl pregnant by fifteen and then has this life. Honestly it was not to live up to that negative statistic like how many teenage parents can finish school or women.

Gina justified being a teen mother by saying having a child was one of her motivations to continue school, which she did and became a nurse. She was aware of the stigma associated with teen mothers and did not want to be a statistic. Her statement implied that she did not turn out to be a statistic and she is "not that girl." Diamond compares herself to society's perception of a teen mother

My sister is an example, she got pregnant at fourteen that's who you need to be interviewing. She got pregnant at fourteen had a baby at fifteen, sixteen, seventeen, and nineteen then left the guy she had these kids with started a new life and had two more. She was a grandmother at the age of thirty-three and I thought she doesn't stand a chance.

Like what will she ever be able to do for anybody you know and I see the struggle that she has and the pain. I mean the stress and the worrying it's just overwhelming.

Gina has never been on welfare and her and her father's children were married for twenty-six years. When I asked her if she felt like she beat the odds, she initially starting talking about her sister who's he considered a stereotypical teen mother. Her sister was "that girl" who had baby after baby, with no father to help raise them and she feels like her sister has no chance at life.

Gina on the other hand, justified being a teen mother because she never had to use government assistance, her and her husband owned their first home at age twenty-five and because she currently holds a prestige position at a company she has been with for twenty-five years. Remy justifies her teenage pregnancy:

As a teen mom I kept going, I didn't give up. I didn't stop I mean why stop, I think I was more determined when I found out. When I decided to go to school, my mom she didn't you know put money aside for me. She had money for my brother and for my sister, my brother's older my sisters younger, but she didn't for me. But, that made me more determined it's okay I was even more determined. I think I'm just self willed anyway, I'm a very strong willed person.

Remy explained how her mother did not have college expectations for her due to her being a teen mother. She justified her early pregnancy by saying it motivated her to go to college. Her mother's perception that she would not go to college is typical of society. It is the perception that teen mothers drop out of high school, and attending and graduating college is thought of as rare.

Trisha explained her situation:

I don't know, I think it's just doable, not as taboo as it use to be (being a teen mother). I mean like there are people who drop out of school, who don't do nothing with they life.

But, really think it's a lot more people (teen mothers) who do make something out of themselves. Even looking on campus I would see people, even before I got pregnant, I saw people there with kids who was participating and all that extra activity. They made it so, I think it's changing and it still depends on you. You having the motivation and you wanting to do something.

Trisha justified her being a teen mother by saying being a teen parent is doable in present times and differs from older generations. She believed that more teen moms are successful than believed and that a stereotypical teen mother is not the norm. She believed the age you have a child does not determine your success outcome. But rather how determined an individual you are and how motivated you are.

In both types of justification, we can see that mothers were distancing themselves from the stereotypical teen mother. Even though they were teen mothers, they feel like their life did not turn out how society would expect it to. Many mothers felt having a child early gave them the motivation and drive to do something positive with their life. They justified their decision to have a child as a teenager. Recall that to “Justify an act is to assert its positive value in the face of a claim to the contrary” (Scott and Lyman, 1968, p. 51). By justifying their decision, they “save face” in front of their audience. Many mothers expressed that prior to their pregnancy their life was not on the right path or it was stagnate. The mothers negotiated their identity throughout the interview by focusing the good in their life (college degree, trade school, employment, financially secure, married). They also attributed many of the positive aspects of their life to their teenage pregnancy.

CHAPTER SEVEN

WHAT I DIDN'T FIND

Research shows that abuse as a child is an important predictor in teenage pregnancy (Saewyc, Magee, and Pettingell, 2004; Butler & Burton, 1990). My sample reflects these data as 8 out of the 16 women (50%) reported experiencing some form of abuse as a child. However, none of the women felt that the abuse they experienced as a child had an impact on them becoming a teen mom. If this is not as important as research suggests we should start looking at other reasons why teenagers become pregnant. This study suggests that birth control is a major factor in teenage girls becoming pregnant. This includes the access to birth control, proper use and knowledge of birth control and other options to preventing pregnancy. Also based on this study race did not seem to be as important as research suggest. The women had similar experiences despite their racial differences.

CHAPTER EIGHT

DISCUSSION AND CONCLUSION

In this study, I identified and elaborated on the pattern of identity talk used by a sample of teen mothers. People negotiate their identity through verbal and nonverbal communication on a daily basis. The women in this study wanted to present an identity of being a respectable woman, good mother, and not be defined by their role of being a once teen mother. The women in this study used distancing as a way to reconstruct their identity. They all presented this image they are “not that bad girl” that society perceives teenage mothers to be. The women distanced themselves in a variety of ways using excuses and justifications (Scott & Lyman, 1968). The excuses included: I wasn’t going to have sex, too late for birth control, birth control does not always work, and not using birth control in the proper manner. The justifications included: teenage pregnancy changed my life and my life turned out good. All of the women were aware of the stigma associated with being a teenage mother and did identity talk to manage their identity. The women constructed and asserted a positive personal identity of themselves while distancing themselves from society’s perception of a teenage mother.

This study supports findings reported by other researchers (Fulford & Ford-Gilboe, 2004; McKillop, Berzonsky, and Schlenker, 1992). This study supports the assumptions made prior to conducting the interviews; 1) teenage mothers are aware of their stigma, and 2) teen mothers are affected both directly and indirectly by stigma. The young mothers were aware of their stigma (Fulford & Ford-Gilboe, 2004) and it affected their interactions with people in general. This study shows how some teen mothers deal with stigma and make it work. The women in this

study often compared themselves to the “stereotypical teen mother” and distanced themselves from her. Impression management gives mothers an opportunity to demonstrate role embracement, to declare attachment to the role, to show the qualities and capacity they have for performing it, and to be actively engaged or involved in appropriate role activities (McKillop, Berzonsky, and Schlenker, 1992). All of the young mothers-- even Heather who self-identified with the dreaded stereotype-- expressed ways they were providing their children with the best life they are able to give at any given time. Many of the mothers did this by expressing how they bettered their own life to give their children the best opportunities at life. The young mothers embraced the role of being a mother.

It is important to note that, despite fitting the stereotype used to stigmatize all teen mothers, Heather felt that she was successful as a mother and as a productive member of society. In fact, from the outside, her life looked a lot like the other women in the sample. Stigma is used as a form of policing to shame girls to not become teenage mothers. This study suggests that it does not work in the real world validity. Heather became successful like the other teen mother in this story, so why does society stigmatize young girls like her? She was an unapologetic teenage mother and accepted all the help that was given and used it to create a better life for herself and her children.

When an individual views an identity as central, he or she is likely to engage in behavior that reinforces that identity to self and others (Snow & Anderson, 1987). The mothers engaged in activities that supported the identity of a “good teen mother”. Some mothers expressed how they dropped out of high school prior to becoming pregnant. After they found out they were pregnant they went back to finish high school and two of the moms went on to graduate school. By this

stigmatized group reconstructing and finding their own personal identity, it allowed them to have a higher esteem of self.

This study has a few main take-away points that also have policy implications. Young girls need better education about birth control and how to properly use it to prevent pregnancy and sexually transmitted diseases. This education needs to be available to both girls and boys. Teaching pre-teens about proper sex education and forms of protection could reduce the number of teenage pregnancies. Having a class on parenting prior to teenage years for all children could also reduce the number of teenage pregnancies. Since we know some teenagers will engage in sexual behavior we should teach them to be safe instead of shaming them and telling them not to have sex. Also teach them that just because you are having sex that does not make you a slut. Society should re-evaluate how birth control for women is distributed. For males to protect themselves from getting a woman pregnant, all they have to do is go into any store and buy a condom. Many clinics give away condoms for free. However, for women, their access to birth control is not that easy. Women have to first have medical insurance, be a certain age, in majority places, to see a doctor without the parent being present, and you have to get a prescription for it. If access was easier for women to protect themselves it could reduce the number of teenage parents.

Stigma is real and it causes harm. Yet that stigma is not always based on likely outcomes. People might “turn out good” even when they do something that society stigmatizes. Re-education for people who work with vulnerable populations and focusing on language could reduce stigma and feelings of stigma. Teaching teen mothers positive self-talk may lead to positive outcomes. It’s important to remember that these women are telling a story about their teenage pregnancy in retrospect. The women developed positive self talk over time. It

came with the women accomplishing goals, raising their children and making positive changes in their lives. We need to make sure teen mothers have that positivity in the moment of their actual teenage pregnancy. Changing the language professionals use could have a positive relationship with how society views teen mothers and how the young mothers view themselves. A majority of the women said prior to their pregnancy their life was not on the right track. With the proper resources, young girls from disadvantaged neighborhoods can see a future for themselves besides having a child or partying. As a society we should care about all people and their life outcome. We should not just judge people and discriminate them due to the stigma placed on them, but rather help them overcome their obstacles.

This study gives a glimpse of how women who were teen mothers, who were a vulnerable and stigmatized group, continue to negotiate their identities so as to create a positive personal identities. This study adds to the literature of negotiating and managing identity for a specific unexamined group: teenage mothers. This research does have some limitations. This study was also done at certain points of time. A longitudinal study would be ideal to see how identity talk changes as the women get older and their position or social position in life changes. This study adds a specific population to the study of identity talk and identity management. No other study looked at specifically teen mothers negotiating their identity to reconstruct their person identity to one that is positive

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