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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

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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 de-

ecided 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 differ-

ent *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 (Loseke 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; Bonell 2004). According to Bonell (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 relationship 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 (SmithBattle 2007). Scholars also suggest that on many occasions, it is the poor statistical design of the studies investigating teen pregnancy that links teen pregnancy with poor future outcomes of young parents and their children (Furstenberg 2003). For example, a longitudinal study conducted in Baltimore, which followed teenage mothers and then their children from birth through their teen and mid twenties, found that close to three quarters of mothers were able to gain some employment

(only one quarter reached middle class jobs), and only one fifth had three or more children. Among the cohort of children born to teen mothers, close to 80% of daughters and 60% of sons did complete their high school education (Furstenberg 2003).

Despite the findings presented above, one of the central problems linked to teen pregnancy is the problem of welfare and poor future prospects for young mothers and their children. Whether it is pregnancy that causes poverty, or poverty that leads to pregnancy, teen mothers are seen as being limited in their opportunities to pursue education and to gain employment in their future lives (Unger, Molina and Teran 2000). Teen mothers are constructed as placing a burden on the welfare state, making teen pregnancy a problem not just for young mothers and their children but for society as a whole. When pregnancy is blamed for poverty, policy makers focus on educational campaigns and prevention (Hacker et al. 2000; George 2005). Alternatively, those arguing that poverty leads to pregnancy suggest changes in the social structure and an increase in support services available to teen mothers and their children (Duncan 2007).

Teen pregnancy and health

Another set of claims in the literature revolves around the theme of health outcomes of teen pregnancy for women and their children. Emanating mainly from the studies of health professionals who work with teen mothers, this literature argues strongly against teen pregnancy because of the large number of health complications for both mother and child (Lancaster and Hamburg 1986). Some of the consequences listed by health care professionals as negative outcomes 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 Storck 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 wellbeing of the expectant mothers (Modrcin-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, teen 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; Brooks-Gardner 2003). In addition to the pregnancy-appropriate age (not too young and not too old) it is common to applaud women who postpone parenting until they have completed their education. The point in their career at which women feel free to devote themselves to motherhood is regarded as a sign of readiness to have a child (Gregory 2007). Although, in the past decade, single motherhood has become increasingly more socially accepted, generally, women are still expected to be involved in a meaningful, heterosexual relationship before they get pregnant. Women are also expected to

prepare themselves emotionally (by reading and learning about being a mother) and physically (by starting a healthy diet regimen and steady vitamin intake) for the motherhood and to be ready to demonstrate their “mothering skills” through prenatal nurturing, attachment to the baby, and learning self-sacrifice – characteristics that are closely associated in our society with ideal motherhood (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.

Methodology¹

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 avail-

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.

ability 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.² 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

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 happy gatherings of their extended family to celebrate their pregnancy, ongoing support of friends, or a caring and supporting community. Although often supported by their immediate family members and partners, these young women emphasized stigmatization and recounted strategies that they used to cope with the stigma of being an "unworthy mother" in their interactions with the larger community. Listening to the negative remarks of total strangers on the bus, young mothers preferred to ignore the comments and remained si-

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.

lent. During the interviews, however, they shared with me their frustration 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 rea-

sons, 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/in 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 pregnant women 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* (Anderssen 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* (Branswell 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 childish behavior and

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 her grandmother's many warnings, she decides to become pregnant. The story enumerates the negative consequences of Sheena's decision:

[o]n February 13, 2005, Sheena, then 16, gave birth to a baby boy... She admits that having a baby is a lot tougher than she ever expected...she had no idea how much diapers and clothes cost. Joseph [her partner] now works at a golf course, but he makes only \$7 an hour – not enough to support them. And as her grandmother feared, Sheena had to drop out of school to care for her son...so now she has little hope of getting a well-paying job someday. She and Joseph survive by moving between her sister and friends' homes, and relying on them for food. Sheena knows that moving around so much when she was a child wasn't good for her – but she's already been forced to start the same cycle with Dakota... Sheena's not alone: A lot of her friends and young relatives are moms too. “Sometimes I think we were just put on this earth to have kids,” she explains. And that's how many teens who intentionally get pregnant feel – like

it's the only way to fulfill their potential. But that usually ends up backfiring: “I just didn't realize how hard it was going to be until after I had him,” Sheena says. “I don't get anything – all our money goes to the baby.” And that means making a stable home for her family remains a far-off dream... (Rue 2005:152)

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 becoming pregnant Sheena was busy babysitting her nephew and (thus) had little time for her studies or for extracurricular activities. The readers are left to conclude that Sheena's pregnancy, rather than the other unfortunate circumstances, is responsible for the life of poverty she is destined to live.

To summarize, teen mothers are portrayed in media as immature, irresponsible and naive. Their pregnancy is constructed as either a mistake or a choice that is made unwisely. Although occasionally newspapers and magazines feature positive stories about teen pregnancy (Miller 2000), the majority of claim-makers whose voices are presented in the media, regard teen pregnancy as a situation that creates a problem for mothers, children and the larger community in which they live.

The media images of teen pregnancy have direct consequences on the young mothers' experiences

of pregnancy and motherhood. The dominant discourse on teen pregnancy frames a social context in which young women construct their mothering identity and negotiate their status as mothers. In many social interactions with strangers (school staff, friends, and family members) young women were perceived as unworthy of motherhood even prior to their 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 em-

phasized 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 be heard, during the interviews, they were quick to present counter-arguments and defend their decision to have a child. For many of them, the interview gave them their first 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

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 wellbeing 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 wellbeing 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; SmithBattle 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-

nant and postpartum bodies and found joy and happiness in their new status as fathers. Sam's boyfriend, for instance, encouraged and assisted her in maintaining a healthy diet through her pregnancy. Monika's boyfriend was extremely excited about her pregnancy and frequently praised her changing body. The relationships between young mothers and their partners were portrayed as supportive, loving, and stable:

I would talk to my boyfriend, if I was really upset about anything, I would always talk to him. And he liked it to be pregnant and he supported it and he is a really nice guy. (Vicky)

Like Vicky, many of the young mothers used "us" and "we" to describe the involvement of their partners in pregnancy and the transition to motherhood. The partners figured prominently their narratives as supportive and active participants in the young women's journeys to motherhood. Since at the time of the interviews, most young mothers had already given birth, they were able to tell stories about the ongoing nature of the relationships – meaningful before pregnancy, supportive during pregnancy, and continuing through the postpartum period. Overall, the relationship with partners in the narratives of young mothers was constructed as close and supportive. Most of the young mothers continued to reside, during pregnancy and after giving birth, with their own families or their boyfriends' families. Though most partners were not described as providing financially for the young mothers, they did provide emotional support, love, and care.

While mothering in our society is often associated with "natural" instincts of women and constructed as a biological need of a woman, the biology of fathering is linked to the need to procreate. Fathers are assumed to be less emotionally attached to

their children and less invested in securing a safe and nurturing environment for an offspring. The fathers of the children born from teenage mothers are usually portrayed as immature boys who are not capable to take financial and emotional responsibility for raising a child or as older, abusive men who take advantage of naive young women and later disappear from paternal responsibility (Byfield 1999). Presenting their partners as caring and supportive, the young women constructed their relationship as the one that forms a "family" in which the boyfriend does not provide financial assistance but does take on all other roles essential for meaningful relationships.

While partners certainly had a persistent presence in the girls' narratives, it was their mothers and other female relatives who provided physical and practical care for them during pregnancy. The mothers accompanied the young women to prenatal appointments, shopped for maternity clothes and baby essentials, provided support, and, most importantly, accepted the young mothers as valued members of their families. Disclosing the news about their pregnancies to their mothers was always fraught, emotional and dramatic, but after the initial tumult, the young women told stories of acceptance and the building of strong bonds with their families:

First, my body started changing, but I didn't know. I think that I started getting sick and then my belly got a little bit bigger and my mom noticed it. So then she told me to go and do the test and I did and it came back positive and my mom started crying and I didn't know what to do because I was in shock and she came over to me and she gave me a hug and I started to cry my eyes out... At first my mom didn't really like it because I was so young and then she was kind of happy and she said "Oh, I am going to be a grandma!" (Lindsey)

Lindsey's mother, like many other mothers, ultimately accepted the pregnancy and played a key role in supporting her daughter throughout the transition to motherhood. Fathers, on the other hand, were discussed differently. In the few narratives where fathers were present, they would usually be pictured as distancing themselves from their pregnant daughters, feeling uneasy or embarrassed about the daughters' pregnancies. Once the baby was born, however, the fathers would be more accepting and take on an active role of a grandparent.

While the circumstances of pregnancy for the young girls participating in this study were different, most described supportive immediate families and partners. More than half of the young women did not have fathers present in their lives; and, in discussing their families, they would focus on the support of women from their close kin (for example, mother, aunt, grandmother, sister), whom they regard as their families.

In our society, the ideal of a nuclear family, consisting of the two adults of the opposite gender and their biological children, is often taken as a "norm," leaving other families, which do not fit this structure, to be perceived as less successful (Fox 2009). While many feminist scholars claim that family should be understood as a set of relationships between members who contribute to its existence, rather than a unit where each member has a specific function to perform (Fox 2009), the cultural belief in a nuclear family as the best environment for raising children remains strong. Therefore, gay families, childless families, or lone parents often feel that their families are less socially valued, if not stigmatized, in our society (Fox 2009).

Emphasizing the active role of their male partners in pregnancy and raising a child, the young women

sought to establish the resemblance with the "normal" nuclear family. Formal marriage aside, their relationships were often constructed as a deep romantic bond on which the nuclear family is supposed to be built. In contrast with the traditional nuclear family, which is constructed around the family type of a middle-class family where the father assumes the role of breadwinner and the mother is responsible for emotional care, however, it was the mothers and other relatives who provided for young women financially and offered a place to stay.

The physical and emotional support available to young women during pregnancy and in postpartum made it difficult to see themselves as single mothers. They experienced their pregnancies as occurring in the context of loving, caring and supportive families as eager and as happy as they were to welcome a new child to the midst.

Challenging the construction of teen pregnancy as a problem

While the definition of teen pregnancy as a social problem is a taken for granted assumption in most circles and certainly among a majority of academics and policyholders, it is a definition that the young women in this study rejected. They especially rejected the view of teen mothers as deviants:

People just look down on you because you are a teenager and you should be in school and have a life. But, you can also have a life when you are with a baby. I am almost done [with] school and I am going to college and I am having a life, a better life and I also am having my child. (Jennifer)

In the quote above, Jennifer challenges the assumption made almost mechanically that pregnancy necessarily curtails the opportunity to complete high

school. In a society where the timing of childbearing is linked to financial stability, career achievement and job security (Ranson 2009), teen mothers are seen as “unprepared” for mothering not only in terms of their maturity level but also due to their presumed inability to combine childrearing with full-time education or work. Intentionally or unintentionally linking childrearing to heterosexual, middle-class families where the husband becomes a sole provider and a mother can take time off work to fully care for the child, yet have financial support from her husband, many policy-makers and scholars argue that young parenthood denies mothers the opportunity to gain meaningful employment in the future (Pogarsky, Thornberry and Lizotte 2006). While these assumptions are occasionally challenged in the academic literature (Bissell 2000; Duncan 2007), the most common images of teen mothers represent young women unable to study or work and (on many occasions) deeply regretful for having a child at an early age. This is the image that Jennifer challenges by presenting herself as successfully managing both motherhood and education. Not only does she not regret having a child but she defines herself as “having a better life” despite the fact that she is a young mother.

Jennifer was not unique in her educational aspirations. All of the girls who participated in my study attended school at a residential facility and all of them were planning on finishing their education. Since the financial assistance provided to parents under the age of 18 in Ontario is conditioned by participation in the LEAP program, the young mothers receiving this type of welfare support do have an opportunity to attend school and finish their high school education while having a child. 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 in their lives, more than half of the young mothers named their own mothers. Mothers, therefore, though often upset at the initial news about their daughters’ pregnancies, served as living proof that pregnancy and motherhood did not spell the end to all of one’s educational and/or career goals.

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 living 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 addi-

tion 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 facil-

ity 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. Giv-

en 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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