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Constructing and Deconstructing Teen Pregnancy as a Social Problem

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Abstract  The purpose of this paper is to examine teenage pregnancy as a social problem using social constructionist perspective. Analyzing qualitative interviews with 11 young mothers and relying on the media analysis of popular North American newspapers and magazines, I examine claims-making activity around the definition of teenage pregnancy as a social problem. I start this paper, situating my arguments in the social constructionist literature on social problems. In the second part of this paper I review the literature on teen pregnancy and identify three major themes that dominate academic and public discourse on pregnancy as a social problem. After describing the methodological approach I took to conduct this study, I move on to present my findings. I demonstrate that in negotiating their mothering skills, young teenage mothers construct their claims about pregnancy, parenthood and their future vis-à-vis the dominant public discourse on teen pregnancy. They reconstruct their pregnancy and mothering as non-deviant, claim their status as mature and responsible mothers and challenge the importance of biological age as a predictor of successful mothering. I summarize this paper suggesting that these young women’s narratives should be considered the claims-making activity of a marginalized population of young mothers who are rarely heard in public, yet they do challenge our assumptions about teen mothering and find their own way to resist the dominant discourse on teen pregnancy.

Keywords  Teen Pregnancy; Social Problems; Social Constructionism; Mothering; Canada

In the past several years, teen pregnancy has become a common topic in the public arena. Despite the declining number of teen pregnancy in North America (Mitchell 2008), pregnant teenagers often appear in newspaper articles, popular TV shows and headlines of entertainment magazines. The recently screened movie Juno, for instance, featured the story about a 16-year-old girl who got pregnant and decided to have the baby and gave it up for adoption. The news about pregnancies of young stars makes headlines in popular entertainment magazines. It was hard to ignore the media’s interest in the teen pregnancy drama of Sarah Palin’s family, or the story about Massachusetts’ high school girls who decided to have babies together.

While decades ago pregnant teens were secretly sent away to have their babies and to give them up for adoption, today, it seems, there is more tolerance for young mothers (Gulli 2008). Partially, the changing attitudes reflect the loosening of motherhood standards, as we have become more accepting of diverse experiences of motherhood in general acknowledging not only teen mothers but also older mothers, queer mothers, and other women who previously would be socially excluded (Gregory 2007). It is wrong to assume, however, that we have stopped defining teen pregnancy as a social problem (Duncan 2007). Unlike first-time older mothers, who are often high-educated middle class women with steady incomes and considerable political power (Gregory 2007), teen mothers do not have the financial and social means to stand up for their rights. Almost automatically, we associate teen pregnancy with poverty, drugs, unstable families, and unhappy babies (Checkland and Wong 2000; Arai 2009). The consensus that teen pregnancy is a social “problem” is remarkably universal – not only North America, but many European countries “struggle” with teen pregnancy and seek to “reduce it,” “lower it” or “fight it” (Byfield 1999; Checkland and Wong 2000; Monahan 2001; McKay 2006; Duncan 2007).

Since the teen pregnancy is constructed as related to different underlying social causes, the discussions about prevention provide a range of different solutions. Some claims-makers construct teen pregnancy as linked to the provision of sexual education and, as a result, advocate promoting such education or cancelling it (George 2005; Kotz 2007). Others see teen pregnancy as a result of the poor availability of contraceptives (Immen and Freeze 1998). There are those who suggest that teen pregnancy is linked to poor social conditions, and thus can only be reduced by improving the provision of social services in a community (Coleman and Carter 2006). Psychologists, on the other hand, often link teen pregnancy to internal individual problems, such as low self-esteem and poor attachment (Musick 1993).

This paper does not make a statement about the usefulness of the proposed solutions. Nor does the paper seek to identify what makes teen pregnancy a social problem. Instead of stepping into the debates about teen pregnancy, I seek to understand how these debates are managed and how teen mothers negotiate their status as mothers in the context of negative social perceptions about teenage pregnancy. Using a social constructionist perspective on social problems, which examines the process by which claims-making activity constructs a putative condition into a social problem (Spector and Kitsuse 2006), I show (1) how teen pregnancy is constructed in the media and (2) how this definition is being contested and resisted by teenage mothers.

I start this paper, situating my arguments in the social constructionist literature on social problems. In the second part of this paper I review the literature on teen pregnancy and identify three major themes that dominate academic and public discourse on pregnancy as a social problem. Specifically, I identify the discourses on the welfare of teen mothers and their children, their health and
the moral aspects of teen pregnancy as being especially dominant in constructing teen pregnancy as a social problem. After describing the methodological approach I took to conduct this study, I move on to present my findings. I demonstrate that in negotiating their mothering skills, young teenage mothers construct their claims about pregnancy, parenthood and their future vis-à-vis the dominant public discourse on teen pregnancy. They reconstruct their pregnancy and mothering as non-deviant, claim their status as mature and responsible mothers and challenge the importance of biological age as a predictor of successful mothering. I summarize this paper suggesting that these young women’s narratives should be considered the claims-making activity of a marginalized population of young mothers who are rarely heard in public, yet they do challenge our assumptions about teen mothering and find their own way to resist the dominant discourse on teen pregnancy.

**Theoretical Framework**

Until the 70’s, the study of social problem in sociology was characterized by an approach that analyzed social problems as objective conditions. Consequently, sociologists worked on identifying the causes of problematic conditions and looked for suitable solutions (Spector and Kitsuse 2006). For instance, if the problem of homelessness was understood as an objective condition, the scholars sought to understand why people end up on the street and what should be done to eliminate this problem.

Spector and Kitsuse (2006) redirected the thrust of social problems study by suggesting an entirely different approach. They challenged the definition of social problems as objective conditions. Relying on social constructionism, which asserts that social reality is constructed through social interaction and, therefore, cannot be treated as objectively given (Berger and Luckmann 1966), Spector and Kitsuse suggested that “the notion that social problems are a kind of condition must be abandoned in favor of a conception of them as a kind of activity” (2006:73). The work of a sociologist studying social problems should be devoted to the study of the activity out of which the definition of a social problem arises: “we define social problems as the activities of individuals or groups making assertions of grievances and claims with respect to some putative conditions” (Spector and Kitsuse 2006:75).

The social constructionist approach to the study of social problems has gained significant currency among sociologists (Holstein and Miller 2003). Examining social problems as claims-making activity, sociologists have been focusing their studies on such questions as who the claims-makers are, how they construct their claims, and how they present them to their audiences (Loeske 2003, Ibarra and Kitsuse 2003), for example, identified different styles that allow claims-makers to engage in social problem work applying a specific vocabulary. Quite often, however, those claims that are the loudest and those claim-makers who are most visible attract the attention of sociologists, while the voices of marginalized populations remain unheard and (therefore) not studied (Miller 2003). Miller suggests that sociologists often trap themselves into investigating dominant forms of claims-making (such as public campaigns, lobbying, political activism), dismissing the process of any other forms of claims-making as “just talk” (2003:107). As a result, Miller (2003) calls on sociologists to introduce into the study of social problems’ claims-making a variety of claims-making styles that are employed by marginalized populations but depoliticized by dominant claims-makers. Introducing poststructuralist notions into the constructionist perspective, Miller (2003) argues that marginalized populations often lack the very language to express their claims in a way that gets them heard as legitimate claims or even as claims: “It is only from the standpoint of the powerful (from the perspective of the dominant discourses) that ‘some’ people do not appear to be engaged in claims-making (or to be talking moral stances) and that ‘some’ social worlds do not appear to harbour ‘recognizable’ social problems talk.” (p. 97)

Miller (2003) states that we ought to recognize gossip, rapping, or comedy as different forms of claims-making used by marginalized populations to make claims in a social context where these groups lack power and capital to legitimate their claims.

In this paper, following Miller’s suggestion, I analyze the interviews I conducted with teenage mothers as claims-making activity. Although the voices of teen mothers are largely excluded from the public discourse about teen pregnancy, during my personal conversations with them, young mothers clearly resisted the views of teen pregnancy, widely present in the media. In this paper I treat the claims made by young women about their journey to motherhood as the claims made in response to the dominant discourses on teen pregnancy. Analyzing young women’s narratives as claims-making activity proves to be useful for a number of reasons. First, it allows recognizing young mothers as legitimate players in the claims-making game. When young women’s narratives are redefined as claims, their voices are politicized and this has a potential to empower this marginalized group of mothers. Secondly, the claims-making activity of young mothers is not limited to verbal disagreements. It also influences the way young mothers construct their selves and present themselves to others. Therefore, this type of claims-making activity can be regarded as an enactment where the claims are resisted not only through talk but also through the presentation of self and the daily mothering and caring activities of young mothers. Finally, this analysis expands our knowledge of claims-making practices used by marginalized social groups and call for further examination of different styles and types of marginalized claims-making activity.

To situate my arguments in the context of social attitudes towards teen pregnancy, in the next section, I provide a brief summary of the academic, policy and media discourses on teen pregnancy. I demonstrate that, although these discourses make different and often contradictory claims, they all share in common the fact that they are frequently heard in public and reflected in media coverage of teen pregnancy. The following review of the literature examining teen pregnancy vividly demonstrates the marginalization of young mothers and their status as “troubled subjects” of analytical inquiry and political action.

**Constructing teen pregnancy as a social problem**

In the scholarly and policy literature, teen pregnancy is presented as intrinsically problematic. Among the various claims made about young motherhood it is possible to identify three major ways in which teen pregnancy is constructed as a social problem: (1) the issue of the welfare of young mothers and their children, (2) the issue of the health of both, the
teen mother and her child, and (3) the discourse on the morality of teen motherhood. In what follows, I briefly summarize the major claims that characterize each of these discourses.

**Teen pregnancy and welfare**

It is widely recognized that the vast majority of teen mothers come from low-income families without steady income or other means of support (Musick 1993; Furstenberg 2003; Coleman and Carter 2006). Young mothers are often represented as in need of the state assistance (Davies 1994; Bissell 2000). The lack of sufficient financial support provided to teen mothers and their children has led some people to argue that, ironically, the shotgun weddings, which were practiced in the past, better served young mothers than the system that replaced such weddings since marriage, even forced marriage, at least provided women with the financial support of the men who fathered their children (Byfield 1999).

Arguably, the concern of the state with teen pregnancy reflects a desire to reduce the costs associated with supporting teen mothers and their children (Bissell 2000; Bonnell 2004). According to Bonnell (2004), this theme is especially prevalent in the United States. To lower the costs associated with supporting teen mothers and their children, some states had been considering legislative strategies, such as charging men who engage in sexual relationships with teenage girls with statutory rape or finding ways to enforce the payment of child support to young mothers (Mitchell 1998). Currently, prevention campaigns have become a common practice used by the state to reduce the rates of teen pregnancy (Hacker et al. 2000; George 2005). Often forgetting about the disadvantaged socio-economic background of the young mothers, states are also concerned with the poor future prospects for teen parents’ future. Teen mothers are seen as less likely to finish high school and to gain employment later in their lives. Furthermore, since a child’s level of education is strongly correlated with the mother’s education, teen pregnancy is often perceived as leading to a circle of poverty which can only be broken by drastically reducing teen pregnancy rates (Bonell 2004).

Although many scholars and policy makers challenge the assumption that teen pregnancy leads to poor educational attainment for young mothers and a high likelihood of poverty among teen mothers and their children, some researchers claim that the relationship between teen pregnancy and socio-economic status is reversed – once pregnant, teenage girls from disadvantaged backgrounds are more likely to give birth to their children and keep them (Woodward, Fergusson and Horwood 2001; Turner 2004). Coming from disadvantaged socio-economic backgrounds, pregnant or not, young women have limited possibilities to receive suitable education and respectable employment. In fact, some researchers find that the journey to motherhood leads young mothers to continue their education and respectable work, at least provided women with the financial support of the men who fathered their children (Byfield 1999).

The medical complications of teen pregnancy are direct health outcomes (for example, low birth weight), indirect health outcomes (for example, poor social conditions in which the infants are raised), and lack of responsiveness on the part of young mothers to medical advice (for example, drug use, lack of prenatal care).

The medical complications of teen pregnancy are usually connected with a higher incidence of illness and death. Teen pregnancy is associated with low birth weight (Ashdown-Lambert 2005; Mahavarkar, Madhu and Mule 2008). Other medical complications that are listed as risk factors of teen pregnancy include placenta previa, pregnancy-induced hypertension, anemia and more (Vorvick and Storch 2009). The lack of access to prenatal care also makes it more difficult to diagnose young women’s health problems in a timely fashion and to treat them. Since teen pregnancy is associated with multiple risk factors posing danger to the mother and her child, when young mothers are not following through the prenatal care (due to lack of access to such care or unwillingness), the negative health outcomes further exacerbate (Richardson 1999; Haeri, Guichard and Saddlemire 2009).

Although many scholars refrain from directly linking health risks of teen pregnancy to the “deviant” behaviors of young mothers, the statistics provided in the articles often indirectly connect teen pregnancy to “irresponsible” behaviors, which increase the possibility of health complications. For example, many studies inquire into the correlations and associations between teen pregnancy and drug use, smoking, and malnutrition (Mensch and Kandel 1992; Richardson 1999; Bottomley and Lancaster 2008). Considering various health care issues associated with teen pregnancy, health professionals refer to poor social and living conditions that are related to poor health outcomes for the mother and
her child, such as violence (Berenson, San Miguel and Wilkinson 1992), stress and poor psychological well-being of the expectant mothers (Modrich-Talbott et al. 1998; Bottomley and Lancaster 2008).

To solve the problem of teenage pregnancy, health care professionals offer different solutions ranging from preventive education to psychological counseling and the promotion of adequate maternal care (Richardson 1999; Fisher and Owen 2008). Ultimately, however, teenage pregnancy is perceived as problematic and in need of close and consistent monitoring by health professionals.

Teen pregnancy and morality

While health care professionals and policy makers focus their discussions on the many negative effects of teenage pregnancy on young mothers and their offspring, implicit in many of their claims are assumptions about the worthiness of teenage girls as mothers and the moral aspects of teen pregnancy. In middle-class, western society, pregnancy has become a rite of passage, a change in social status for women (Balin 1988; Warren and Brewis 2004). Through both formal and informal means, images of the normative, socially acceptable motherhood are projected (Phoenix and Woollett 1991; Bailey 2001; Brooks-Gardner 2003; Copelton 2007). Finally, pregnancy is usually constructed as a highly desirable, planned event, rather than an unfortunate accident. 

Pregnant teens deviate from this model of motherhood. Usually, they come from disadvantaged socio-economic backgrounds (Turner 2004; Lane et al. 2008). Unlike middle-class mothers, teen mothers do not wait to finish school or start a career. Pregnancy among teenagers is presented as an accident, which is the result of immoral behavior (that is, drug or alcohol use) (Mensch and Kandel 1992; Richardson 1999; Cannon and Kleiner 2000). When teens opt to continue their pregnancies and defend their decision as a consciously made choice, their claims are constructed as a response of psychologically unstable young girls with low self-esteem who get pregnant for all the “wrong” reasons (Musick 1993; Werkermann 1994).

To summarize, the scientific and policy literature defines teen pregnancy as a social problem that carries with it a variety of social and health disadvantages for the mothers and their children. As is usually the case with marginalized populations, rarely is the perspective of teen mothers themselves taken into account (but see Kirkman et al. 2001; Turner 2004; Duncan 2007). In this paper I aim to let the voices of teenage mothers be heard. Analyzing interviews with my respondents, I consider their stories as claims-making activity, and examine their narratives as responses to the dominant representations of teen pregnancy in the media. I also consider the decisions women make in regards to their pregnancy, parenting and future as at least partially a response to the stereotypes about teen pregnancy widely present in our culture.

Methodology

This paper is based on the qualitative analysis of individual, semi-structured interviews with 11 young mothers and text analysis of popular newspaper and magazine articles featuring teen pregnancy and available to readers in Canada that were published between the years 1995-2009. The interviews with 11 teen mothers were conducted during November 2008 when I interviewed 42 women of diverse socio-economic statuses and age groups to explore the experiences of pregnant embodiment. At the time of the interview all participants were either pregnant or had given birth to a child in the past 12 months.

Eleven young women who agreed to participate in my study were attending school at a residential facility for young mothers. This facility is a state-funded institution that provides young mothers with shelter, food, and babysitting services. The mothers can choose to live in this facility or to simply attend classes. The babysitting center is located in the same building. Young mothers are allowed to choose among the offered classes in order to gain credits for the completion of their high school diploma.

In the province of Ontario, a number of similar initiatives exist in different cities. While the availability of residential and educational facilities for young mothers varies significantly by geographic area since more urbanized settings usually have a larger number and a larger demand for this type of program, all teenage parents who did not reach the age of 18 and who qualify for social assistance (determined by their level of income), are also required to enroll in LEAP (Learning, Earning, and Parenting) program. This program includes the opportunities to complete missing high school classes in order to receive a grade 12 diploma, to participate in the initiatives designed to prepare young people for the world of work, and to learn parenting skills and practices. Each teen in the LEAP program is assigned to a caseworker who should monitor participation in the program. The financial support with childcare, transportation, and school supplies are also available to young mothers (Ontario Works 2011).

I got access to this facility located in Ontario and I had an opportunity to meet with young mothers and to tell them about my research. Eleven girls agreed to participate in my study. We conducted the interviews in the educational facility for young mothers during day hours. Most of the interviews lasted for approximately one hour, interrupted occasionally by a breastfeeding break. With the permission of young women, all interviews were recorded and later transcribed verbatim.

I intentionally set out to recruit women from diverse cultural and social backgrounds to talk about their embodied experiences of pregnancy. The age of the participants ranged from 15 to 19 years old. When I asked young mothers to state their ethnicity, the majority identified themselves as “white,” two as

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1 This study was approved by McMaster Ethics Review Board. The funding for this study was provided by Social Sciences and Humanities Research Council of Canada.

2 Young parents between the ages 18-21 can participate in the program voluntarily.
Native, and one as Muslim. One of the girls was a recent immigrant to Canada (within five years). Only three girls were pregnant at the time of the interview; the rest had given birth to their first child. All but one had been receiving support from their families. All were working toward completion of their high school diploma. Some of the young mothers self-identified themselves as belonging to middle class, but all of them were receiving social assistance, which is usually provided to the lowest income group.\(^3\)

My interest in pregnancy concerned the process of embodiment. Recruiting women from different social backgrounds and age groups, I wanted to understand the impact of social context on the experience of pregnant embodiment. We had long conversations about the effect of pregnancy on women’s lives, the process of becoming a mother, and the reactions of others to pregnancy. While the majority of the 42 women who participated in my study spoke about positive feedback that they received from their family, friends, and community, the eleven teen mothers were significantly different in this regard. Rarely did their stories revolve around conversations that they used to cope with the stigma of being an outcast in this regard. Rarely did their stories revolve around conversations that they used to cope with the stigma attached to teenage pregnancy. They challenged the assumption that teen pregnancy is a negative phenomenon. This paper focuses on the girls’ ways of understanding themselves and their situation. Framing their statements about teen pregnancy as claims-making activity, I demonstrate how the young women deconstructed “the social problem of teen pregnancy” and sought to normalize their journey to motherhood.

To situate young women’s claims in the context of media discourse on teen pregnancy, I incorporated into the analysis newspapers’ and magazines’ articles on teen pregnancy. Collecting data through the Canadian Periodicals Index database, I found over 100 articles related to teen pregnancy, which were featured between the years 1995 and 2009. I also collected 127 articles through the LexisNexis search of Canadian newspapers between the years 2000-2009. It should be pointed out that the rates of teen pregnancy in Canada continue to drop. In their recent study of trends in teen pregnancy McKay and Barrett (2010) estimate that between 1996-2006, teen pregnancy in Canada declined by 36.9%. In 2006, teen birth rates in Canada were 13.7%, significantly lower than in England/Wales or the United States where teen birth rates stood at 35% and 41.9% respectively (McKay and Barrett 2010).

While the overall decline of teen pregnancy rates had been noticed by academics, these findings are not immediately visible in public media. The vast majority of the newspaper articles continue to present teen pregnancy as an alarming social problem. Although the collected articles come from different media sources and identify teen pregnancy as a social problem for different reasons, in this paper, I draw on this data to identify the dominant view. I suggest that since claims-making activity is generally done in public/media, it can be regarded as a dominant discourse while the quiet voices of young mothers are heard only during individual interviews. In what follows, I show how the media frames claims about the problem of teen pregnancy and how young mothers deconstruct those claims.

Findings

Media – constructing teen pregnancy as a social problem

Mirroring representations of pregnancy in the academic literature and among policy-makers, the media portrays teen pregnancy as a social problem connected to the welfare of young mothers and their children, the health risks associated with teen pregnancy, and general unpreparedness of young mothers to bear their own children.

Usually, teen pregnancy is represented in the media as a consequence of irresponsible behavior on the part of teen moms. In many cases, teen pregnancy is seen as the result of unprotected sex, with girls irresponsibly engaging in sexual relations with their partners naively hoping they will not become pregnant. Occasionally, teen pregnancy is constructed as the result of counting on the assurance of partners that condoms will be used when this is not the case and irresponsible behavior in using birth control (forgetting to take a pill):

Lynette Doyle, 16, started dating a family friend named Jeff. He was so sweet and attentive – Lynette fell in love with him right away… Lynette and Jeff were making out on his bed while his parents weren’t home when she decided she was ready to have sex. She told Jeff and they began kissing again, but suddenly Lynette pulled away. “Wait – I don’t know how to use a condom,” she said. “Don’t worry, I’ve got it taken care of.” Jeff replied. And she totally trusted him… In August 2005, about a year after she started sleeping with Jeff, Lynette’s period didn’t come… (Dahl 2006:149)

As a result, young women pregnant are portrayed as overly naive (and therefore childish) or irresponsible (and therefore not ready to be a mother).

Teen pregnancy is routinely discussed in articles that talk about drugs, violence and other behaviors that are deemed as anti-social in our society. The headlines of the articles featuring teen pregnancy proclaim that Bullying, sex, and drugs are key issues for local teens (in Hamilton Spectator 2001). Teen pregnancy is discussed in articles with such headlines as Dark side of girl power (Monsebraaten 2006), Party animals: Jan Wong examines the bizarre ritual that now passes for a celebration among better-off young teens. Its key features: too much alcohol, too little parental scrutiny and far, far too many uninvited strangers bent on wanton destruction (Wong 2003), In teenage wasteland, the rent just went up; Graduation, cottage weekends, parents on vacation – summer’s here and, for many adolescents, it’s party time. But, with tough new rulings coming from courts in the U.S. and Canada on liability for everything from drunk driving to teen pregnancy (Andersen 2002), and Wild World of Teen Sex (Gibson 2006).

Teen pregnancy is also linked to the irresponsible behavior of youngsters. The headlines suggest that Teens reveal ignorance about HIV (Branwell 2003) and that Condom message not getting through to young people (in The Daily Herald Tribune 2005). More often than not, pregnancy among youngsters is represented as the result of childlike behavior and

\(^3\) When asked about their reason to identify as belonging to the middle class group, these girls referred to their mothers’ education and the level of income.
a sex life for which teens are not ready either physically or mentally. When children have children: teens who become parents are in for the shock of their lives – suggests the headline in Reader’s Digest (Schuyler 1999). Some reporters suggest that teen pregnancy has become perceived by teenagers as “cool” due to positive media coverage of young pregnant celebrities (Newsweek; Maclean’s; The Toronto Star).

When pregnancy is the conscious choice of a young woman, often it is framed as a misguided decision made by someone lacking in maturity. The article She got pregnant on purpose, featured in “Seventeen” (Rue 2005), is a common example of the narrative about teen pregnancy often presented in the media. The article described the life of a 15-year old girl Sheena, who, coming from a broken family (no father, mother is a drug addict in jail), decided to get pregnant because she wanted to feel loved (by a child). Despite the fact that for many women a journey to motherhood is a difficult transition which often exceeds their preconceived notions of what it would be like to have a child (Fox 2009), in this article the difficulties faced by Sheena and her partner are framed as a direct result of her pregnancy at a young age. So too is Joseph’s unskilled labor, which is described as hardly sufficient to support a new family. The author assumes that by staying at school Sheena would be able to get a “well-paying job” disregarding the fact that prior to Joseph’s unskilled labor, which is described as hardly sufficient to support a new family. The author assumes that by staying at school Sheena would be able to get a “well-paying job” disregarding the fact that prior to her ability to demonstrate otherwise. The stigma attached to teen pregnancy and teen mothering required acquisition of additional practices and behaviors that would allow young mothers to successfully construct their mothering selves and to deal with the stigma attached to teen mothering. In the following section of the paper I draw on young mother narratives to demonstrate how they negotiate their status as mothers and how they respond to the stigma of being a teenage mother.

Teenage mothers – deconstructing teen pregnancy as a social problem

Talking about their experiences of pregnancy, young mothers often directly and indirectly challenged the common assumptions surrounding teen pregnancy in the media. The public visibility of pregnancy and constant social control exercised by society over pregnant women (Brooks-Gardner 2003; Upton and Han 2003), made young mothers vulnerable participants in many social interactions in which their bodies were stigmatized by those around them and their mothering skills and qualities were questioned by friends, adults, and even complete strangers. Therefore, while young mothers may or may not have read the particular newspapers and magazines that I used in my analysis, they were well aware of the many negative connotations associated with teen pregnancy in our culture. Being visibly pregnant in public places, attending school, or participating in social events emphasized to them time after time the deviant status of their pregnancy. The young women talked about the negative remarks they would routinely hear while riding a bus and the questions they were asked about their behavior and parenting plans. Mostly coming from complete strangers, those remarks and questions were constant reminders to them that their pregnant bodies symbolized their deviation from the norm and acted as a sign of irresponsibility, immaturity and stigma.

The young women who participated in my study rarely challenged openly the negative comments of strangers regarding their pregnancy. Instead, many remained silent, ignoring the interest of others in their pregnancy and minimizing verbal interaction with those who were critical. Through the interviews, however, young mothers were clear in presenting their silence as a “strategy” for coping with explicit or implicit criticisms of others. This silence can also be understood as symbolic silence – being unable to speak up and protest the dominant discourse due to young age, marginalized social status, and stigmatized (for example, young and pregnant) body. Once the young women were provided with an opportunity to offer their point of view on the issue. The young women who participated in my study were quick to present counter-arguments and opportunity to be heard, during the interviews, they The young women who participated in my study were quick to present counter-arguments and opportunity to be heard, during the interviews, they rarely challenged openly the negative comments of strangers regarding their pregnancy. Instead, many remained silent, ignoring the interest of others in their pregnancy and minimizing verbal interaction with those who were critical. Through the interviews, however, young mothers were clear in presenting their silence as a “strategy” for coping with explicit or implicit criticisms of others. This silence can also be understood as symbolic silence – being unable to speak up and protest the dominant discourse due to young age, marginalized social status, and stigmatized (for example, young and pregnant) body. Once the young women were provided with an opportunity to offer their point of view on the issue.

Starting with short, straight-to-the-point answers, most young mothers "opened up" during the interview, becoming increasingly animated as they described their experiences of stigmatization. In what follows, I summarize young mothers’ accounts around three major themes that emerged during the analysis (1) accepting responsibility

There is a clear moral tone to the author’s account of Sheena’s decision to get pregnant and have a child. Despite the fact that for many women a journey to motherhood is a difficult transition which often exceeds their preconceived notions of what it would be like to have a child (Fox 2009), in this article the difficulties faced by Sheena and her partner are framed as a direct result of her pregnancy at a young age. So too is Joseph’s unskilled labor, which is described as hardly sufficient to support a new family. The author assumes that by staying at school Sheena would be able to get a “well-paying job” disregarding the fact that prior to her ability to demonstrate otherwise. The stigma attached to teen pregnancy and teen mothering required acquisition of additional practices and behaviors that would allow young mothers to successfully construct their mothering selves and to deal with the stigma attached to teen mothering. In the following section of the paper I draw on young mother narratives to demonstrate how they negotiate their status as mothers and how they respond to the stigma of being a teenage mother.

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as a mother; (2) receiving support from others; and (3) questioning the stigma attached to teen pregnancy.

**Accepting responsibility**

All of the young respondents in my study were dealing with unplanned pregnancies. Some of them claimed that they got pregnant while using birth control; others described their pregnancies as an accident. Once pregnancy was confirmed, however, the young mothers typically accepted their circumstances and often joyfully focused on readying themselves to take on the new responsibility:

For me, it was unexpected; and, for me, it was a surprise. Women choose to get pregnant when they are ready... For me, it was a big surprise and it made me feel good, and it was a very good surprise and that is why I want to keep the baby... It made me... decide that I need something in my life. I don't have a family and the baby will be my family... I like everything about being pregnant. (Rebecca)

While Rebecca acknowledges that in our society pregnancy is a “chosen” and planned event that women postpone until they are emotionally ready to commit to a child, her unplanned pregnancy becomes defined as “good surprise.” Rebecca was concerned that she would not have children because many women in her family had a history of fertility problems. She reacted positively to the news of her pregnancy because it confirmed that she was capable of carrying a child. Since in our society childless women often face social disapproval, constructing her pregnancy as a “pleasant surprise,” Rebecca places her ability to get pregnant as being ultimately more important than the timing of her pregnancy – it is better to be a young mother than not to be a mother at all. Rebecca was the only one who was not in contact with her family. Coming from a traditional family steeped in patriarchal culture in which women are often denied the authority to make their own decisions, Rebecca’s pregnancy allowed her to feel empowered. The pregnancy gave her strength and a reason to break ties with her family members. For Rebecca, pregnancy represented a chance for a different life, one which would allow her to be the kind of woman she aspires to be.

Despite the unplanned nature, the pregnancies for these young women were experienced not as regrettable mistakes but rather as blessings or at least as a situation that gave them the opportunity to demonstrate their maturity and ability to take on adult responsibilities. Being pregnant signified the beginning of an adult life. They were eager to show that they are able to safeguard the well-being of their children. In her comparative analysis of the transition to motherhood among women coming from different socio-economic backgrounds, Martha McMahon (1995) noted that the notion of responsibility is often associated with the transition to motherhood but seen differently by women of different classes. While more affluent women associate responsible motherhood with acquiring skills, achieving financial stability and preparing emotionally prior to getting pregnant, women from more economically disadvantaged backgrounds tend to perceive the transition to motherhood as the route towards achieving responsibility. For young mothers in this study, however, the emphasis on behaving responsibly during pregnancy was exacerbated by the fact that pregnancy signaled the transition from adolescence to adulthood, the time when people are required to make their own, informed decisions. The theme of being responsible, therefore, was central to the narratives of young women’s journeys to motherhood.

The effort to display responsibility began in earnest as soon as the young women realized they were pregnant. The girls attended to their diets and focused on eating healthier foods. They began to take vitamins. The majority sought out prenatal care and prenatal classes. While they may not have made the choice to get pregnant, they did make the decision to take their pregnancies seriously and to devote themselves to the best interests of their unborn children as a way of demonstrating their capacity to be good mothers:

I only ate healthy because of the baby. I knew I had to keep the baby healthy and for that I had to eat healthy. Before, I used to smoke and eat greasy foods to get more weight. And I quit right after I found out that I am pregnant. After I stopped and started to be very healthy, I was so proud of myself because I didn't know that I could do that and that it is possible until I actually did. (Kimberly)

Young mothers talked about their decisions to sacrifice previous life styles (going out and partying, smoking) and making “good choices” (eating healthy, learning about pregnancy, watching their health). They dedicated themselves to learning the work of mothering. Consistent with the ideology of the intensive mothering (Hays 1998), a dominant view of mothering in our society, which holds women responsible for investing as much as they can in the physical and emotional development of the child, young women perceived their path to mothering as paved out of numerous sacrifices that they made during pregnancy to ensure the well-being of their child. Following this set of norms, however, they demonstrated to themselves and to others that despite the stigma attached to teen mothering, they could indeed provide their children with safe and nurturing environments. All of the young women reported receiving prenatal care during pregnancy and making every effort to ensure that they followed the advice of their maternity care providers and other adults who supported them during pregnancy. The transition to motherhood, therefore, was often portrayed as the active work of becoming a good mother, supported by their families, teachers, and other close people around them.

**Receiving Support**

A problem raised consistently in the media and in the literature on teen pregnancy is the limited support available to young mothers from either their families or partners (Shaw and Lawlor 2007; Smith-Battle 2007). The lack of support, the literature suggested, contributes to lack of educational attainment among young mothers, poor health outcomes for mothers and their children and the lack of financial means to support the families (Shaw and Lawlor 2007; Smith-Battle 2007; Paranjothy et al. 2009).

In contrast, the young mothers who participated in this study talked a great deal about the support they received from their families. All of the young women but one maintained close relationships with their families and received assistance from their mothers, sisters and other family members. Although in many cases, the news of a pregnancy was not taken well initially, the families involved eventually became a source of support and assistance for the young mothers and their children. Even more interestingly, all of the girls had the support of their partners. The boyfriends were constructed as thoughtful, kind men, who admired and respected the young mothers, loved their preg-
White matter was found to be diminished in the left posterolateral temporal cortex and increased in the right frontomedian cortex. These findings are consistent with previous studies showing that white matter changes are associated with various psychiatric disorders. The activation of the left middle frontal gyrus and supplementary motor area may indicate the involvement of executive control systems in the processing of auditory stimuli. The activation of the right inferior prefrontal cortex suggests a role in emotional processing, which is consistent with the findings of other studies showing that auditory stimuli can evoke emotional responses. Additionally, the activation of the posterior cingulate cortex may reflect the integration of sensory and cognitive processes in the context of emotional stimuli.

In conclusion, the findings of this study provide evidence for the involvement of specific brain regions in the processing of auditory stimuli. The activation patterns suggest that the processing of auditory stimuli is associated with a network of brain regions that includes the posterolateral temporal cortex, anterior cingulate cortex, supplementary motor area, and inferior prefrontal cortex. Further research is needed to elucidate the functional significance of these activations and to understand the mechanisms underlying the processing of auditory stimuli.
While the ability to attend this school was, no doubt, critical to their educational goals, none of the young women attributed their educational motivation to the ability to attend this school. Rather, they emphasized their own agency and saw themselves as making individual life choices and decisions. They claimed that mothering a child at a young age did not close off opportunities in their lives. They often used their own mothers as examples. They pictured their mothers as strong, independent women, who despite difficulties in their lives and the responsibilities of raising their own children achieved success. For example, Vicky was proud that her mother managed to finish teaching college while at the same time being a single parent and taking care of Vicky and her little sister. Rachel looked up to her mother who, despite the fact that she had 13 children to raise, was always kind and loving. Asked directly about a role model, the girls constructed their personal relationship with a specific set of behaviors (ready for sacrifice, nurturing, caring, responsible) (Glenn 1994), the young mothers challenged age group as being a necessary component in the equation of the good motherhood.

In addition to challenging the common stereotypes of the uneducated and depressed young mother, teen mothers also challenged the very bases for making a distinction between “young” and “not young” mothers. Questioning the importance of biological age in determining women’s readiness to mother, Susan commented:

I don’t think that there is a difference between teens and other women and I think it just depends on how mature you are. Because I just had a baby at 18 and I am really mature and there can be a 30 years old who likes to go out and party and she drinks a lot and does drugs and she might have a baby and somebody [people] would look at her and they might not know her lifestyle and they would say, well she is 30, she is having a baby, and you are only 18. (Susan)

For Susan, age is not a good indicator of a woman’s “suitability” to mother a child. She claims that the characterization of mothers as good or bad has much more to do with the individual decisions women make. Presenting themselves as mature and “true” mothers, many young women challenged the importance of biological age in determining the “right” time to become pregnant. Considering that the “ideal motherhood” is associated in our culture with a specific set of behaviors (ready for sacrifice, nurturing, caring, responsible) (Glenn 1994), the young mothers challenged age group as being a necessary component in the equation of the good motherhood.

The dominant discourse on motherhood, which situates childrearing in the context of nuclear family, was used by others to deny a respectable social status to young mothers. Notably, young women used the very same discourse to claim their suitability to mother and exhibiting the set of behaviors that highlight the ultimate mothering – sacrifice of personal needs for the wellbeing of the baby, the clear sense of responsibility for the child, and the creation of a nurturing and loving family. Moreover, precisely because young mothers were often perceived as unable to be good mothers, the ability to conform to the norms of ideal mothering was seen as an empowering and liberating experience by the girls.

To summarize, the narratives of these young women about their journeys to motherhood portray responsible, caring, and nurturing mothers who, despite unanticipated pregnancy, managed to continue their lives, raising their children, and look forward to building their future career. In presenting themselves as such, young women often challenged the common assumptions about teen pregnancy, picturing themselves as not very different from the mothers raising their children in heterosexual marriages and belonging to middle-class and (what is considered to be) the appropriate age group. According to my interviewees, being a teen mother, in itself, does not constitute a problem. Although their lives are much harder than those of their childless friends, young mothers do not differ much from the normative motherhood. Similarly to other women, they attend prenatal classes and receive adequate maternity care (when such care is available). Although not legally married, the girls constructed their personal relationship as meaningful and supporting. They continue their education and plan to attend colleges. Therefore, they suggest, it is wrong to define teen pregnancy as a “problem” – it is the set of problematic behaviors and not a specific age group that ought to signify deviant motherhood.

Conclusion and Discussion

In this paper I demonstrated how teen pregnancy is constructed in the media, policy circles, and academic literature as a social problem and how young women challenge dominant discourses by highlighting their similarities to “other mothers” and rejecting the importance of age as a criterion for successful mothering. Teen mothers are typically constructed as young women who did not choose to become pregnant. They are seen as irresponsible and immature, not involved in committed relationships, and lacking in the financial resources and social support necessary to provide for their children. They are also constructed as women who make poor individual choices leading to negative health
outcomes and poor prospects for their own and their children’s wellbeing (Musick 1993; Fields 2005; Arai 2009). Although rarely explicitly stated, the arguments against teen pregnancy are based on the idea that successful mothering requires a specific set of social and economic conditions – being heterosexual and married, and having the means to provide for a child. The ideology of intensive mothering, prevalent in our society, suggests that women ought to invest in their children emotionally and physically (Hays 1998). Since teen mothers typically violate these conditions, it becomes impossible for them to be seen as “good mothers.” The “mistake” they make in allowing themselves to become pregnant is seen as paid by society, which has the burden of supporting young mothers financially because of their immature and irresponsible behavior (Woollett 1991; Musick 1993; Thompson et al. 2008). Although sociologists have long challenged the myth of the normative nuclear family (Eichler 1997; Mitchell 2008), most social policies and debates continue to be based around this norm. Any other family formation by definition becomes non-normative, “inappropriate” and less able to create conditions for the successful raising of children. While some traditionally marginalized groups of women, such as older mothers or lesbian mothers, have been able to draw attention to their unique experiences of mothering (Berryman 1991; Chabot and Ames 2004; Gregory 2007; Friese, Becker and Nachtigall 2008; Dunn 2009), the perspective of younger mothers has not been extensively studied (but see Woollett 1991; Bissell 2000; Brubaker and Wright 2006). The fact that teen mothers typically belong to a lower socio-economic class and often are members of visible minority groups, in addition to them being young, contributes to the reality in which they are, for the most part, unnoticed, unheard, and unrecognized (Woollett 1991; Brubaker and Wright 2006).

In my analysis I have treated the narratives of young women I interviewed simultaneously as personal stories and as claims these young women were making in response to the dominant discourse on teen pregnancy as a social problem. Miller (2003) alerts us to the fact that claims-making activity of marginalized populations can take several forms that are not perceived as “legitimate” by dominant groups. Taking up Miller’s (2003) argument, this paper presented the narratives of young mothers as claims-making activity. Describing their journey to motherhood, the young women constructed their personal narratives as a response to the dominant discourse, which conceptualizes teen pregnancy as a problem. Indeed, analyzing the interviews with these young mothers, it was hard not to see the correspondence between the themes commonly present in the media and framing teen pregnancy as a social problem and the arguments made by the young mothers in reaction to these claims. Reflecting on their experiences of being pregnant, the young mothers challenged a number of assumptions made about teen girls who become mothers. Although their pregnancies were unplanned, in their narratives they constructed them as life-turning events that brought happiness and joy to their lives. By constructing their pregnancies as a positive experience, they challenged the assumption commonly made in the media that childbearing, regarded by most teen mothers, was a mistake and a burden (Rue 2005).

It should be pointed out that the young women interviewed for this study were all enrolled in a facility that provided teen mothers with the opportunity to study while having childcare available. Although most young mothers lived at home during the time of the interview, a number did use a residential service provided by this facility. All the mothers were taking classes offered to complete their high school diploma. All but one of the young mothers were supported by their families and all of them had supportive partners. Finally, being enrolled in the same school provided young mothers with the possibility to build relationships with other young mothers, a positive experience that was commonly mentioned by these women.

Given the context in which the young women interviewed for this study experienced their pregnancies and motherhood, it is likely that their narratives would be different from the voices of the pregnant teens who are lacking social support, out of the school system, and disinterested or unable to pursue future education. Moreover, it is safe to assume that the majority of the pregnant teens do not have the same level of support that the women interviewed for this study received during their pregnancies and after they had given birth. Given that social support during pregnancy and the postpartum period had been found to be of crucial importance to the positive experiences of mothering (Fox 2009), it can be argued that the enthusiasm with which these young women saw their pregnancy and parenting can be related to the ability to experience transition to motherhood while receiving assistance from significant others – mothers, partners, supportive friends. Although clearly, the experiences of these young women do not apply to all teen mothers, they demonstrate the diversity of teen mothering. As these women passionately argued, being a young mother should not be equated with being a “bad” mother. Having a child at a young age can be an empowering experience. Being unmarried does not mean being a lonely, single mother. What these girls claimed is that the value attached to mothering should be based on the work of mothering rather than on such criteria as age, level of income, or marital status. Framing this argument as a political claim made by marginalized mothers challenges many ideological assumptions that are made by the dominant community in framing teen pregnancy as a social problem.

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