“I’M JUST A MOM THAT HAPPENS TO BE A BIT YOUNGER”: A QUALITATIVE STUDY OF TEENAGE MOTHERING IN CANADA

by

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Bachelor of Arts (Honours), University of Victoria, 2009

THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

In the
Department of
Sociology and Anthropology

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SIMON FRASER UNIVERSITY
Summer 2011

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Abstract

Drawing on an interpretive approach, the purpose of this qualitative study is to explore teenage mothers’ perceptions, interpretations, and experiences of teenage pregnancy and motherhood. Methods included participant observation at a community-based Young Parent Program in British Columbia and narrative interviewing with six teenage mothers (age 17 to 20). This thesis explores the participant mothers’ experiences of teenage pregnancy, including their initial reactions to becoming pregnant and the process of deciding to keep their babies. In addition, this study investigates the participants’ diverse experiences of teenage motherhood, from the perceived happiness, stability, and motivation gained from mothering to feelings of social isolation, relationship difficulties, and financial strain. Overall, this study demonstrates how teenage pregnancy and motherhood are too complex to be understood as purely ‘positive’ or ‘negative’ social phenomena. Rather, experiences of teenage pregnancy and motherhood are interpreted and perceived by young mothers in multiple ways, which may shift over time and in different circumstances and contexts.

Keywords:

Teenage motherhood; teenage pregnancy; Young Parent Program; qualitative research; narrative interviewing.
Dedication

This research project was inspired by my younger sister, Sarah, whose determination as a young mother and limitless support and love for her two children cannot be overemphasized. I would like to dedicate this Thesis to Sarah, my research participants, and the many other young mothers in Canada, whose kindness, strength, and capacity as mothers deserve more recognition and support.
Acknowledgements

I would like to thank my senior Supervisor, Dr. Jane Pulkingham, for her excellent direction and thoughtful feedback throughout the progression of this project. She has challenged me to conceptualize young parenting and social policy in critical ways which were integral to the production of this Thesis. I am also grateful for the insights, advice, and support of my second supervisor, Dr. Dara Culhane.

I would also like to thank my partner, Alex Bowen, who has been extremely patient and supportive of my research, and whose thoughtful insights and advice have been invaluable in the research and writing of this Thesis.

In addition, I am grateful to the staff at the Young Parent Program for welcoming me into their organization and for their enthusiastic support during this project. Furthermore, I would like to thank my research participants for welcoming me into their lives and helping me to understand their experiences and perceptions of young pregnancy and motherhood.

Finally, I gratefully acknowledge the funding sources which made this Master’s research possible, including the Social Sciences and Humanities Research Council of Canada (SSHRC) for a Joseph-Armand Bombardier Canada Graduate Scholarship and Simon Fraser University for a Targeted Special Graduate Entrance Scholarship, Graduate Fellowship, and Dr. Ellen Gee Memorial Graduate Scholarship for Excellence.
Table of Contents

Approval ii

Abstract iii

Dedication iv

Acknowledgements v

Table of Contents vi

List of Figures viii

List of Tables viii

CHAPTER 1. Introduction 1
Overview of Teenage Pregnancy and Motherhood in Canada ........................................2
Purpose Statement .............................................................................................................13
Research Questions .........................................................................................................13
Methodology and Research Design ..................................................................................14
Organization of the Thesis ..............................................................................................19

CHAPTER 2. Contemporary Understandings of Teenage Pregnancy and Motherhood 20
Social Constructions of Teenage Pregnancy and Motherhood ....................................20
Experiences of Young Pregnancy and Motherhood .......................................................30
Towards a More Nuanced Understanding of Teenage Motherhood ..............................41
List of Figures

Figure 1: The areas of experience impacted by young mothers’ social supports and relationships ..................................................73

List of Tables

Table 1: A brief overview of the six participant mothers. ..............................................48

Table 2: Sample questions for semi-structured interviews with participant mothers. ....91
CHAPTER 1. Introduction

The purpose of this research project is to gain more nuanced insights into the experiences and interpretations of young mothers (aged 17 to 20) living in British Columbia, Canada. Teenage pregnancy and motherhood have been conceptualized and constructed in many different and often contradictory ways in North American society. In the United States, teenage pregnancy has been commonly tied to the diminishing ‘morality’ of American youth, and has been traditionally entangled with religiously-based, morally-laden assumptions about ‘un-wed mothers’ and ‘illegitimate children’ (Harari and Winovski 1993, Luker 1997). In contrast, some researchers have suggested that these types of religiously-based concerns and associated stigma around teen pregnancy have been historically less common and have largely disappeared from Canadian discourses (Dryburg 2000). Instead, in Canadian policy discourses, teen pregnancy is often constructed as a ‘risk’—in terms of both health and economics—that young people need to avoid (e.g. Dryburg 2000, Luong 2008, McKay and Barrett 2010, Ordolis 2007). Thus, these discourses tend to focus on the prevention of teenage pregnancy through the development and enhancement of sexual education and services (Ordolis 2007).

In contrast to this focus on risk and prevention, some qualitative research emphasizes the potential benefits and positive experiences of young motherhood. For example, some research suggests that motherhood offers young women an alternative “mode of social participation” in constrained socioeconomic circumstances (Clemmens 2003:96, Duncan 2007, Graham and McDermott 2005). Similarly, other studies conclude that pregnancy and motherhood provide a positive impetus for change for disadvantaged young women (Cater and Coleman 2006). However, a shortcoming of these studies is that they tend to replace policy discourses’ limited
focus on risk and negative experiences of young motherhood with a similarly limited focus on 
only positive experiences and benefits of young motherhood.

This interpretive, qualitative study aims to respond to these limitations and contradictions 
by focusing on the multiplicity, fluidity, and diversity of experiences of young motherhood. 
Specifically, through narrative interviewing and participant observation with a group of young 
mothers, I explore some aspects of young motherhood which the participants perceive and 
interpret as ‘challenges’ and ‘negative experiences,’ and consider these along with some aspects 
of young motherhood which the participants perceive and interpret as ‘benefits’ and ‘positive 
experiences.’ Moreover, I explore if and how social supports and relationships impact the ways 
in which the participant young mothers’ perceive their experiences.

**Overview of Teenage Pregnancy and Motherhood in Canada**

The following sub-section summarizes the ways in which teenage pregnancy and 
motherhood have been defined and conceptualized by social researchers and policy-makers in 
the Canadian context. Firstly, I review the existing literature in order to establish an operational 
definition of ‘teenage’ and ‘young’ motherhood for the purposes of my analysis. I then trace 
some of the key trends in teenage pregnancy and motherhood rates in Canada, and discuss some 
of the major shifts in these trends over time. This background information is meant to locate the 
experiences of the participant mothers discussed in this study within the broader social patterns 
and trends occurring in Canada. In addition to this brief review, Chapter 2 provides a more 
detailed literature review of common social constructions of teen pregnancy and mothering, as 
well as previous qualitative investigations into the experiences of young mothers, in order to 
further situate the findings of this study.
**Defining teenage pregnancy and motherhood**

In order to discuss trends and patterns of ‘teenage’ pregnancy and motherhood, it is first necessary to clarify what I mean when using these terms. However, ‘teenage’ pregnancy and motherhood are not self-evident, clearly-defined concepts. In fact, it is impossible to identify a single, overarching definition for ‘teenage pregnancy’ in Canada, due to the varying ways that this category has been defined and operationalized. For Statistics Canada, ‘teenage pregnancy’ refers to women who are under the age of twenty at the end of their pregnancy, while ‘young’ pregnancy refers to individuals who are under the age of twenty-five at the end of their pregnancy. Despite the concern for very young teen births, pregnancies under the age of fifteen are not normally reported by national statistics (Archibald 2004). Thus, studies drawing on Statistics Canada data usually report pregnancy rates for women aged 15 to 19 when referring to rates of ‘teenage pregnancy’ (cf. Dryburg 2000, McKay and Barrett 2010). However, other studies drawing upon independent surveys or qualitative data have included a variety of age ranges, including ‘teenage’ mothers aged 15 to 20 years (Jackson et al. 2001) and ‘young’ mothers aged 15 to 25 years (Chabot et al. 2010).

Related to the differences in how teenage pregnancy and motherhood are defined, many scholars have challenged the notion that ‘teenage’ pregnancy and motherhood can be conceptualized as identifiable, bound categories. Firstly, some scholars have criticized definitions which classify ‘teenage’ motherhood in terms of chronological age, rather than in terms of the woman’s ability to parent. For example, in Archibald’s study of teenage pregnancy among the Canadian Inuit, she explains that while a woman may be a ‘teenage’ mother according to statistical definitions, she is not necessarily an adolescent in terms of her developmental or cognitive ability to parent (Archibald 2004:4). Thus, Archibald suggests the term ‘adolescent’
pregnancy and motherhood, emphasizing the need to focus on whether the woman is “fully
developed physically, mentally, and emotionally and [if] she has the resources and support [that]
she and her child need” (Archibald 2004:30). In addition to these concerns, other scholars have
problematized the notion of ‘teenage mothers’ as an identifiable social group, due to the
enormous diversity within this constructed category (Murcott 1980, Wilson and Huntington
2005). As Wilson and Huntington (2005) point out, this category does not distinguish “older
from younger, married from unmarried, and self-supporting from welfare-dependent teen
mothers” (Wilson and Huntington 2005:60). In short, these scholars suggest that the uncritical
use of the category of ‘teenage mother’ in governmental and scientific reports is problematic, as
it tends to imply that a diverse range of women will have identical outcomes and experiences
(Wilson and Huntington 2005).

In addition, there is an important distinction between ‘pregnancy’ and ‘motherhood,’ and
this is sometimes glossed over in the literature regarding ‘teen pregnancy’ and ‘teen
motherhood.’ Namely, rates of ‘pregnancy’ encompass all women who undergo abortion, women
who experience other types of fetal loss (i.e. miscarriage, stillbirths), and women who give birth
(Dryburg 2000:10). In contrast, rates of ‘motherhood’ only encompass those women who give
birth. Moreover, how ‘pregnancy’ is identified and measured, particularly in the quantitative
literature, varies across studies. In Canada, measuring pregnancy rates is complicated by the fact
that fetal loss data is based on national medical records, and therefore fetal losses that do not
involve hospitalization are unreported (McKay and Barrett 2010:45). Moreover, other countries
record and report national fetal loss rates differently, which complicates international
comparisons (McKay and Barret 2010). Given these complications, many studies use only birth
and abortion rates as a proxy for ‘teenage pregnancy’ rates (cf. McKay and Barrett 2010).
However, estimates suggest that fewer than 10% of teenage pregnancies result in fetal loss (and even fewer do not involve hospitalization) (Dryburg 2000:15). Therefore, some scholars include fetal loss data in their estimates of teen pregnancy, arguing that it is unlikely that the nationally reported rates of teen ‘pregnancy’ are inaccurate, despite unreported fetal loss data (Dryburg 2000:15).

In sum, teenage pregnancy and motherhood are complex phenomena with no single, over-arching definition. Moreover, the category of ‘teen mother’ is problematic, given the enormous diversity in the developmental capacity, socio-economic status, racialized experiences, and relationships of women included within this constructed category. With these complexities in mind, in this study I refer to ‘teenage mothers’ as participant mothers who gave birth when they were aged 19 or younger. As discussed above, this category is in line the definition of ‘teenage mothers’ according to Statistics Canada and most other studies based in Canada.

Given these definitions, in the following sub-sections, I provide an overview of some of the broad trends in the sexual activity, contraceptive use, and pregnancy rates among young people in Canada.

**Sexual activity of young people in Canada**

Studies suggest that the proportion of young people that are sexually active in Canada is relatively comparable to other developed countries (Darroch et al. 2001). For example, a study which compared nationally-collected data of five developed countries (based on data from the 1990s) found that among all 15 to 19 year old females, the proportion who ever had intercourse ranged from 49% in France to 61% in Great Britain, with Canada at 51% (Maticka-Tyndale et al. 2001:31). Data from the 2005 Canadian Community Health Survey suggests that Canadian rates
continue to fall within this range, with much higher rates of sexual activity among older teens (Statistics Canada 2005). Moreover, national data from 2003 suggests the average age at first-time sexual intercourse is 16½ years for both males and females in Canada, with most young people remaining sexually active after their first experience (Rotermann 2005). As these data suggest, older teenagers are much more likely to be sexually active than younger teenagers.

Related to the sexual activity of young people are the sexual relationships and/or partnerships that they establish. Despite moralizing concerns regarding the increased ‘promiscuity’ of young people in contemporary society, data from the 1996 National Population Health Survey found that most sexually active teenagers in Canada reported only one partner over the past year (Maticka-Tyndale et al. 2001:41). This suggests that monogamy is the normative pattern among Canadian young people who are sexually-active. Smaller-scale research investigating this pattern concluded that while monogamy is the norm among Canadian teenagers, teens follow a pattern of “serial monogamy,” involving an accumulation of several sexual partners between the time of first sexual intercourse and the eventual formation of a long-term relationship such as marriage (Maticka-Tyndale 1997).

**Contraceptive use of young people in Canada**

As these statistics suggest, a large proportion of Canadian young people are sexually active, and therefore trends in the contraceptive use of young people will clearly impact rates of teenage pregnancy. Research suggests that Canadian young people are relatively informed in regards to sexual health, including the use of contraception. For example, the results of two national and several regional studies of contraceptive use suggest a consistent pattern of contraceptive awareness and use among Canadian adolescents, with one study finding that 99%
of 15 to 17 year olds were aware of the birth control pill and condom (Maticka-Tyndale et al. 2001:9, Fisher et al. 1998). This likely reflects shifts in Canadian policy regarding adolescent sexuality and reproductive health occurring since the 1990s, including an increased emphasis on ensuring access to sexual and reproductive education and services (Maticka-Tyndale et al. 2001).

The vast majority of Canadian young people not only are aware of a range of contraception methods; their awareness is mirrored by relatively high levels of contraceptive use. For example, the 2005 Canadian Community Health Survey found that approximately 87% of young people (aged 15 to 24) who had sexual intercourse in the last twelve months reported usually using contraception (Statistics Canada 2004; Berthin, unpublished). No significant differences were found based on sex in terms of usual use. However, trends in contraceptive use differed significantly by age category, with older teens (18 to 19) being the most likely to usually use contraception—even more so than young adults (20 to 24), while younger sexually active teens (15 to 17) were the least likely to use contraception (Berthin, unpublished). Comparing these data to national data from other developed countries, the use of contraception among sexually active young people in Canada seems to fall between the high levels in France and Sweden and the relatively lower rates in the United States (Darroch et al. 2001:34)

**Rates of teenage pregnancy in Canada**

Related to sexual activity and contraceptive use patterns, teenage pregnancy in Canada seems to be relatively low in comparison to many other developed countries. In a study comparing Canada, the United States, England/Wales, and Sweden, Canada actually had the lowest rates of teenage pregnancy in 2006, measured by national birth and abortion rates (McKay and Barrett 2010). Specifically, in 2006 Canada’s teenage birth/abortion rate was 27.9
per 1000 women aged 15-19, which was comparable to rates in Sweden (31.4 per 1000), and considerably lower than the birth/abortion rates in the United States (61.2 per 1000) and England/Wales (60.2 per 1000) (McKay and Barrett 2010:45-46). Importantly, the teenage birth/abortion rate also declined more rapidly in Canada than in the other countries between 1996 and 2006. In Canada the rate declined by 36.9%, in the United States by 25.5%, in England/Wales by 4.7%, and in Sweden, the teenage birth/abortions rates increased by 19.1% (McKay and Barrett 2010:45-46).

The researchers in this study attribute these notable decreases in Canadian rates of teenage pregnancy to the enhancement of sexual education and related services occurring in the 1990s and 2000s (McKay and Barrett 2010:51). In addition, other commentators have tied the decrease in teenage pregnancy rates to broader ideological shifts around gender, youth, and sexuality within Canadian society. For example, responding to significant decreases in national teen pregnancy rates, the feminist journalist and activist, Judy Rebick, reflected the following:

The woman's movement fought for many years for sex education in the schools, for available and affordable birth control and for the right to abortion.

We won those demands, probably more successfully than anywhere else in the world (Anthony 2007).

Similarly, Alexander McKay, the research co-ordinator at the Sex Information and Education Council of Canada and co-author of the international study commented:

It's pretty clear that a declining teen pregnancy rate is a signal that not only are young women increasingly empowered but also that they are making positive decisions around things like employment opportunities, educational
aspirations, and are living in an environment where they are able to pursue
those kinds of things (Anthony 2007).

Relative rates of teenage births and abortions

Encompassed within this general decrease in teenage pregnancy rates in Canada are shifts in the relative rates of teenage births and abortions. Historically in Canada, there was a dramatic increase in the recorded number of abortions between 1985 and 1990 among all age groups, including teenagers, coinciding with the 1988 Canadian Supreme Court ruling that removed legal restrictions from access to abortion (Maticka-Tyndale et al. 2001:6). Before this shift in legislation, abortions were only legally available in hospitals “and were subject to a complicated approval procedure” (Maticka-Tyndale et al. 2001:6). Therefore, recorded rates of abortion before 1988 are variable and unreliable. However, following this shift, the proportion of teenage pregnancies ending in abortion seems to have stayed relatively constant. National data suggests that relative abortion rates have fluctuated only slightly between 1996 and 2006, consistently falling within the range of 50-55% of all teen pregnancies (McKay and Barrett 2010:45).

Relative abortion rates among teenagers are significantly higher than the rates among older age categories. For example, in 2005, abortions accounted for approximately 47% of pregnancies among women aged 15-19, 36% of pregnancies among women aged 20-24, and only 17% of pregnancies for women aged 25-29 (McKay and Barrett 2010:48). Among women aged 15 to 19, abortion seems to be somewhat more likely among younger pregnant teens, with older teenagers (aged 18-19) accounting for the majority (64% in 1997) of teenage births in Canada (Dryburg 2000:13). These differences likely reflect the greater likelihood of desire for pregnancy among older teens and young adults (McKay and Barrett 2010:48).
In addition, Canadian trends in relative teenage abortion rates differ from trends in other developed countries. For example, in 2006 teenage abortions accounted for only 32.5% of teen pregnancies in the United States, yet accounted for 80.1% of teen pregnancies in Sweden (McKay and Barrett 2010:45). These differences likely reflect differing societal norms and attitudes towards abortion between countries. For example, studies from Sweden suggest that young women view access to abortion as a ‘right’ and an acceptable option for young women dealing with unwanted pregnancies, and this attitude reflects Sweden’s relatively high proportion of abortions (Ekstrand et al. 2005, Thorsen et al. 2006). In contrast, research in the United States found that young people hold a wide range of attitudes towards abortion, with many young people being undecided, ambivalent, or holding ‘moderate’ views on the issue (Carlton et al. 2000:265). Thus, the relative number of teen pregnancies ending in abortion seems to relate to broader societal attitudes and norms towards abortion. Overall, within Canada the general trend seems to be a continuing decrease in national rates of teen pregnancies, with approximately half of these pregnancies ending in abortion.

**Teenage pregnancy rates across socio-economic and racialized categories**

Within this general trend, however, Canadian teenage pregnancy rates continue to be stratified by socio-economic circumstances. Namely, teenage pregnancy rates in Canada are higher among the most disadvantaged socio-economic groups (Ordolis 2007:30). For example, geographic mapping research based in Toronto found that teenage births are concentrated in regions of the city with high levels of low income families (Hardwick and Patychuk 1999:88). As teenage mothers are more likely to be from low-income families, they are also more likely to experience poor living conditions, including poverty and lack of housing (Ordolis 2007:30).
Moreover, studies indicate that young women who have been involved in the child welfare system in Canada are more likely to become pregnant teenagers, and that their children are more likely to be taken into care (Ordolis 2007).

In addition, rates of teenage pregnancy are differentially distributed across racialized categories. While Canadian teenage pregnancy rates are decreasing, these rates continue to be disproportionately higher among Aboriginal women than in the broader population. In fact, some scholars have estimated that teenage pregnancy rates may be as much as “four times higher among First Nations adolescents, twelve times higher in Inuit communities, and eighteen times higher on reserves than in the general population” (Ordolis 2007:30). Another study based on national data suggests less drastic differences, but still found that while approximately one quarter of Aboriginal mothers in the survey had been teenage mothers, only 10% of other women had been teenage mothers (Luong 2008:6). Importantly, Aboriginals are more likely than the broader Canadian population to suffer from poor socioeconomic conditions, including disadvantages in terms of income, housing, education, and overall standard of living (Maticka-Tyndale et al. 2001:37). Moreover, qualitative research suggests that Aboriginal young mothers tend to be stigmatized and discriminated against due to racist assumptions and stereotypes in Canadian communities (Chabot 2010, Olsen 2005). Thus, Aboriginal young women are more likely to become pregnant as teenagers, and are also more likely to experience profound socioeconomic inequities, racism, and associated stigma.

In contrast to the greater incidence of teen pregnancy among Aboriginals, teenage pregnancy rates among recent immigrants are relatively low in Canada. In fact, unlike many other developed countries, in Canada teenage pregnancy rates among immigrant populations are actually lower than rates among the native-born population (Darroch et al. 2001: 41-42).
Researchers have suggested that these differences relate to differing immigration policies, leading to differences between Canada, the United States, and other countries in the ethnic, cultural, and socioeconomic circumstances of immigrants (Luong 2008:7). Namely, Canadian immigrants tend to be relatively educated due the emphasis on skilled applicants, and research suggests an association between higher levels of education and lowered teen pregnancy rates (Luong 2008:7). In sum, while teenage pregnancy rates continue to decrease in Canada, research suggests that these rates are much higher among Canadian-born women from disadvantaged socioeconomic circumstances, particularly Aboriginals.

**Summary**

In summary, research suggests that the increasing acceptance of adolescent sexuality in Canadian society and the consequential enhancement of sexual and reproductive education and services have enormous impacts on teenage pregnancy rates in Canada. Specifically, studies suggest an almost unanimous (99%) awareness of contraception among Canadian young people, and relatively high rates of contraceptive use among those who are sexually active. In relation, teenage pregnancy rates have declined rapidly in the last decade, and are currently lower than many other developed countries. Despite these shifts, rates of teenage pregnancy continue to be disproportionately higher among socioeconomically-disadvantaged young women.

Given these patterns, many policy-makers assume that prevention campaigns and services need to be further enhanced, assuming that all young pregnancies are ‘unintended’ and pose serious health and economic risks for young women and their children (cf. McKay and Barrett 2010). In contrast, recent qualitative research has indicated some potential benefits of motherhood for disadvantaged young women, in that motherhood can offer these women an
alternative “mode of social participation” in constrained socioeconomic circumstances (Clemmens 2003:96, Duncan 2007, Graham and McDermott 2005). The contrasting viewpoints of this debate will be explored further in Chapter 2, in order to frame the experiences of the participant mothers in my study.

**Purpose Statement**

Given this background information, the purpose of this qualitative study is to explore the ways in which the participant mothers (aged 17 to 20) describe and interpret their experiences of teenage pregnancy and motherhood. Through ongoing participant observation and narrative interviewing with six participant young mothers, I explore the participant mothers’ interpretations, perceptions, meanings, and understandings of these experiences. In addition, I investigate the ways in which these meanings and interpretations relate to the inter-personal relationships that these women create, negotiate, and maintain. Moreover, I focus on the multiplicity and fluidity of each mother’s experiences, as well as the diversity of experiences among participant mothers.

**Research Questions**

The following is my central research question, as well as several related sub-questions:

- **How do the participant mothers describe, interpret, and make meaningful their experiences of teenage pregnancy and mothering?**
- How are social constructions of teenage pregnancy and motherhood evident in the ways in which the participants describe and perceive their experiences of teenage pregnancy and motherhood?
How do social supports and relationships relate to and influence the meanings and interpretations that the participant mothers construct in relation to their experiences?

How are other axes of marginalization (e.g. racialization and class, in addition to age) evident in the ways in which the participants describe and perceive their experiences of teenage pregnancy and motherhood?

Methodology and Research Design

In order to address the above research questions, I employ an interpretive qualitative methodology for this study. Interpretive qualitative research, in general, focuses on understanding social phenomena in terms of the meanings that people attach to these phenomena (Denzin and Lincoln 1994:2). While all qualitative research can be considered interpretive in that “researchers make an interpretation of what they see, hear, and understand” (Creswell 2009:176), what is distinctive about a specifically ‘interpretive approach’ to qualitative research is the focus on participants’ “interpretations, perceptions, meanings and understandings as the primary data” (Mason 2002:56, emphasis added). That is, interpretive researchers emphasize the symbolic aspects of human experience, focusing on the ways in which people attach meaning to themselves, other people, objects, and experiences.

In a comparison of epistemological stances for qualitative inquiry, Thomas Schwandt writes that:

Interpretivism assumes an epistemological understanding of understanding (Verstehen). That is, it considers understanding to be an intellectual process whereby a knower (the inquirer as subject) gains knowledge about an object (the meaning of human action)... In interpretive traditions, the interpreter
objectifies (i.e., stands over and against) that which is to be interpreted. And, in that sense, the interpreter remains unaffected by and external to the interpretive process. (Schwandt 2000:193-194)

However, I emphasize the distinction between this approach, which Schwandt deems as ‘interpretivism,’ and the ‘interpretive’ approach to qualitative research that I employ in this study. Namely, I explore experiences of teenage pregnancy and motherhood through focusing on the interpretations, meanings, perceptions, and understandings that the participant mothers construct in relation to their experiences, rather than as data that can be ‘objectively’ collected. Similarly, Elliot (2005) has identified and distinguished between the two broad approaches to qualitative research, the ‘realist’ approach and the ‘constructivist’ approach. Elliot explains that the ‘realist’ approach views the social world as “‘out there,’ an external reality available to be observed and described by the researcher” (Elliot 2005:18). In contrast, the constructivist approach views the social world as “constantly in the making” and therefore emphasizes “understanding the production of the social world” (Elliot 2005:18) In line with this ‘constructivist approach’ to qualitative inquiry, I view the interpretations and meanings described by the participants as constructed and negotiated, resulting in a process of data generation throughout the research process.

Field Site

The fieldwork for this study was conducted at a Young Parent Program offered by a non-profit community organization in a suburban neighbourhood of British Columbia. This non-profit organization offers a variety of programs and services to individuals and the community, with an emphasis on supporting the community’s most vulnerable residents. Within this
umbrella, the specialized Young Parent Program (YPP) provides a variety of services and supports for young parents, aged 24 or younger. These services include a specialized high school education program for young mothers, counselling services, drop-in support groups, and parenting classes. This study focuses specifically on the experiences of young mothers who access and participate in the specialized high school education program offered in partnership between the non-profit organization and the local School Board. All of the participants involved in the research project had given birth between the ages of 16 and 19, and ranged in age from 17 to 20 at the time of fieldwork.

The specialized high school education program for young mothers comprises two key components: the education component and the childcare component. Firstly, for the education component, the mothers were offered the option of attending ‘mainstream’ classes (i.e. ‘integration’) or completing their coursework online in a segregated classroom for young mothers. This education component was offered within a public high school. The childcare component of this program was offered by non-profit organization in a separate building adjacent to the high school. Within this program, mothers were provided with full-time daycare whilst they attended classes. The participant mothers often came back to the daycare during their ‘spare’ periods or even during class-time, in order to breast-feed or visit with their infants. In addition, mothers were required to return to the daycare at lunch-time, in order to feed and care for their infants during the one-hour break.

Research Methods

The fieldwork for this study was conducted at the YPP daycare, during the participants’ lunch period and ‘spares.’ Research methods included participant observation among the
participant mothers at the daycare, approximately three times per week for 12 weeks, as well as
in-depth narrative interviews. Participant observation involved participating in program
activities, observing mothers and their interactions with their children, program staff, and other
young mothers, and asking participants to reflect upon their experiences in informal
cversations. Observations and personal reflections from participant observation were written
up as field notes.

In addition to participant observation, I conducted in-depth, narrative interviews with six
of the YPP participant mothers, and all of these interviews were audio-recorded and transcribed.
Holstein and Gubrium (1997) have pointed out that qualitative interviews are ‘active’ social
encounters, which involve improvisation, performance, and the co-construction of knowledge
between researcher and participant. Recognizing narrative interviews as ‘active,’ I did not
develop a precise interview questionnaire for this study. However, in general, the interviews in
this study focused on the participants’ personal perceptions and opinions regarding young
motherhood, their experiences of young pregnancy and motherhood, and the interpersonal
relationships that they form as young mothers (see Appendix 1 - Interview Guidelines for sample
questions used to initiate dialogue). Interviews were conducted sequentially over a period of
three months, with each new interview exploring increasingly refined themes based on those
which emerged in previous interviews and during participant observation (cf. Small 2009).

There are several reasons why in-depth, narrative interviews were particularly well-suited
for this research project. Firstly, loosely-structured, in-depth interviews allow researchers to
focus on and explore the participants’ “past experiences, attitudes, perceptions, and perceived
reasoning about past actions,” which resonates with the research questions of this study (Randall
and Koppenhaver 2004:65). Secondly, in contrast to participant observation or focus groups,
one-on-one interviews provide “the opportunity to explore sensitive or personal topics which people might not like to speak about publicly” (Randall and Koppenhaver 2004:65). Thus, through one-on-one interviewing, I was able to focus on sensitive issues that the participant young women may not have discussed in a larger group, including their experiences, perceptions, and opinions about sex, sexuality, and birth control. Thirdly, during narrative interviewing, participants are involved in a process of reflecting upon, making sense of, and attaching meaning to their experiences (Elliot 2005). This aspect of narrative interviewing is advantageous for this research project, as my interest lies in the participants’ subjective interpretations, perceptions, and meanings of teenage pregnancy and motherhood, rather than uncovering “a clear description of life as it is lived” (Elliot 2005:23). Overall, by conducting narrative interviews from an interpretive approach, I aimed to gain insights into the participant mothers’ interpretations, opinions, and perceptions of their experiences of young pregnancy and motherhood.

Data Analysis

The data generated in this study included observations and personal reflections written in field notes, and transcribed conversations and interviews. To analyze these data, I reviewed and compared the field notes and interview transcriptions for over-arching themes and connections, via cross-sectional, categorical indexing (i.e. open coding) (Mason 2022:152-165). This inductive analytical process involved working back and forth between the identified themes and the data generated in this study, with the aim of constructing a comprehensive set of themes related to the participants’ experiences of teen pregnancy and motherhood (Creswell 2009).
Organization of the Thesis

This study is presented in six chapters. Chapter 1 includes background information regarding teenage pregnancy and motherhood in Canada, the purpose statement and research questions of the study, and a description of the study's methodology and research design.

Chapter 2 analyzes some of the most salient social constructions of young mothering in contemporary policy discourses, and relates these to the assumption that all young pregnancies are ‘unplanned,’ ‘unintended,’ and ‘unwanted.’ Given these social constructions, this chapter also reviews existing research related to the experiences of young mothers and mothers-to-be, with particular emphasis on literature from Canada, as well as the United States and United Kingdom.

Chapters 3, 4 and 5 present the major findings and analysis of this study. Specifically, Chapter 3 introduces the Young Parent Program and the six participant mothers. Building on this, Chapter 4 focuses on the participant mothers’ reflections on young pregnancy, while Chapter 5 explores their more recent experiences of young motherhood. Finally, Chapter 6 summarizes and discusses some of the key themes and issues which emerged during this research project. This chapter concludes by suggesting areas for future research.
CHAPTER 2. Contemporary Understandings of Teenage Pregnancy and Motherhood

Social Constructions of Teenage Pregnancy and Motherhood

As outlined in Chapter 1, teenage pregnancy and motherhood have been defined and conceptualized by researchers in various ways. These differences relate to the myriad of ways in which teenage pregnancy and motherhood have been socially constructed more broadly in contemporary discourses. I refer to ‘social constructions’ to emphasize that the interpretations and ‘common-sense’ understandings of teenage pregnancy and motherhood are produced, maintained, and transformed socially, rather than being intrinsic qualities of these phenomena. I relate the process of social construction to Foucault’s notion of ‘discourse,’ meaning “a group of statements which provide a language for talking about – a way of representing the knowledge about – a particular topic at a particular historical moment” (Hall 1997:44, Foucault 1979). In other words, by referring to contemporary ‘discourses,’ I refer to systems of texts, practices, and other forms of representation that structure the way that young pregnancy and motherhood are currently understood and conceptualized in Canadian society.

The purpose of the first sub-section is to explore and analyze some of the most salient social constructions of teenage pregnancy and motherhood in contemporary policy discourses in Canada. As this review will suggest, most of the dominant social constructions of teenage pregnancy and motherhood focus on the ‘problems’ or ‘risks’ associated with early childbearing, including moral concerns regarding adolescence and reproduction, possible health risks of young pregnancy to the mother and infant, and potential economic consequences of young mothering (to both the mother and the state). Given these constructions of ‘risk,’ teen pregnancies are also
commonly constructed as ‘unwanted’ and ‘unplanned’ in policy discourses. As this review will demonstrate, these social constructions are bound up in a myriad of ideologies, including those related to gender, youth, sexuality, and the relationship between the family and state.

**Teenage pregnancy and motherhood as ‘moral’ problems**

The social construction of teenage pregnancy and mothering as a ‘moral’ problem has received a great deal of analysis in the literature, and will therefore be discussed only briefly in this review. Anne Murcott’s (1980) early analysis of this social construction posited that ‘teenage pregnancy’ is seen as morally problematic because it constitutes a clash between established ideologies of childhood and ideologies of reproduction. In particular, childhood is constructed as a state of immaturity, innocence, and purity; therefore, ‘children’ (and adolescents) are not included in the category of people who can acceptably reproduce, according to ideologies of reproduction (Murcott 1980). As Murcott writes:

> Child and adult are mutually exclusively conceptualized. It is impossible to simultaneously be an adult and child. What is more, it is adults who bear and beget children; a child cannot beget or bear a child. Yet that is precisely what a pregnant teenager is about to do. Teenage pregnancy offends a morality which can identify children only by separating them from adults. (Murcott 1980:7)

In other words, Murcott suggests the teenage pregnancy is seen as morally problematic because it violates reproductive ideologies which dichotomize ‘adults’ and ‘children.’ Moreover, Murcott emphasizes that reproductive ideologies are gendered, stigmatizing pre-marital pregnancy and lone mothers in particular. Because teenage pregnancies often intersect with both
pre-marital sex and lone motherhood, they are thus seen as even more morally problematic (Murcott 1980).

While the ‘moral’ concerns surrounding young pregnancy and motherhood identified by Murcott are perhaps less overt in contemporary policy discourses in Canada, these constructions are not completely absent either. Rather, moralizing concerns are implicitly woven throughout contemporary discourses which focus on the ‘risks’ of teenage pregnancy and motherhood. By assuming that teenage pregnancy is a ‘risk’ that young people need and want to avoid, rather than exploring the possible benefits of young motherhood or the range of parental intentions of young people, young pregnancy is labeled as ‘deviant’ by these discourses. Moreover, moralizing concerns around young sexuality and mothering continue to impact young mothers via ‘unofficial’ discourses (e.g. cultural stereotypes, stigma, and everyday social interactions), as discussed later in this chapter.

**Teenage pregnancy as a ‘health risk’**

Even more explicit than ‘moral’ concerns in Canadian discourses regarding teenage pregnancy and motherhood is the focus on these issues as ‘risks,’ including the possible health and economic consequences of early childbearing. Within policy discourses which construct teenage pregnancy as a ‘risk,’ teenage pregnancy is often conceptualized as primarily a public health concern in need of prevention. Heath policy researchers emphasize the possible health risks of young pregnancy and birth, pointing out that children of teenage mothers have markedly lower birth weights than adult mothers, and suffer from associated health problems (Dryburg 2000:9). In addition, these researchers highlight the association between early maternal age and a
myriad of health problems including anaemia, hypertension, renal disease, and eclampsia (Dryburg 2000:9).

However, the notion that teenage pregnancy is an actual ‘health risk’ is debated among health researchers and epidemiologists. Some health researchers adamantly reject this notion, suggesting that the label of teenage pregnancy as a health risk is “a reflection of what is considered to be—in this time and place—socially, culturally and economically acceptable” (Dawlor and Shaw 2002:552). In other words, for these researchers, the social construction of teenage pregnancy as a ‘health risk’ merely reproduces the stigmatizing and moralizing tendencies of previous discourses about young pregnancy and motherhood. In addition, other researchers question whether the association between young maternal age and adverse health outcomes is in fact causally related to the age of the mother, or whether there are other factors which lead to these outcomes (Reichman and Pagnini 1997, Smith and Pell 2001).

Quantitative research aiming to address this question has controlled for possible confounding factors, such as socioeconomic status and smoking during pregnancy, and has produced conflicting results. Some studies suggest that an increased risk of adverse health outcomes remain among young mothers, even after controlling for possible confounding factors. For example, a study based on data from the United States suggests that adverse health outcomes associated with teenage pregnancy is independent of associated health risks, including lower socioeconomic status, inadequate prenatal care, and inadequate weight gain (Chen et al. 2007). In this study, when controlling for these and many other factors, all teenage groups were associated with increased risks for pre-term delivery, low birth weights, and neonatal mortality (Chen et al. 2007:4). Moreover, these authors found a general tendency for poorer results among younger teens (less than 18 years old) (Chen et al. 2007:4). Thus, these researchers conclude that
teenage pregnancy increases the risk of adverse birth outcomes, and this increased risk is independent of important known confounders (Chen et al. 2007).

In contrast, other studies have found that when possible confounding factors are controlled for, teenage pregnancy is actually associated with decreased health risks. For example, a retrospective study based in Scotland attempted to determine whether first and second births among teenagers (age 15-19) were associated with increased risk of adverse health outcomes after possible confounds have been taken into account (Smith and Pell 2001). Interestingly, these researchers found that non-smoking, first-time births to teenage women were not associated with an increased risk of adverse pregnancy outcomes when other factors were controlled for, and in fact, were at a decreased risk of emergency caesarean section delivery than non-smoking adult women, aged 20-29 (Smith and Pell 2001:476). Other researchers have similarly suggested that when socioeconomic status and smoking are taken into account, young age is actually associated with better health outcomes (Reichman and Pagnini 1997). However, Smith and Pell’s study also found that second-time births to teenage mothers are associated with a greatly increased risk of pre-term delivery and stillbirth (Smith and Pell 2001:476).

Thus, teenage pregnancy does not seem to be clearly, causally related to either adverse or favourable health outcomes in all circumstances. In spite of the conflicting data, many public health researchers and policy-makers continue to take for granted that teenage pregnancy is a ‘health’ risk and public health concern. For example, some researchers emphasize the need to provide young women “with the support required to make informed and healthy decisions” (Ordolis 2007:32, emphasis added). Similarly, in a recent Canadian health policy article, rates of teenage pregnancy are explicitly understood as reflecting “the extent to which young women have the capacity to control their sexual and reproductive health” (McKay and Barrett 2010:43,
emphasis added). In light of the conflicting data regarding the actual ‘health’ impacts of young pregnancy, this emphasis on ‘health’ in Canadian policy seems to be a euphemism for ideological assumptions about youth, sexuality, and reproduction, rather than concerns around health per se. Moreover, these discourses tend to suggest that teenage pregnancy itself constitutes the health issue in need of prevention, rather than a social issue that has been associated with health concerns. Despite these contradictions, the notion that teenage pregnancy is a ‘health’ issue continues to dominate contemporary Canadian policy discourses. This social construction perpetuates the assumption that teenage pregnancies are unequivocally ‘unplanned,’ which will be discussed later in this chapter.

**Teenage motherhood as an ‘economic risk’**

Building on the notion of teenage pregnancy as a ‘risk’, teenage pregnancy and motherhood are also commonly constructed as ‘economic risks’ by researchers and policymakers in Canada. For example, many researchers have argued that teenage mothers are less likely than their non-teenage mother counterparts to achieve secondary and post-secondary education, and thus are less likely to secure high-waged employment (Dryburg 2000:10). Moreover, researchers argue that these women are more likely to remain single and therefore suffer from the financial burden of single motherhood (Dryburg 2000:10). National statistics do suggest that more and more teenage mothers are choosing to raise their children as single mothers. For example, one study suggests an increase from 25% of teenage mothers remaining single in 1974 to 81% in 1994 (Maticka-Tyndale et al.2001:6). In addition, international research suggests that teenage motherhood is associated with lower levels of educational achievements in developed countries, including Canada (Darroch et al. 2001:42). A longitudinal study from Canada suggests similar
patterns, finding that women who had been teenage mothers were more likely to remain single and less likely to complete high school or post-secondary education than women who became mothers later in life (Luong 2008).

While the quantitative literature clearly suggests that young motherhood is associated with decreased educational attainment, lower levels of employment, and lone motherhood, this does not necessarily mean that young motherhood ‘causes’ these circumstances. However, discourses that construct young pregnancy and motherhood as economic burdens or risks clearly assume this causal relationship. Ethnographer Wendy Luttrell has suggested that the shift towards constructing teenage motherhood as an ‘economic risk’ replaces, yet continues to parallel the logic behind previous, religiously-based constructions in which young, unwed mothers are seen as threats to the ‘traditional family’ (Luttrell 2003). Luttrell explains that, “unmarried teenage mothers pose a threat to the traditional relationship between families and the state, a threat that could, if not checked, lead to demands for all sorts of government provisions” (Luttrell 2003:33-34). In other words, the social construction of young motherhood as an ‘economic risk’ is based upon neoliberal ideologies which assume a causal relationship between social inequalities and the actions of individuals—rather than broader structural inequalities and power imbalances.

This type of neoliberal rationale is becoming increasingly hegemonic in Canada (and worldwide). Neoliberalism proposes that “human well-being can best be advanced by the maximization of entrepreneurial freedoms within an institutional framework characterized by private property rights, individual liberty, unencumbered markets, and free trade” (Harvey 2007:22). Importantly, the shift towards neoliberalism in Canada has transformed the role of the state in the lives of individual and families. Namely, the state is constructed as less responsible
for ameliorating the social and economic inequalities evident in society through the provision of resources and services. In a recent analysis of policy and discourse associated with ‘lone mothers’ in Canada, Murray underscores the far-reaching effects of this neoliberal shift on how social programs and service provisions are understood and construed in Canada.

The idea that the vagaries of the market had to be balanced by public social programs gave way, as these same programs were now reconstrued as creating disincentives to employment, encouraging unemployment, laziness, and dependency. Social assistance recipients were defined as “nonworking” drains on the public purse, threats to taxpayers, to the proper functioning of the economy and government, and a danger to the traditional family. (Murray 2008:5)

As this excerpt from Murray’s analysis suggests, the rise of neoliberalism in Canada has had significant consequences for the ways in which social inequalities are addressed in contemporary policy. Similarly, Olena Hankivsky has traced how the introduction of neoliberal policies in British Columbia—including the restructuring of government ministries and the elimination of certain social services programs—has undermined women’s social and economic security (Hankivsky 2009). She explains that, “because of inequities in income and the unequal division of labour, [women] have generally been more dependent on the state in terms of public services and income transfers” (Hankivsky 2009:118). Thus, neoliberal policies which limit or even eliminate these services have had detrimental effects for women’s employment conditions, safety, food security, income assistance, and childcare options (Hankivsky 2009:123). Due to these changes, Canadian women are increasingly likely to be living in conditions of social and
economic insecurity. While these shifts have had devastating consequences for all women, Hankivsky emphasizes how these effects have been more heavily borne by vulnerable populations such as young and lone mothers (Hankivsky 2009).

Thus, policy discourses which emphasize the ‘economic risks’ that young and lone mothers experience (and pose to the state) are founded on neoliberal logics that blame young mothers for their low economic ‘productivity’ (e.g. low educational attainment and employment). Moreover, these discourses tend to ignore the profound implications of the recent cut-backs in government resources and provisions for young mothers and other women, as well as broader power imbalances and socioeconomic inequalities, which likely impact the young mothers in these studies. Despite the salience of the social construction of young pregnancy and motherhood as economically risky, it is unlikely that pregnancies of individual mothers are the ‘cause’ of associated economic disparities; moreover, this connection cannot be understood without considering the impact of government cutbacks and other structural determinants.

*Teenage pregnancy as ‘unplanned’ and ‘unwanted’*

Clearly, dominant social constructions in Canadian society emphasize the ‘problems’ of young pregnancy and motherhood, whether in terms of moral problems, health risks, or economic burdens. Paralleling these constructions is the assumption that young pregnancies are ‘unplanned,’ ‘unintended,’ and ‘unwanted.’ Given these assumptions, contemporary Canadian policy discourses focus on the prevention of teen pregnancy and the need to further enhance sexual and reproductive education (c.f. McKay and Barrett 2010, Ordolis 2007). However, recent research problematizes the assumption that teenage pregnancies are unanimously unintended. Firstly, there is little evidence to support the assumption that Canadian teens are particularly
ignorant about sex and contraception (Fisher et al. 1998, Maticka-Tyndale et al. 2001), or that low levels of knowledge ‘cause’ teenage pregnancy (Arai 2003, Duncan 2007). Moreover, data from national surveys suggest that not all Canadian young people desire to avoid pregnancy. For example, in the 2005 Canadian Community Health Survey, over eight hundred of the 9752 young people (8.6%) interviewed did not desire pregnancy avoidance (Statistics Canada 2005; Berthin, unpublished manuscript). Furthermore, as Duncan (2007) points out, ‘planned’ pregnancy is an intrinsically problematic concept:

Pregnancy [among teens] may well be ‘unplanned’, but then so are many, if not most, pregnancies for all women – the very idea of ‘planning pregnancy’ is something of a grey area to say the least (Fischer et al., 1999; Barrett et al., 2004). Few teenage mothers, it seems, regret early childbirth. Like other women ‘unplanned’ does not necessarily mean ‘unwanted’. (Duncan 2007:320)

In short, there is very little evidence to support the notion that young people do not use contraception due to lack of awareness or that all Canadian young people desire pregnancy avoidance. Nevertheless, young pregnancy and motherhood are generally constructed as social problems in Canadian policy, and increasingly so in terms of the possible health risks and economic impacts of early childbearing. Thus, in a society where young pregnancy and motherhood are variously constructed as morally problematic, as a potential health risk, and as economically risky and burdensome, why might some young people feel ambivalent or even positively about pregnancy and motherhood? To begin to understand this, I now turn to existing qualitative research which focuses on young women’s experiences of young pregnancy and mothering.
Experiences of Young Pregnancy and Motherhood

In this section, I review some of the ways in which social researchers have investigated and explored experiences of young pregnancy and motherhood. Because my study is based in Canada, I have chosen to focus this review on studies based in Canada when possible, but also draw upon relevant literature from the United States and United Kingdom. Relating to the cultural constructions discussed above, I begin by reviewing the literature on young pregnancy and motherhood which explores the ways that stigma, social inequalities, and arrangements of power impact the experiences of pregnant teens and young mothers. In contrast to this literature, I review several recent studies which point towards the possible benefits and positive experiences of young mothering. Research from this body of literature suggests that young pregnancy and motherhood can be seen as a ‘rational’ decision for some disadvantaged young women in particular.

Young mothers’ experiences of cultural stereotypes, stigma and social inequality

The dominant cultural constructions of young pregnancy and motherhood discussed above highlight the ways in which teenage pregnancy and motherhood are typically seen negatively in contemporary discourses. These cultural constructions relate to stigmatization of teenage pregnancy and motherhood in Canadian society. In this case, I conceptualize the process of stigmatization in terms of the five components identified by Link and Phelan (2001):

In the first component, people distinguish and label human differences. In the second, dominant cultural beliefs link labelled persons to undesirable characteristics—to negative stereotypes. In the third, labelled persons are placed in distinct categories so as to accomplish some degree of separation of
“us” and “them.” In the fourth, labelled persons experience status loss and discrimination that lead to unequal outcomes. Finally, stigmatization is entirely contingent on access to social, economic, and political power. (Link and Phelan 2001: 367)

Pregnant teens and teenage mothers are commonly subject to this process of stigmatization in Canadian society. Firstly, as I have shown throughout this paper, ‘teenage’ pregnancy and motherhood are constructed as distinct, identifiable categories or labels. As discussed in the previous section, social constructions of teenage pregnancy and motherhood tie these labels to negative assumptions and stereotypes through constructing them as ‘risks’—morally, economically, and in terms of health. Thus, women experiencing ‘teenage’ pregnancy and motherhood are differentiated from the broader population and are subject to discrimination and status loss due to this differentiation. Finally, as suggested by Link and Phelan, marginalized people who have limited access to social, economic and political power in society (such as pregnant, teenaged women) are also more likely to experience stigmatization.

Importantly, qualitative research suggests that the stigma associated with teenage pregnancy and motherhood in Canadian society have implications for the lives of young mothers. For example, a recent ethnographic study from northern British Columbia examines attitudes towards and perceptions of teenage pregnancy and motherhood among youth educators and young mothers (Chabot et al. 2010). In this analysis, the researchers underscore the underlying gender biases around women’s sexuality, ageism regarding teenagers’ ability to parent, and racism towards Aboriginal peoples implicit in the interviews conducted for this study (Chabot et al. 2010:208). Moreover, the researchers argue that while educators increasingly subscribed to
notions of women’s right to reproductive choice, teenage pregnancy continued to be constructed as a mistake within this discourse (Chabot et al. 2010:209-10). As one educator whom they interviewed commented, “They [teenage mothers] are still reaching out for the reason, different reasons to have a second pregnancy...but they’re not the right reasons” (Chabot et al. 2010:210, emphasis in original). Thus, the youth educators assumed that adolescents should desire and ‘choose’ to delay childbearing. This research suggests that moralizing discourses surrounding youth sexuality, including teenage pregnancy, are not absent from the Canadian context, as suggested by some researchers (c.f. Dryburg 2000). Moreover, the prevalence of these discourses among youth educators (and likely other service providers) in this study suggests that these discourses are likely to affect the ways in which support and services are provided to young mothers.

A key theme raised by Chabot et al.’s (2010) study is that social stigmas associated with teenage pregnancy in the Canadian context often tie into racialized assumptions and stereotypes regarding Canadian Aboriginals. This theme is further developed by Sylvia Olsen’s qualitative research project which attempts to reveal the experiences of First Nations young mothers in Canada (Olsen 2005). Her methodology included participant observation, interviews, and focus group discussions with thirteen First Nations young mothers (aged 15-24) living in a reserve community in British Columbia. In this study, Olsen explores these women’s experiences and perspectives regarding teenage sexuality, sexual education, relationships, birth control, abortion, and violence. Based on her participants’ experiences, Olsen concludes by emphasizing the need to abandon existing stereotypes in Canada surrounding teenage pregnancy, and the stigma towards Aboriginal teen mothers in particular (Olsen 2005). Both Chabot (2010) and Olsen’s (2005) research suggest that the stigma towards teen pregnancy is specifically bound up in racist
assumptions regarding Aboriginal teen mothers within British Columbian communities, and likely Canada more broadly.

In relation to Olsen’s project, other researchers have focused on the ‘politics,’ or unequal arrangements of power, related to teenage pregnancy in Canada. For example, in *Pregnant with Meaning*, Deirdre Kelly engages a critical ethnographic approach to study the ways in which teenage pregnancy is bound up in relations of power within the British Columbian education system (Kelly 2000:185). In this study, Kelly aimed to reveal the conflicting and often contradictory stereotypes attached to teenage pregnancy and motherhood, and the challenges that schools face in attempting to be more inclusive of teenage mothers in light of this stigma (Kelly 2000:3). This ethnography was conducted in the early 1990’s, a period in which Kelly argues the harsh stigma towards teenage pregnancy and motherhood prevalent in the United States was also common in Canada (Kelly 2000:3). Her methodology included extended observation in classrooms and extra-curricular activities, ‘shadowing’ teen mothers during their school day, and “interviewing hundreds of students, teachers, school administrators, school trustees, community representatives, and school-based child care staff members” (Kelly 2000:3).

Overall, Kelly emphasizes gendered and socioeconomic inequalities, rather than racialized assumptions *per se*, in her discussion of the stigma surrounding teenage pregnancy in Canada. Namely, Kelly draws attention to the ways in which stigma attached to teenage mothers relates to intersecting notions surrounding young women’s (versus young men’s) sexuality, ideologies of motherhood, and the role of the state (i.e. welfare). She then explores the discourses and institutional practices that construct the teenage mother as an ‘Other’ in the educational setting, comparing and contrasting experiences in a segregated, ‘alternative’ education program for teenage mothers with an integrated, ‘inclusive’ education program (Kelly
Overall, this study draws attention to the stigma and complexities of power that affected teenage mothers in BC educational settings during this time period. Moreover, Kelly’s analysis grounds these local struggles in broader social and political forces, including a shift towards a neoliberal political economy in Canada.

In contrast to this political economic approach, other ethnographers have explored how the arrangements of power related to young pregnancy and motherhood are affectively experienced and made meaningful in the everyday lives of young women. For example, Wendy Luttrell conducted an interpretive ethnography of teen pregnancy in the United States that focused on the experiences of participants in a specialized high school program for pregnant teens (Luttrell 2003). In this study, Luttrell engaged an arts-based ethnographic methodology, in which her research participants participated in a variety of self-representation projects. These projects including ‘performing’ teenage pregnancy through skits and role-playing, creating a “Who am I?” collage using images and words from teenage magazines, and constructing a collaborative book of self-portraits with written self-descriptions (Luttrell 2003: 41).

By analyzing these representations and the processes of their creation, Luttrell explores the stigmatizing discourses and cultural stereotypes which impacted the participants of the high school program. In particular, Luttrell explores the ways in which the participants adopted and identified with these discourses in their own self-representations. Luttrell explicitly writes that she does not aim to describe the ‘politics of teenage pregnancy’ in this context; rather, she hopes to uncover “the layers of social and psychological forces at work in the education and/or miseducation of pregnant teenagers” (2003:xvii). Luttrell’s ethnography demonstrates how these participants often experienced strong emotional and affective responses as they wrestled with conflicting ideas related to social identity, race, social class, and body image (Luttrell 2003:141).
Luttrell’s interpretive approach to ethnography is revealing of the ways in which stereotypes and stigmas regarding teen pregnancy can have strong impacts on the affective and emotional experiences—i.e. the everyday lives—of pregnant teens and young mothers.

**Young people’s attitudes towards pregnancy and motherhood**

These studies clearly indicate that societal perceptions, attitudes, and stigma about young mothering impact the ways in which young women experience pregnancy and mothering. In relation, some researchers have focused on understanding the broader perceptions and attitudes that young people possess regarding young pregnancy and motherhood. For example, Turner (2004) conducted a mixed-method study in Scotland which investigated the perceptions and attitudes of young, not pregnant women towards teenage pregnancy, motherhood, and abortion. This study was conducted at three high schools, two from lower-income neighbourhoods and one from a higher-income neighbourhood, in order to investigate whether these perceptions related to the socioeconomic backgrounds of young people (Turner 2004:225). A key finding from this research was that generally, young women from all socioeconomic backgrounds were unwilling to consider teenage motherhood (Turner 2004:225). Female students from all schools emphasized the possible negative implications of young motherhood, including the limitations that motherhood would place on a woman’s freedom, the impacts it may have on her future relationship prospects, the perception that she would be ‘forced’ to mature and ‘miss out’ on her childhood, and the stigmatization that she may receive from her peers, school, and parents (2004:231).

That being said, this study also suggests stark differences in the ways that young women from differing socio-economic backgrounds conceptualize teenage motherhood. In particular,
students from the higher-income school were much more likely to discuss teenage pregnancy and motherhood as something that happens to ‘others.’ For example, in the discussion groups, students from the higher-income school expressed the view that teenage mothers come from poor backgrounds and ‘bad areas.’ In contrast, none of the students from the lower-income schools mentioned the association between teenage motherhood and socioeconomic deprivation (Turner 2004:231). In relation, participants from the lower-income high schools were much more likely (85% and 92% respectively) than students at the higher-income school (34%) to have personally known a peer who had experienced a pregnancy under the age of 16 (Turner 2004:225).

This study also found differences in the social support that the participants predicted they would receive if they were to become pregnant (Turner 2004). While all of the participants in the focus groups indicated that their parents may be upset if they became pregnant, the students from the lower-income schools were much more likely to indicate that their parents may be fairly supportive (e.g. some participants suggested that their parents would assist with the childcare). In contrast, the students from higher-income school focused on the negative reactions and lack of support that they would receive from their parents if they became pregnant (Turner 2004:232). Moreover, the students from the high-income school described teenage motherhood as ‘ruining’ their university and career plans. Conversely, participants from the lower-income schools described teenage motherhood as a role which would change or postpone (but not ‘ruin’) their plans for the future (Turner 2004:233).

**Positive experiences of young motherhood and ‘planned’ pregnancy**

As this discussion suggests, the majority of research to date has focused on the disadvantages and negative implications associated with teenage pregnancy and mothering.
However, some studies suggest that there may be some possible benefits and positive experiences of teenage mothering. For example, Seamark and Lings (2004) conducted an interpretive, phenomenological study in Britain focusing on teenage mothers’ experiences and the implications that mothering had on their future aspirations (Seamark and Lings 2004:813). While eight of the nine participants in this study had not ‘planned’ their pregnancy, these women generally had very positive attitudes towards being a mother, and emphasized the strong bond they felt with their children (2004:815). In addition, although many of the women felt that having a child at a young age had affected their education and employment prospects, these women viewed motherhood as delaying these aspirations: “most of them were positively anticipating developing careers as their children grew, and some had started on long-term plans in this area” (Seamark and Lings 2004:816). Moreover, some of the participants indicated that motherhood actually provided an impetus for them to pursue these goals (Seamark and Lings 2004:816). Overall, in contrast to the assumption that young motherhood ‘ruins’ a young woman’s life, this study demonstrates how young mothers’ experiences and plans for their future may be positive and adaptive to their unique circumstances (Seamark and Lings 2004:817).

In addition, some research has challenged the assumption that teenage pregnancies are exclusively ‘unplanned’ and ‘unintended’ by young women. For example, in an interview-based research project conducted in Nova Scotia, 18% of the young mothers indicated that their pregnancy was ‘planned,’ while another 18% indicated that their pregnancy was not consciously planned but was “not really unintended as the women actually wanted to have a child so did not use birth control consistently” (Jackson et al. 2001:23). Similarly, a quantitative study in California investigated the pregnancy intentions of unmarried, pregnant teens (15–18 years old) (Frost and Oslak 1999). Of the 187 participants in this study, 32% responded that they had
intended to become pregnant and another 25% responded that they ‘had not cared,’ while less than half (42%) indicated that they had not intended to become pregnant (Frost and Oslak 1999:7). Although the authors of this study emphasize that these statistics may not be ‘representative’ of the Californian population more broadly, these findings clearly suggest that a significant number of teen pregnancies are not unplanned and unintended.

In relation, a recent qualitative study in Britain focused on the motivations and circumstances of young parents who described their teenage pregnancy as ‘planned’ (Cater and Coleman 2006). One of the key findings of this study was the range in the degree to which young parents ‘planned’ their pregnancies—ranging from pregnancies that were clearly planned by both partners, to pregnancies that were planned primarily or completely by the young mother, to pregnancies planned for a specific reason (e.g. concerns around miscarriage or infertility), to pregnancies among young women who were ‘positively ambivalent’ about whether they became pregnant or not, and thus did not use contraception regularly (Cater and Coleman 2006: 21).

In addition, this study suggests that young parents who ‘plan’ their pregnancy may sometimes be reluctant to describe it in these terms. For example, the degree of planning indicated by some of the participants in this study sometimes shifted during the course of the interview: “It took some talking and ‘warming up’ in the interview before some young women felt confident enough to say that they ‘planned’ their pregnancy” (Cater and Coleman 2006:16). The young mothers also reported in interviews that they avoided describing their pregnancy as ‘planned’ to their family, friends, and/or healthcare providers. These young parents may be reluctant to openly describe their pregnancies as intended and planned because they are aware of the stigma and stereotypes surrounding teenage pregnancy, and thus do not want to be negatively judged. As a result of this reluctance, there may be many more ‘planned’ teenage pregnancies
than current estimates suggest. Furthermore, the results of this study indicate that the dichotomy between ‘planned pregnancies’ and ‘unplanned/intended pregnancies’ is problematic. In contrast to this dichotomy, it seems that young women often feel ambivalent towards becoming pregnant, the degree to which they plan a pregnancy exists along a continuum, and how they describe their intentionality may shift over time and in different contexts.

Additionally, contrary to negative stereotypes of teenage pregnancy, Cater and Coleman’s (2006) study suggests that planning a teenage pregnancy can be understood as a ‘rational’ decision within the context of some young people’s lives. For example, many of the interviewees described a history of unemployment in their family and, therefore, generally felt that they had limited options in terms of education and high-waged employment (Cater and Coleman 2006:31). Thus, many of the young parents felt that having a baby provided meaning, a sense of purpose, and future direction to their lives (Cater and Coleman 2006:26). In addition, many of the young mothers indicated that their main motivation in planning a pregnancy was the desire to feel needed and have a loving family of their own, which would allow them to move on from unsettled and negative childhood experiences (Cater and Coleman 2006:29). Finally, many young parents viewed pregnancy as essential to their transition away from experiences of drugs, alcohol, and crime (2006:37). Based on these findings, the authors conclude:
Given the disadvantaged childhood and background circumstances common to the majority of our sample, the decisions to become a teenage parent appear reasonably rational. Pregnancy and parenthood offer these young women a chance to change their lives for the better. (Cater and Coleman, 2006:35)

Another qualitative study from the United States similarly focused on ‘planned’ teenage pregnancy (Montgomery 2001, 2002). Specifically, this study explored the experiences of teens (15 to 17) who were currently pregnant as a result of “actively trying to conceive at the time of conception” (Montgomery 2002:282). The themes which arose in interviews with these young women were grouped by the researcher into two broad categories, namely “wants” and “needs” related to planning a teenage pregnancy. The “wants” category encompassed the various reasons that the participants described for wanting a baby and/or pregnancy. These “wants” included wanting to be perceived as an adult, wanting to have someone to care for and love, wanting to move to the ‘next step’ in the relationship with their partner (or in their lives in general), and generally wanting to have baby and to become a mother. Like Cater & Coleman’s (2006) findings, some of the participants in this study also indicated that having a baby provided them with the motivation to achieve specific personal goals, e.g. pursuing a college education (Montgomery 2002:287). In addition to the reasons for wanting a baby, the participant women in this study also focused on various criteria that they felt they ‘needed’ before planning pregnancy and these are included in the “needs” category (2002:286). Overall, perceived ‘needs’ included that the mother had met specific personal criteria before becoming pregnant (including financial, relationship and age-related goals), that the partner was involved in planning the pregnancy to some extent, environmental issues, and stability.
This study supports Cater and Coleman’s (2006) findings that not all teenage pregnancies are unplanned and unintended. The themes encompassed in the “wants” category point towards the ways in which pregnancy and motherhood may seem desirable and beneficial within the context of some young women’s lives. In addition, the themes encompassed in the “needs” category suggest that young women who plan a pregnancy are likely to put a great deal of consideration into what they ‘need’ in order to have and raise a child successfully. These findings contrast current policy related to teenage pregnancy, which tends to assume that young women who become pregnant are ‘irresponsible’ or ‘unaware’ of the realities and implications of supporting a child.

**Towards a More Nuanced Understanding of Teenage Motherhood**

In the first section of this chapter, I discussed some of the common cultural constructions of teenage motherhood, including the notion that teen mothers and their children are ‘at risk’ of health problems and economic hardship. Building on these cultural constructions, the second section of this chapter outlined the central themes regarding young mothers’ experiences in the existing literature. Overall, some research suggests that young mothers’ experiences are largely negative and that teen pregnancy can ‘ruin’ young women’s future prospects, while other research concludes that young motherhood provides a positive impetus for change for disadvantaged young women. This interpretive, qualitative study aims to respond to these divergences in the literature by focusing on the multiplicity, fluidity and diversity among my participants’ experiences, and the interpretations and meanings that they construct in relation to these experiences. In the remaining chapters, I present and discuss some of the major themes
which emerged during this research with six teenage mothers, in order to achieve a more nuanced understanding of these women’s experiences.
CHAPTER 3. The Young Parent Program and Participant Mothers

In the following chapters, I discuss and analyze some of the important themes that emerged during fieldwork among teenage mothers at a Young Parent Program in British Columbia. In this chapter, I introduce the program and the six mothers who participated in interviews for this study, in order to contextualize the findings of this research. Following this overview, Chapter 4 focuses on the participant mothers’ reflections on teenage pregnancy, while Chapter 5 explores their more recent experiences of young motherhood.

The Young Parent Program

This study was conducted in partnership with a non-profit organization which offers a variety of supports and services in a suburban community in British Columbia, Canada. Within this umbrella, the non-profit organization offers a specialized Young Parent Program (YPP) that provides a variety of services and supports for young parents, aged 24 or younger. My research focused specifically on the experiences of a group of teenage mothers who accessed and participated in the specialized high school education program. The education program is a component of the YPP, and is offered in partnership between the non-profit organization and the Public School Board.

While my study is based in a particular program, this program belongs to a broader group of services, known as Young Parent Programs, offered in communities across British Columbia. These programs have been defined as “programs combining educational and child care components that allow young parents to continue with school while their children attend child
care on-site or nearby” (Norton 2005:1). In fact, during the 2004/2005 school year, there were thirty-eight active Young Parent Programs in BC communities, with a total of 800 childcare spaces available. Young parents are referred to these programs through a number of community services, most commonly public health services, youth workers, and family support programs, but also public schools and school counsellors, the Ministry of Child and Family Development (MCFD), peers and former young parents, Pregnancy Outreach Programs, and Aboriginal Services (Norton 2005).

An environmental scan conducted in 2005 found that across the province, these programs share four basic components: child care for infants and toddlers, a range of additional supports to meet the needs of young parents, public health services, and an affiliation with one or more secondary schools in the school district (Norton 2005). Some of the additional supports provided by the program in my study included the following: transportation to and from doctor and other appointments, daily meals and snacks for the children, donations of clothing, food, and furniture, provision of health services and information onsite during weekly visits by a team of Public Health nurses, social and recreational activities for young parents, life and parenting skills development, and counselling with a Family Support Worker. Overall, these collaborative Young Parent Programs aim to offer a “creative solution to the complex service needs of a small but distinct population of youth and children” and to “provide a flexible and supportive program structure that will encourage participation by as many parents as possible” (Norton 2005:11).

The program where I conducted my study, as with other YPPs in the province, comprises two key components: the education component and the childcare component. For the education component, the mothers can choose to attend ‘mainstream’ classes (i.e. ‘integration’), complete their coursework online in a segregated classroom for only young mothers, or a combination of
the two. This education component is offered within a mainstream public high school. The participants in my study usually chose to complete a mix of online and mainstream courses. For the childcare component, the participant mothers are provided with full-time daycare while they attend classes. The daycare is provided by the non-profit organization in a small building adjacent to the high school. The daycare space is divided into two sections: the Infant area (ages 0 to 18 months) and the Toddler area (18 months to 3 years), which are separated from one another by a doorway and plastic baby gate. During my research, it was common for the infants (who could crawl or walk) to press their faces up against this plastic gate, longing to play on the other side in the Toddler area; meanwhile, the toddlers commonly did the opposite, hoping for a chance to play with the younger children in the Infant area.

All but one of the participant mothers with whom I conducted the research had a child under 18 months old, and therefore I conducted participant observation for this study in the Infant area. This area contains a small table, chairs, and high chairs for the mothers and children to eat their lunches at, a scattered collection of colourful baby books and toys on shelves and the floor, rubber mats, a couch, and a few rocking chairs used by the mothers when feeding their infants. The mothers with infants often came back to the daycare during their ‘spare’ periods or even during class-time, in order to breast-feed or visit with their infants. In addition, all of the mothers were required to return to the daycare at lunch-time, in order to feed and care for their infants and toddlers during the one-hour break. Thus, I came to know the mothers primarily through ‘hanging out’ at the daycare during the participants’ lunch periods, ‘spares,’ and after school. This included talking to mothers while they fed their babies, playing with and assisting the mothers in caring for their children, and sometimes going along with the mothers as they took their children out in the community in their strollers. Given this overview of the Young
Parent Program, I will now introduce the six young mothers whose insights and experiences form the basis of my findings and analysis.

**The Participant Teenage Mothers**

At the time of my research, the participant mothers ranged in age from 17 to 20 years old. Four of the mothers became pregnant at age 16, while the other two were aged 17 and 19. Their children ranged in age from 5 months to 2 ½ years old at the time of study. These mothers came from a variety of family backgrounds, but shared some commonalities. Namely, many of the mothers were raised in large families, often with three or more older siblings. Interestingly, three of the six mothers had an older sister who had also been a young mother. In addition, all of the mothers were raised in lower- or working-class families, commonly in single-parent households, and typically with parents who were unemployed or employed in low-waged service industries. The mothers often described backgrounds filled with emotional turmoil and instability, including having a parent with a mental illness or drug addiction, an abusive boyfriend, and/or impoverished living conditions.

In relation to their class backgrounds, none of the mothers lived in the immediate, middle-class neighbourhood in which the YPP was located. Instead, the mothers had transferred from other high schools or returned to school from work or ‘time-off’ specifically to attend the YPP at this high school. Thus, the participants either travelled with their baby and stroller to the YPP by bus, or were driven to the program by a parent or boyfriend. For the mothers who had been attending full-time high school programs at other schools when they became pregnant, the transition to YPP often was very difficult. These mothers described how they missed their friends, boyfriends, and teachers whom they had come to know in the first few years of high
school. Moreover, because many of the mothers transferred into the YPP for grade 12, they tended to feel excluded from the graduation events at the new high school. In addition, some participants transitioned to the YPP from either work or ‘time off’ (having previously dropped out of high school). These women often described feeling out of place and awkward in the high school, viewing themselves as more mature (due to their age and role as a mother) than the other students in the mainstream classes.

In addition, there was some ethnic and racial diversity among the participant mothers. Among the eight active participants in the YPP at the time of this study, three self-identified as ‘Native’ or ‘First Nations’¹ and two of these mothers lived on reserve. The other five made no reference to their ethnic or racial identities but are people whom I perceived as ‘white.’ Among the eight YPP participants, two of the First Nations mothers did not participate in my study. One had asked not to be included in the study and did not want to be interviewed. The second mother indicated initially that she would like to participate, but faced many personal challenges during the research period that took precedence over participating in an interview. Because the children of these women attended the ‘Toddler area’, their absence from the study did not affect my ability to conduct participant observation (which was conducted in the ‘Infant area’ or outside of the daycare). In the end, six participants were involved in the study, including one First Nations mother and five ‘white’ mothers. Table 1 provides a brief sketch of each participant mother, including her age at initial pregnancy, her relationship with the child’s father, and her current living arrangements.

¹ During my research, I did not ask participants to state their racial or ethnic identity; however, the three First Nations mothers volunteered this information.
Table 1: A brief overview of the six participant mothers.²

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age at initial pregnancy</th>
<th>Age at the time of study</th>
<th>Relationship with the baby’s father</th>
<th>Living arrangement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah</td>
<td>16</td>
<td>18</td>
<td>Together</td>
<td>Living with boyfriend in his parents’ home</td>
</tr>
<tr>
<td>Leanne</td>
<td>16</td>
<td>17</td>
<td>Together</td>
<td>Living with boyfriend in his mother’s home</td>
</tr>
<tr>
<td>Marie</td>
<td>16</td>
<td>20</td>
<td>Separated / friendship</td>
<td>Living in ex-boyfriend’s parents’ home</td>
</tr>
<tr>
<td>Wendy</td>
<td>19</td>
<td>20</td>
<td>Separated during research period</td>
<td>Living in mother’s home</td>
</tr>
<tr>
<td>Jamie</td>
<td>16</td>
<td>18</td>
<td>Separated, but ‘on-again-off-again’</td>
<td>Living in mother’s home</td>
</tr>
<tr>
<td>Kyla</td>
<td>17</td>
<td>18</td>
<td>Married, but separated and estranged</td>
<td>Living in mother’s home</td>
</tr>
</tbody>
</table>

In the course of my research at the Young Parent Program, I gained an appreciation for the wide range of experiences felt among the participant mothers, as well as the shifting, multiple experiences felt by each mother. For example, it was not uncommon for a participant to reflect very positively about her experiences of pregnancy and mothering during an interview, but later to express contradictory or even negative interpretations of the same experiences in a different context. It seemed that the context and audience (e.g. researcher/interview vs. ‘friend’/hanging

² All of the names used in this report are pseudonyms in order to protect the confidentiality of the participant mothers.
out) may have impacted the ways in which the mothers’ described their experiences. Moreover, the mothers seemed to simply have some ‘good days’ and some ‘bad days.’ Overall, there is no single, over-arching way that young pregnancy and mothering were experienced and described by all of my participants, and in all circumstances, times, and social contexts.

That being said, the following two chapters summarize some of the key themes that emerged during my research among these women at the YPP. I have organized themes into two broad categories: experiences of pregnancy and experiences of motherhood. *Chapter 4* focuses on the participant mothers’ reflections on their experiences of pregnancy, including their initial reactions to pregnancy and the decision to keep their babies, while *Chapter 5* will focus on the participants’ more recent experiences of young motherhood, including the importance of social supports and relationships on their experiences.
CHAPTER 4. Experiences of Teenage Pregnancy

This chapter explores the ways in which the participant mothers described their experiences of teenage pregnancy. The participants had all given birth at the time of the research process, and so experiences of pregnancy have been constructed based on the mothers’ reflections and memories rather than in ‘real time.’ For example, in interviews, many of the participants described in great detail their initial reactions to the news of pregnancy, as well as the ways in which they struggled with the decision to ‘keep’ their baby rather than choosing an abortion or adoption. Moreover, some participants emphasized the ways in which they grappled with simultaneously being pregnant, a ‘teenager,’ and often, a high school student. Overall, the experience of being pregnant seemed to be highly meaningful to these young women, and seemed to be an experience about which most of the participant mothers were extremely reflective.

Initial Reactions towards Becoming Pregnant

To begin, one of the most significant memories that the mothers reflected upon was the moment that they first discovered that they were pregnant. Notably, the mothers described feeling a wide variety of emotions and reactions. Perhaps the most positive response was from twenty-year old Wendy, who reflected with a beaming smile, “I was happy—I was extremely happy. Because I’ve always wanted to have a baby.” Seventeen-year old Leanne described feeling less positive when she discovered that she was pregnant, but overall, she felt confident in her ability to become a mother. She described helping her older sister, also a young mother, in
raising her niece, and thus had experience in raising a baby. Also, because her sister had
previously attended and graduated from the Young Parent Program, Leanne felt extremely
confident that she would be able to do so and finish high school as well. Summing this up,
Leanne reflected, “Well, I was pretty confident, because I knew what I was going to do.”

In contrast to these relatively optimistic reactions, the other four interview participants
described experiencing varying degrees of denial, shock, sadness, and worry when they found
out that they were pregnant. The following quote from Marie exemplifies these types of feelings:

I am not going to lie; my whole world came crashing down. It was not a
positive thing. I never tricked myself into thinking it was going to be this
magical, beautiful thing that, “Me and the daddy were gonna have this great
relationship, and he’s gonna work and I’m gonna stay home and have this
happy baby.” No. I knew it was going to be work.

Notably, the participants all described the feeling of ‘knowing’ that they were pregnant
(e.g. due to intuition, missing their period, weight gain, nausea, etc.), but described themselves as
in ‘denial’ about it. For example, Kyla described how she felt particularly scared that she had
harmed the baby due to her ‘denial’ of pregnancy:

I was in denial. Because I missed my period by like...18 days. And I was
spotting. And I was gaining some weight. And like...I was tired. Getting a lot
more tired and stuff. So...we went to the clinic, and sure enough, I was
pregnant. And it wasn’t just like two weeks—I was six weeks pregnant. And, I
just felt so, so scared. And so bad, because like, all the time I didn’t know I
was [pregnant], I was like drinking and smoking and stuff. And I just felt
really, really bad because I thought I’d harmed it.

The other two mothers similarly described the news as scary, confusing, and
overwhelming, emphasizing that they generally felt too young and unprepared to raise a baby:
Sarah: I didn’t know what I was going to do with my life yet. And to have to look after another human being? Not just yourself? And to have to worry about them? Stuff like that.

Jamie: Well, I mean, I was only 16, so at that point...I was like...I just didn’t...I didn’t think I could do it. I was...I don’t know. I didn’t really want to have a baby at that point because it was just really young. […] But I just didn’t think I could do it. Like I didn’t have a job and everything, and I was still going to school, and I was still living with my mom...

While Sarah was primarily concerned with the changes that a baby would have in her priorities (i.e. focusing on the baby rather than herself), Jamie seemed more concerned with the fact that she did not have a job, an independent household, and an education before having a baby. Thus, for Jamie, her own understandings of the qualities one needs in order to be a ‘good mother’ were tied into neoliberal ideologies that emphasize economic success in society.

Similarly, Marie commented to me during one of our conversations:

I wasn’t expecting to have a child with a boyfriend that was going to leave me having to deal with parenting conflicts, having no money, being so young, not being established in society. I didn’t...that was never going to happen to me—like so many people have said.

Concerns around being ‘established in society’ or ‘having a good job’ were similarly raised by the other mothers during my research. Moreover, during participant observation the mothers commonly explained with sadness and shame that they could not afford certain luxuries (e.g. a fancy stroller or toy) for their babies. Thus, my study suggests that the cultural construction of young motherhood as an ‘economic risk’ may have negative impacts on how young women feel about their abilities to parent. Interestingly, Kyla was one mother in particular who challenged these ideals in describing what she thought made a ‘good mother’:

I think no one is ready for a child. You can be financially stable—you can have all the money in the world, all the books on how to raise children in the world.
But…you’re never ready to have a kid. It’s like, it’s not something you can plan—or that you can plan out. Like, ‘Okay this is how I’m gonna raise her. This is how I’m gonna do this, do that.’ I don’t know. It’s life changing. It’s trial and error.

Additionally, the participants’ initial reactions to becoming pregnant do not suggest that the mothers had intended or planned to become pregnant—particularly among the four women who were upset and scared by the news. Even Wendy, who had explained to me that she had always wanted a baby, did not describe her pregnancy as ‘planned’:

It’s not that it was planned, but we knew the consequences of having sex with no birth control and no condoms. We were just kind of waiting for it, you know? Like, we never took any precautions... I don’t know. I don’t know if I’d called it ‘planned’ or ‘unplanned’...it kind of just happened.

Wendy’s perspective suggests the ways that pregnancy often can be neither planned nor unplanned, but “kind of just happens.” Moreover, Kyla aptly argued above that pregnancy and mothering cannot be planned out and rather, are “trial and error.” These perspectives highlight how the emphasis on ‘planned’ pregnancies in teenage pregnancy policy (cf. Chapter 2) can be problematic. This is challenged further by the perspectives of the other mothers, who described their pregnancies as ‘unplanned’ and ‘unintended’ but not as ‘unwanted.’ For example, Jamie explained how she became excited about having a baby once she overcame her fears of being unprepared:

Once I started getting further along, I realized that I could do it [have the baby] and I just got really, really excited.

Similarly, Kyla described her decision to keep the baby as, “the best choice I ever made.”
Abortion, Adoption, and the Decision to ‘Keep’ the Baby

In relation to the mothers’ reactions to the news of pregnancy, many of the mothers emphasized the reasons that they chose to keep their babies, rather than having an abortion or giving the baby up for adoption. While most of the mothers did not seem to hold anti-abortion sentiments per se, they often emphasized that abortion was not right for them personally, or would simply be too challenging emotionally. For example, Leanne felt that an abortion would be so emotionally difficult that it may have led her to self-harm:

I mean, I always knew that abortion wouldn’t be for me. Like, I wouldn’t be able to go through it—if I did go through with it, I know that I would be so emotionally wrecked that I would probably end up hurting myself...because ...like the guilt and stuff. Like, if it’s the right choice for other people then that’s fine but…it would be much easier to live with her [the baby] than it would be to not live with her.

Moreover, two of the mothers described abortion with more disapproval, defining it as ‘murder’ or ‘killing an innocent baby.’ Despite their own unwillingness to consider abortion, many of the mothers described feeling pressured by the father of the baby, friends, or their parents to do so. For example, Kyla described how she almost went through with an abortion after being pressured by her (ex)-husband. She explained that she had visited the sexual health clinic and received medication to dilate her cervix, so that she would be able to induce an abortion the following day. However, she ultimately did not go through with the procedure due to her affective feelings of uneasiness:

So I got that done [medication to induce abortion] but I just...we just get these feelings, you know? When things aren’t right... And I got this feeling. And, I was so uneasy—like I was a mess, an emotional mess. I kept crying. And I was worrying. I couldn’t think straight. I was restless, like... it was horrible. I’ve never felt like that before. And I just knew...it’s wrong, it’s murder. Like,
it’s a helpless baby. So...I just...I was like, “No, I can’t do this.” So I went to the emergency room, and got it taken out.

Jamie had also initially intended to have an abortion due to her own feelings of uncertainty and unpreparedness to have a baby. Similar to Kyla above, she recollected and emphasized the precise moment in going through with the procedure when she changed her mind:

Well, just when I went for the ultrasound, I was just like, ‘Oh my god. I can’t...like I have to keep my baby’ [laughs]. I can’t just... do that.

Some of the mothers also described struggling with the decision about whether to give up the baby for adoption. Interestingly, they commonly emphasized the baby as a ‘part of themselves’ which they would not be able to give up to someone else:

Marie: I wasn’t strong enough...to go through with [adoption]... I wasn’t strong enough to give up something that had my eyes. That was going to grow like me. That was a part of me. That I made...I wasn’t willing to give that up and have that be someone else’s world.

Sarah: After having it and seeing it, I probably wouldn’t want to give it away. And it’s like—it’s a part of me and my boyfriend. And it would just be hard, knowing that someone else has a part of you, and is looking after it and stuff like that.

Of course, all of the mothers in this study ultimately decided against both adoption and abortion, and chose to give birth and keep their babies. However, my study suggests that the decision to keep the baby cannot be understood as a product of simply ‘rational decision making.’ For example, decisions against abortion and adoption did not seem to arise from the mothers weighing out the pro’s and con’s of having a baby, and making the choice to keep it. Instead, as Kyla and Jamie’s experiences of the abortion procedure suggest, embodied, affective
impulses often weighed heavily in the young women’s decisions. Similarly, I asked Marie how she ultimately decided against giving her son up for adoption, and she replied simply:

Well pretty much the decision was made for me in my head. It was just not—it was like a physiological thing: ‘This [baby] is mine, this doesn’t go anywhere.’

Experiences of Being Pregnant

In addition to the participants’ memories of discovering their pregnancy and their decision to keep their babies, the participants were also reflective about their experiences of actually being pregnant. When I inquired about what it was like to be pregnant, the mothers generally reflected on this memory very positively. For example, Kyla commented simply:

I never had morning sickness, no back pain. No mood swings. I don’t know. It was really ideal. It was an awesome pregnancy.

Marie similarly described her pregnancy optimistically. She emphasized with pride that she was able to gain a promotion at work during pregnancy, due to working long hours. She went on to explain that she was able to work hard because her body had simply ‘adapted’:

It [pregnancy] really wasn’t that bad. I don’t know. It’s hard to put your finger on it, because your body just kind of adapts when you’re putting it [the baby weight] on so slowly.

Additionally, while the participants described being stigmatized and stereotyped in the school and community as young mothers (to be discussed later in Chapter 5), it was uncommon for the mothers to mention these types of experiences when describing their pregnancies. Instead, the participants tended to emphasize how supportive and friendly people had been when they were pregnant. For example, Jamie recalled her experiences of being pregnant at high school (eventually giving birth in mid-June):
Everyone was really happy for me, and supportive. [...] I felt like everyone was like looking out for me—they’d let me sit down if there was no seat for me. And everyone was really nice. I was like so huge—my belly was like out to there [motions with hand]—and the lunch ladies would give me so much food.

Leanne similarly reflected upon the added attention she received when she had been pregnant at her old high school, though with more skepticism and distrust:

Well...it was funny, because everybody wanted to be my friend suddenly. Like, I was never popular. And then, all of a sudden, everyone wanted to be my friend—well, ‘friend’ [finger quotes]. I knew it wasn’t me that they wanted to be friends with. They wanted to be friends with the exciting situation. You know? They wanted to be in there and a part of it. It was like, acquaintances that I barely knew—like, I didn’t even know their names—they were like, “Oh, make sure you text me when you go into labour.”

In addition, the mothers who had been in high school during their pregnancy also emphasized some of the difficulties that they faced. For example, Jamie and Leanne, both of whom had given birth in June of the previous year, needed to schedule their final exams around their babies’ due dates. As Leanne explained, “It was hard, because I had to do my math exam before we’d even finished everything in math. And yeah…that was hard.”

Moreover, some of the participants emphasized the difficulty in attending school and work due to the ‘biological’ challenges of being pregnant:

Leanne: And I was so exhausted all the time too, right? Like...I mean I had pretty good energy, but like, I was still pretty exhausted. And I remember one time, I puked into the garbage bucket of my Earth Sciences class because I had morning sickness so bad.

Kyla: I fainted a couple of times at work...like in the early second trimester, just from standing in one spot, because I was a cashier.
However, even in these more challenging incidences, the participants tended to recall them light-heartedly, usually laughing at the memory. Overall, these participants emphasized that they had enjoyed being pregnant.

The one exception to this trend was Sarah, who had experienced medical complications during pregnancy. Sarah explained to me that during her ultrasound, the doctor had been called in by the technician and informed her that she had an ‘open’ or ‘weakened cervix.’ A weakened cervix occurs in only about 1 in 100 pregnancies, and occurs when the fetus grows and gets heavier, presses on the cervix, and causes the cervix to dilate before the baby is ready to be born (American Pregnancy Association, 2007). Because of this condition, Sarah was at higher risk of experiencing a miscarriage or premature delivery. Sarah spent several days overnight in hospital during her pregnancy, and was put on bed rest for the remaining few months until the birth of her baby. Thus, in recollecting her pregnancy, Sarah thought back and described it simply as, “Hard. Really hard.” Interestingly, although Sarah had suffered this particularly challenging pregnancy, she was one of the mothers who tended to reflect very positively on her experiences of mothering—emphasizing the extensive social support she received from the baby’s father, her family, and friends. Thus, as the following chapter will demonstrate, the mother’s initial reactions towards pregnancy and experiences of being pregnant did not always correlate to the ways that they interpreted and perceived their experiences of young mothering.

Conclusion

Overall, these findings suggest that young mothers had diverse emotional and physical experiences of pregnancy. The mothers’ reactions to pregnancy ranged from excited, to somewhat confident, to devastated. Similarly, their embodied experiences of pregnancy ranged
from Kyla’s “ideal pregnancy” to Sarah’s medical complications and hospitalization. In other words, there is no single way that teenage pregnancy is experienced in all cases and circumstances. While the mothers did share some commonalities, such as the impact of affective impulses on their decision to keep the babies, my findings suggest that experiences and perceptions of young pregnancy may shift with each woman’s particular circumstances, social context, and personality.
CHAPTER 5. Experiences of Young Motherhood

Building on themes presented in Chapter 4, in this chapter I focus on the ways in which the participant mothers’ described their experiences of teenage motherhood. Firstly, I explore the experiences that the mothers perceived as challenges, struggles, and negative impacts of teenage motherhood. These experiences included stereotyping and stigma, the ‘hard work’ that mothering often entails, and financial concerns. Secondly, I explore the experiences that the participant mothers perceived as benefits and positive outcomes of becoming a teenage mother. These experiences included the happiness and fulfillment that the women gained from mothering, and other transformations that occurred in these women’s lives, which the participants attributed to having a baby (e.g. returning to school, leaving abusive relationships, etc.). Finally, with these experiences in mind, I analyze the significance of social supports and relationships in the experiences of young mothers. The findings summarized in this chapter ultimately emphasize the complex and multiple ways in which young motherhood is experienced and perceived by the participants, as well as underscore the importance of social supports and relationships in the lives of young mothers and their children.

Perceived Challenges and Negative Experiences of Motherhood

Stereotyping and stigma

As one may expect, the participants in this study emphasized many experiences that they perceived as challenges and negative consequences of young motherhood. Firstly, many of the participant mothers in my study described experiences of stigma and stereotyping due to being a
teenage mother. This is supported by existing research among other young mothers living in British Columbia (Chabot 2010, Olsen 2005). In particular, the participants in this study commonly experienced these issues at school and in the community by virtue of participating in the Young Parent Program (YPP)—a program that is relatively well-known in the surrounding neighbourhood. For example, Sarah described the prevalence of harsh stigmas and stereotypes associated with participants of the YPP, and emphasized that it was a deterrent in her wanting to attend the program:

I didn’t really want to come here, just because...like, I don’t know. My boyfriend’s friends, and all their friends...they make fun of this school and everything, and stuff. Just because of the young moms, and like, they call them sluts [...] “Slut-ville.” Stuff like that. They say that their boyfriends don’t stay with them and it’s just a one-night-stand sort of thing.

Sarah went on to explain that the notion that the YPP participants were promiscuous and that they had been abandoned by their babies’ fathers continued to be common stereotypes among the other students at the high school, as well as among young people in the surrounding community. Sarah also felt that other students made fun of her and whispered about her for being a teenage mother when she walked through the school, and in particular, when she was seen walking towards the YPP daycare annex during lunch period. This example demonstrates how generalized, societal-level stigmas (such as the stigmas regarding teenage pregnancy and motherhood prevalent in Canadian society, cf. Chapter 2) may inform and produce local-level, specific stigmas that become attached to a particular program or group (in this case, the YPP). As the only First Nations participant, it is possible that Sarah experienced particularly harsh stigmas and stereotyping due to racist assumptions related to teenage pregnancy, as identified by previous researchers (Chabot 2010, Olsen 2005). However, Sarah did not identify racialized
issues as impacting her experience; instead, she felt that the stigma related to the YPP impacted young mothers of all ethnicities and races.

Leanne described less intense stigma within the high school, but described her experiences in mainstream classes as simply ‘awkward.’ For example, she described how she feels embarrassed and singled out when she is commonly called out of class to breastfeed her baby:

I have to be called out of class to feed [my baby] right? And so sometimes, when it’s really quiet and everybody’s working, my phone buzzes, and I’m like “Ohhh...I have to go to the daycare.” And then, like...everybody watches me go and they’re like ‘Heh heh heh’...and yeah...and then I come back in, and I’m like “What did I miss?” I don’t know...Yeah. [looks down into her lap and pauses] It’s kind of...I don’t know...It’s awkward sometimes.

Leanne and Sarah’s experiences highlight the ways in which being a teenage mother can be difficult within a mainstream high school, including the risk of bullying, ostracism, and awkwardness among their peers. These experiences were perhaps even more significant for the slightly younger mothers (i.e. Leanne, Sarah, and Jamie) who emphasized wanting to fit in with their peers and participate in ‘normal’ grade 12 events.

In addition, the mothers described experiences of stigma and stereotyping in the broader community. Namely, every mother whom I spoke to described at least one instance of being given a ‘dirty look’ when they were in the community with their baby. The mothers also described having strangers approach them and explicitly make comments, such as “The baby isn’t yours is it? You're too young to have a baby!” The participants explained with frustration that if an older mother had behaved the same way as themselves, people would applaud them for being hard-working mothers. Instead, these mothers were met with disapproval in the
community. For example, some of the mothers describe how they feel that people challenge their ability or expertise as mothers, which they found particularly frustrating, unmerited, and unfair:

*Jamie:* There’s the old ladies that will be like—like in the stifling hot summer and they come up and are like, “Oh you should put a hat on her.” And it’s like they think, “I’m old. I know best.” But I’m like, “Well, *I’m her mom. I know best.*”

*Leanne:* I remember this one guy at the bus stop, he...um...he said, ‘Is that your baby? Oh you look so young. You look seventeen.’ And then, [when the bus came] I was like, “Okay, you have a good day,” and he was like, “Yeah...you have a good life.” Like he was worried about me, you know? And it’s like, you don’t know my situation. You don’t have to be worried about me. It’s not like I look like I’m a junky or something. Like, I—I’m just a *mom* that happens to be a bit younger.

In addition, some of the mothers emphasized that people commonly assumed that they were ‘single mothers’ because of their age, and discriminated against them for being unmarried. This is exemplified by the experiences described by Wendy:

I’ve had at least two or three different people on the bus, just like sit down with me and have huge conversations about how I should ‘get married’ to the father because [my daughter] ‘needs both parents.’ And that I’m ‘so young’ and that it’s ‘not fair to be a single mother.’ And I’ve told them, “I’m with the dad. We’ve been together for five years.” And they will be like, “Oh no, no, no. But you’re a single mother and...” and I was like, [sighs] “I’m not even—I’m not even going to argue. Okay, I’m a single mother. If that’s what you want to think.”

As the above quotes suggest, for most of the participants, these experiences were seen as merely annoying and frustrating. However, for Marie in particular, these experiences caused her to question her own abilities as a mother, demonstrating the profound impact that stigmatization can have:

[These experiences make me] feel like I’m one of the moms I don’t want to be. I’m one of those moms that I see and I’m like, “What the fuck?” Excuse my
language, but when I hear that, I’m just like, “Shit. Are they right?” You know, “Am I doing stupid, bullshit teenage mom stuff without even knowing it?”

**Gendered division of parenting responsibilities**

In addition to stereotyping and stigma, the young mothers also often emphasized the challenges they faced due to the responsibilities and ‘hard work’ of parenting. Typically, the young mothers in my study assumed responsibility for the majority—if not all—of the parenting labour. In consequence, many of mothers commonly complained about a lack of sleep, loss of freedom, and a feeling of social isolation, by virtue of their mothering responsibilities. This is demonstrated by Leanne, who said with a laugh:

Well, it’s [my life] all about her. I mean...my day is not ‘my’ day anymore—it’s her day. Like, my ‘me’ time? It’s a shower. Like, a ten minute shower is my ‘me’ time. Like, once every two days—it’s like, that’s my me time. [...] And she dictates when I get to go to the bathroom. You know? Like, I have to hold it in for hours sometimes, because of her.

While Leanne joked about her role as a mother, the burden of these responsibilities was not always seen light-heartedly and sometimes it had serious consequences for the mothers (e.g. feelings of exhaustion and hopelessness). For example, several of the mothers described instances when they had actually fallen asleep during their high school classes and exams, due to being up with their infants for ‘night-feeds’ the previous night. As Wendy explained, the hard work and responsibilities of parenting were ongoing, all day and night:

I get home at, like, four. And I want to instantly go to bed. Like, I’m just dead tired. But I know that I have to make bottles for the morning, get her diaper ready, you know? Feed her while doing all this. Do whatever chores my mom wants to me to do. And give her a bath, get her ready for bed—fight with her to get her to go to bed. And it’s just...it’s just so much harder than not having a child.
In addition to these responsibilities, the mothers worried about financially affording the basic necessities for their babies, such as diapers and baby food. In order to afford these things, many of the mothers worked part-time jobs at night and on weekends, in addition to attending high school full-time during the day. Interestingly, the mothers tended to emphasize an idealistic gendered division of parenting labour, in which they viewed themselves as mothers as the ‘caregivers’ and the fathers as the ‘providers.’ This ideal was commonly used by the mothers’ to explain various aspects of their relationships and encounters with the baby’s father, as demonstrated by the following quotes:

**Leanne:** There’s always that pressure on the man to be the breadwinner and all that. But like, I don’t want him to have that pressure. And, I mean, I want him to be happy. And, I am happy if he is happy and my baby is happy. So...like...yeah. I’m trying to work to make him happy...so I can be happy.

**Kyla:** A lot of men start abusing women when they get pregnant. It’s kind of like loss of control—they’re either jealous—jealous of the bond between the baby and the mother. Or...they’re scared of the unknown—like the responsibility, because the fathers are basically the providers and the mothers are the nurturers, right?

Despite the prevalence of this ideal among the mothers, as Leanne’s quote above suggests, usually the mothers actually assumed the responsibilities of both caregiver and financial provider. The significance of these responsibilities in the young mothers’ lives is exemplified by Jamie’s situation, as described in the following passage from my field notes:

As the childcare worker and Jamie sat beside each other on the rocking chairs, feeding a bottle to each baby, Jamie expressed how she was unhappy about having to work late tonight. She explained how her boss had called her and wanted her to work until closing (11pm). She had agreed to work, but only until 9pm, as she started school at 8:45am the following morning. She explained how she’d told her boss that she would close if he absolutely could not find anyone else. As she talked to the childcare worker and me, she weighed the pro’s and con’s of taking the shift—she really needed the money, and so could use the extra hours, but she was worried about working too late and
being tired. To top it off, her baby was not yet sleeping through the night, and so Jamie was already extremely tired from waking up several times per night to feed him.

The childcare worker sympathized, saying that she had school and a baby—never mind working—which keeps her extremely busy and exhausted. Jamie emphasized that she really needed the money right now—explaining that Alan had “a lot” of money right now but refused to give her any. She explained that Alan had apparently recently started working again, and offered to give her some money when he received his pay-cheque the following week. She was frustrated by this offer, saying that she really needed the money now. She was even more frustrated because apparently Alan had told her he was hoping to start ‘saving’ his money, and this was something she’d want to do if she could. She also added after Alan had bought one box of diapers for their baby earlier that week, he had complained that they were too expensive. Jamie scoffed as she recounted this, saying “Yeah, and how many diapers have I bought?” She added that there were other things—clothes, baby food, baby wipes, etc.—that were all expensive and hard for her to pay for.

Jamie then reflected to the childcare worker and I that overall, she felt that she had been fairly “nice” to Alan, adding that she could go to court which would force him to provide more support money. As the childcare worker listened, she encouraged Jamie to do this and seek more financial support from Alan. Jamie said she didn’t want to be “mean” by going through the court system. The childcare worker persisted, reassuring her that it wouldn’t be ‘mean,’ and that the current situation is simply not fair and feasible for Jamie to maintain forever. Jamie sighed, still uncertain of what to do next.

As this passage demonstrates, the mothers’ desire for financial support often had to be balanced with maintaining amiable relationships with their babies’ fathers. In addition, as Jamie’s experience demonstrates, the mothers were often concerned about working enough part-time hours to be able to afford basic necessities such as diapers and baby food, yet struggled with exhaustion due to other parenting duties and schoolwork. The degree to which the mothers were impacted by and able to balance these stressors related to the amount of social support that they

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3 Pseudonym for the Jamie’s ex-boyfriend and her baby’s father
received from the community, family, and friends. This will be discussed further in the final sub-section of this chapter.

**Perceived Benefits and Positive Impacts of Motherhood**

**Happiness and fulfillment from mothering**

Along with the perceived challenges, the participants in this study also emphasized experiences that they perceived as benefits and positive impacts of being a young mother. Most commonly, the participants emphasized the happiness and fulfillment that mothering had brought them, as well as the intense love that they felt for their babies. This is exemplified by the following quotes, in which I asked Leanne and Kyla how their lives had changed since becoming a mother:

*Leanne:* You become excited about much different things. Like, you might be excited before about gossip or going out to a party. But that stuff seems so much over-rated to just getting [the baby] to smile.

*Kyla:* Like, you can’t picture your life any differently. She brings so much happiness and joy to me. She basically completes me. Like, I don’t need anything else. And...it’s awesome just watching them discover new things. And...have a smile. And giggle. And interact. And just how they look—their chubby cheeks and thighs. And yeah, it’s fun.

In addition to these general feelings of love and happiness, Marie described how her baby was one of the only things that helped her get through her clinical depression:

When I’m depressed, *nothing* can make me laugh. But...[my baby] can get me smiling a little bit. [...] And where all these crazy pills can’t, he makes me laugh. He makes me happy.

In addition, for Sarah who had experienced a particularly difficult childhood, the baby provided a way to prove she could do a better job of parenting than her parents had:
Yeah. So like, go camping and stuff like that. And take long road trips, and just do all that kind of stuff […] A different lifestyle than that, yeah. Make sure she…like, goes to school every day. And stuff like that. Because I know I didn’t.

**Motherhood as a perceived source of motivation**

In relation to the happiness the participants attributed to mothering, the participants also frequently described their babies as an important source of “motivation.” For example, after describing her ‘typical day,’ including the responsibilities of high school, her part-time job, and raising her daughter, Leanne commented that “[my baby] provides the motivation to keep that busyness under control.” In addition, having a baby was often perceived by the participants as integral to other transformations occurring in their lives. For example, Jamie and Kyla had both been in abusive relationships when they had become pregnant, and described how their baby ‘motivated’ them to leave or remain away from these relationships. In Jamie’s case, the baby’s father had actually been required by the Ministry to stay away due to the history of domestic abuse against the mother. Even without this court order, however, Jamie emphasized that she would never consider staying with the father now that she had her baby:

I could never live with Alan, with [my son] with me. Just thinking about, like, what if he was crying and Alan just didn’t know what to do, and he just got mad at him and like… I dunno, I just…I would never put [my baby] in a situation like that. That’s why, like, yeah…if he ever abused him…Alan’s just messed up.

Near the end of this conversation, Jamie concluded that, “I’m glad that [my baby] is saving me from all of that. [My baby] keeps me happy.”

Additionally, many of the mothers emphasized that in their pasts, they participated in what they referred to as “unstable,” “self-destructive,” and “irresponsible” behaviours (e.g. binge-drinking, drug use) and social settings (e.g. parties):
Jamie: I used to do lots of drugs, also, when I was a teenager. Well, I mean, I’m still a teenager but I mean...before...and I would drink a lot and just hang out with my friends all the time. And just, be like, I don’t know. I would just drink a lot pretty much, and party all the time.

The participants who described participating in these activities and social settings in the past all emphasized that they had stopped after becoming pregnant, and often explained this transformation in terms of pregnancy and motherhood. Some of the mothers attributed this change to their personal desire to become a ‘good mother’ for their baby, while others explained that they simply ‘could not’ participate in these activities anymore (e.g. due to breastfeeding). Moreover, the desire to avoid these activities often impacted the friendships and relationships which the participant mothers maintained:

Marie: I was insecure, partying, doing a lot of things I shouldn’t have done. And just going down the wrong path, not being careful—and a lot of the friends that I associated with were, of course, going down that same path, and once I became pregnant and knew I was going to keep this child, it was not a path I could go anymore, and so I kind of had to take off the rose-coloured glasses.

Kyla: We [my old friends] have nothing in common any more. Like, all they do is drink and party. And...I don’t know...I can’t—I mean, I could do that if I wanted to. If I wanted to be an irresponsible mom who is selfish and doesn’t care about her child, I could. Sure. But I choose not to, because I want to be a good example for other moms that are out there.

In addition, the young mothers often linked the birth of their baby to the increased emphasis that they now placed on their education. Many of the young mothers described their history of ‘skipping’ classes, and Marie and Wendy had dropped out of high school entirely prior to becoming pregnant. The participants emphasized to me that they wanted to pursue high-paying jobs in the future in order to support their children, and so pregnancy provided them with
the motivation to apply themselves in school. For example, Wendy commented how her baby
motivates her to continue with the YPP:

Because now, like, even being 20 in a classroom with like, 17, 18 year olds and
being a mother. It’s...a little intimidating. But I know I gotta do it, so...she kind of
gives me that motivation. Because if I didn’t have [my baby], I probably wouldn’t be back at school.

In contrast to the common societal assumption that teenage pregnancy ‘ruins’ a woman’s
future prospects and is a barrier to their career aspirations (cf. Chapter 2), I generally found the
opposite. That is, four of the mothers told me that they did not possess career or educational
goals before their pregnancy. However, these mothers now hoped to pursue education or
employment so that they could support their children, as demonstrated from the following
quotes:

Wendy: [Now that I have my baby] I kind of got a future planned. I mean, it’s not like—I don’t have every little detail—but I know what I want in the next little while. I want a place to live. You know? A decent job. You know what I mean? Those things. But other than that—before I got pregnant, and before I had [my baby]...it was kind of just like whatever happens, happens. But now it’s not really like that; I actually have a plan in my head. And I actually need to have some sort of goals.

Marie: Now, I want to be able to get my own house. I want a huge yard. I want to be able to ...go do things like road trips. I want to enjoy work...so I can come home, refreshed, and say, ―I did something fun today. How was your day at school?‖ Like, I want to be able to have the financial freedom to do stuff like that.

Unlike these mothers, Leanne and Kyla had possessed aspirations of attending college or
university prior to having their children. When asked, “Has having a baby changed your plans
for the future?” these mothers responded:
Kyla: Kind of—it just put them on hold. I have to do things differently because my baby comes first. So...I guess it won’t be as fast, doing all that. But I mean, at the same time, I have something to inspire me. Something to keep me from quitting—like as much as I want to, like I can’t. Because like....I want a job that makes good money. So, we can, like, go on vacation. And I don’t want to struggle. I don’t want to be like, ‘Sorry honey, we can’t afford it.’ I want to do really well.

Leanne: Now, the priority for me is definitely to get the money to—like, they say money doesn’t buy happiness? But it’s a big part. You know? Like, if you’re always stressed—I mean, I grew up in a home where there was always stress about money, and rent, and all that. And like, it’s hard to be content when there is so much stress about that.

As these quotes suggest, both mothers emphasized how their priorities had shifted from ‘dream jobs’ towards careers which would allow them to support their children financially. However, neither of these women perceived their pregnancy as a barrier to pursuing post-secondary education or a professional career. Rather, both of these women had actually applied to post-secondary programs for the following year, with plans of enrolling their children into university-subsidized daycare programs. However, Kyla described having a baby as ‘delaying’ her career plans, but she also emphasized that her baby served as an important motivation.

As these examples suggest, while the parenting labour and financial strain of mothering was often exhausting, stressful, and burdensome for the young mothers, these women also believed that they gained many positive outcomes and benefits from becoming young mothers. As the above instances demonstrate, sometimes the mothers emphasized specific benefits such as motivation to leave abusive relationships or return to school. However, more generally, the mothers emphasized how being a mother was simply ‘worth it’:

Wendy: There have been times when I go to have a nap with her, and she falls asleep. She’s up in thirty minutes. And because I’ve had that thirty minutes? That’s not enough. And it just makes it, like, ten times harder because it’s like, “Okay now I’m like half asleep, half awake, frustrated, and now you’re awake
and you want to play.” But the best thing is? When you’re like that and they make that one little smile? You just can’t be mad. It just makes it all better.

The Importance of Social Supports and Relationships

In addition to the varied experiences of young motherhood, an important commonality that emerged in my research was the significance of social supports on the participants’ interpretations and perceptions of young mothering. Specifically, I found that the ways in which the mothers felt about their roles as mothers related to the amount of social support they received from friends, family, and community. This is demonstrated in the following quote from Wendy about feeling positively about her pregnancy:

Having a boyfriend for almost five years, having a whole family that supported me, having his family that supported me—it made it easier to say, “Okay I’m going to do this.” Like, “I know these people aren’t going to back out on me.”

Similarly, Leanne reflected on how her social supports helps her work through her ‘bad days’:

I just have so much support that other girls don’t. And I just—I’m so happy with how things have turned out. And even on the days when I feel really pessimistic, I just remember, “Oh, I do have it pretty good. I should just be happy and like, enjoy the time that I have with everyone.”

Importantly, social supports and relationships had the potential to impact almost all other aspects of these women’s experiences, from lessening the challenges of young motherhood to strengthening and reinforcing the benefits (as depicted in Figure 1). For example, mothers who received a great deal of support from their mothers or boyfriends were clearly less impacted by the unequal, gendered division of parenting labour. Moreover, many of the mothers emphasized how the social network that they created at the YPP among other young mothers made them feel better about their post-partum bodies, and helped them to deal with experiences of stigma and stereotyping at school and in the community. Of course, as these sorts of challenges lessened, the
strengths of mothering, such as the happiness and fulfillment of raising a baby, became reinforced and more central to the mothers’ experiences. In the final sub-section of this chapter, I discuss some of the important sources of social support for the young mothers, including the baby’s grandmothers, other young mothers, staff at the YPP, and the baby’s fathers.

**Figure 1: The areas of experience impacted by young mothers’ social supports and relationships.**

Social supports and relationships seemed to lessen the challenges and barriers arising from young mothering (grey), while strengthened and enhanced the positive outcomes of young mothering (black). Importantly, the different areas of experience are interconnected and mutually implicated, as shown in the diagram above.
**Grandmothers**

The primary social support identified most commonly by the young mothers was the baby’s grandmother(s). Grandmothers were described as offering the young mother parenting advice, a place to live, financial support, and/or free childcare:

*Leanne:* His mom is letting us live with her, rent-free and buys all the groceries and does our laundry and packs our lunches. I mean...sometimes I kind of regret that I can’t do—I mean, that I’m not trying to do more. Like, I have to admit, I try to, but it would be really hard without that support.

*Sarah:* In the morning, she watches [the baby], because she gets up really early. While I go and shower, and get ready. And when we first had [the baby], she came home at lunch, and she took her—made me lunch, our breakfast and made sure I ate. […] She wouldn’t even eat at her lunch time. She would just make sure I ate.

*Wendy:* [My mother is] letting me live at her place, rent-free. You know, she helps—like, I ask, “Can you make a bottle? Can you make sure that bottles are ready for the morning?” And there’s like barely a time she says, “No.” […] And like, I don’t want to get dependent on it, but she just helps so much that it’s like I might as well take it. So...yeah she definitely is my biggest support.

As these quotes suggest, the mothers often emphasized the magnitude of the support they received from their mothers or boyfriend’s mothers. While the mothers were typically very grateful for this support, they also seemed to feel guilty about accepting it. Generally, the young mothers hoped to move towards being less ‘dependent’ on the grandmothers in the future.

**Other Young Mothers**

In addition, young mothers often emphasized the emotional support that they received from the other participants at the Young Parent Program. Participants explained how this support was particularly meaningful to them, because they believed that only the other young mothers truly could empathize with what they were experiencing:
Marie: We can actually, actually relate and, like have true empathy towards each other’s situations because we get it. And I’ve had best friends that I’ve known for years—my best friend, I’ve known for seven years… but I click more with the girls her than my friend. Because it’s just that insane intimacy that you can’t…you can’t recreate anywhere else.

Leanne: We tell each other everything—we’re really comfortable telling each other stuff. I think…because we’re in the same boat pretty much, we all feel very comfortable confiding in each other.

During participant observation, it was very common for the mothers to support one another with various issues, including body image issues, parenting advice, conflicts with the baby’s father, and even homework assignments. The following excerpt from an interview with Wendy highlights the importance of this mutual support and empathy for the young mothers:

From something that’s wrong with your child, to relationships, to you, to how your body looks after pregnancy. You know? And just everything in between. They’ve [the other YPP participants] always got something to say about it. They’re always there to give you insight or give you their opinion or anything like that. And it’s nice to know that half the things with giving birth, having a child—you know that they went through it so you know that you’re not alone. You know, like, “Oh my god, I have stretch marks!” It’s like, “Yeah, I’ve got them too. It’s okay. You’re not the only one.” I just feel like I can talk about anything, and they’re not going to completely judge me. They’re not gonna say, “Dont talk to me about that! That’s gross!” or “I don’t care.” They’re there.

**Staff at the Young Parent Program**

Another important social support that some of the young mothers identified was the YPP staff. Because the mothers often spent as much or even more time in the daycare as they did in the classroom, many felt very close to the daycare staff and often turned to them for parenting advice. For example, the mothers would frequently ask for advice from the YPP staff, including how and when to introduce a new food to their infants or how to encourage their infants to crawl during playtime. For these reasons, Leanne described the YPP as a ‘family’:
Leanne: You can totally see the connection between, like, the kids and them [the childcare workers]. And the toddlers, when they see them, they run up and give them hugs. And like, yeah, you know...it’s really like a family here. I mean a professional family, but still it’s a family.

The mothers also emphasized how they appreciated not having to worry about their babies while they were at school, which allowed them to focus on their studies. For example, Kyla commented:

Kyla: I feel she is very, very safe and well-looked after. Mhm. I don’t have to worry while I’m at school. I know she’s fine.

Similarly, some of the mothers commented to me during participant observation that they looked forward to coming to school because it gave them time “to relax,” due to the help they would have from the daycare staff in taking care of their babies.

Young Fathers
In contrast to these supports, the only gap that was explicitly identified by some of the mothers was assistance from the baby’s father. Namely, the mothers’ central role in parenting often clashed greatly with the fathers’ limited involvement in parenting. This is demonstrated by the following quote from Marie:

[Our baby] is definitely the last on his priority list. Financially, [the father] doesn’t put any money towards his son. Time wise, he doesn’t spend any of that on his son. Anything he really does for [our baby] is out of it just purely being mandatory.

In addition, some of the mothers worried about lacking a “father figure” for their baby. For example, Wendy had struggled with wanting to stay together with her boyfriend “for the baby” yet having to deal with a variety of relationship issues, including the father’s infidelity. After the break-up, Wendy sometimes doubted her decision as she worried that her daughter
would feel abandoned and unwanted by an absent father. Ultimately, Wendy did leave him, and explained that her older sister (who had also been a young mother) demonstrated to her that it was possible to raise a baby without the support of the baby’s father:

She’s doing pretty well for not having the support from the father, as much as other people do. So I know it can be done, and I know that I’ll always have her there to help. Because she knows what it’s like. So it’s pretty good that I can look up to her.

In relation to Wendy’s experience, Kyla emphasized how she felt like she could do a better job of parenting without the involvement of the baby’s father:

It’s better than having a husband and you’re fighting every four seconds, and, like, he’s cheating on you and the babies growing up in that environment. Like, who wants that? That’s not right. It’s right to be a single mum, and to have stability in your home. There’s no fighting, and there’s only love and support in your family.

In contrast to these experiences, Leanne and Sarah—the two mothers who lived with the baby’s fathers—identified the father as a key source of support. In both of these relationships, the fathers worked long hours in order to financially support the baby and mother. In addition, these young parents worked together in caring for their infant, as suggested in the following quote from Sarah:

He gives her baths. Umm...changes her diaper. And then, when they bathe, I get her clothes ready and go grab her out of the bath tub, I change her. Or, like, when I need to clean the house—like our bedroom and her bedroom—he’ll take her out for a long walk, or...when I’m doing something, he’ll take her—take her to the aquarium. Have her for the whole day.

Notably, both Leanne and Sarah emphasized to me how ‘lucky’ they were to have the support of the father, highlighting how these experiences were somewhat unusual among the group at large:
Sarah: I feel kind of lucky. Because some of the moms here, their partners didn’t stick with them. And my partner did and wanted her. Some of them just left—left when they found out that she was pregnant.

Leanne: I actually consider myself so lucky because of how fortunately well everything has turned out. Because a lot of the other young mums don’t have all of the support I do. Right? Like, my baby-daddy stayed, for one thing.

Conclusion

As the experiences described in this chapter suggest, young motherhood entails a wide variety of experiences, including some that are perceived by the young mothers as challenges and others that are perceived as positive outcomes. Moreover, often young mothers shifted in the ways that they felt about their experiences of mothering from one day to the next. During my participant observation, I noticed that sometimes the hard work and exhaustion seemed to become unbearable for one mother; another day, the same mother would enter the daycare full of energy and optimism, beaming as she told me that her baby had begun crawling or saying a new word over the weekend. Moreover, the aspects of mothering that were seen as particularly difficult or rewarding differed somewhat between mothers. Despite these differences, an overarching commonality among the young mothers’ experiences was the importance of social supports and relationships. Key sources of social support for young mothers in this study included grandmother figures, other young mothers, the YPP staff, and the baby’s fathers. The support offered by these people had the potential to impact almost all other aspects of young mothers’ experiences, from lessening the perceived challenges of young motherhood to strengthening and reinforcing the perceived benefits.
CHAPTER 6. Discussion and Conclusions

Discussion

This qualitative research project explored the experiences and perceptions of a small group of teenage mothers living in a suburban neighbourhood of British Columbia, in order to achieve a more nuanced understanding of teenage pregnancy and motherhood in Canadian society. While teenage pregnancy rates have dropped drastically in the last few decades and are currently lower in Canada than many other developed countries (McKay and Barrett 2010), Canadian policy discourses continue to overwhelmingly emphasize the ‘risks’ or ‘problems’ related to teenage pregnancy and motherhood. Namely, these discourses construct young pregnancy and motherhood as potential health and economic ‘risks’ to the mother and infant (and the state) (e.g. Dryburg 2000, Luong 2008, McKay and Barrett 2010, Ordolis 2007). Moreover, the assumed ‘risks’ of teenage pregnancy and motherhood have perpetuated the notion that all teenage pregnancies are ‘unplanned,’ ‘unwanted,’ and in need of prevention. Importantly, these discourses are often based on preconceived assumptions about what teen pregnancy and motherhood is, whether and why it is a ‘problem,’ and the consequences that young pregnancy and motherhood will have on the lives of the respective mothers and children. In contrast to these discourses, throughout this study, I aimed to learn about experiences and understandings of teen pregnancy and motherhood by actually talking to and hanging out with young mothers.

The findings detailed in this study support and extend the conclusions of existing qualitative literature on young pregnancy and motherhood in Canada, the US, and UK. Firstly, rather than reinforcing the negative impacts of teen pregnancy or arguing for its possible benefits, my study reveals the diverse and multiple emotional and physical experiences of
teenage pregnancy. For example, in terms of their initial reactions to the news of pregnancy the participant mothers’ described a range of emotions, from excited, to somewhat confident, to devastated. Moreover, my study underscores the impact of affective impulses on the process of decision-making for pregnant teens. Namely, as the participant mothers struggled with whether to ‘keep’ their baby, or seek an abortion or adoption, they did not undergo a process of ‘rational decision making.’ Rather, the mothers described making these decisions based on what ‘feels right’ or ‘just knowing.’ That being said, the mothers’ confidence in their ability to financially support their babies (e.g. finishing their education, having a job, and/or affording an apartment of their own) also influenced the participant mothers’ initial reactions to pregnancy and their perceptions of young motherhood. This suggests that the mothers moved back-and-forth between and integrated both ‘affective’ and so-called ‘rational’ forms of decision-making.

Moreover, this research offers a deeper understanding of the ways in which young mothers perceive, understand, and interpret their experiences. Some research has suggested that young mothers’ experiences are largely negative and that teen pregnancy will ‘ruin’ a young woman’s future prospects (Kelly 2000, Turner 2004), while other research concludes that young motherhood provides a positive impetus for change for disadvantaged young women (Cater and Coleman 2006, Montgomery 2002, Seamark and Lings 2004). Building on this research, the data generated in my study demonstrates how young mothers may perceive teenage motherhood as negative in some ways and positive in other ways simultaneously. For example, the participant mothers emphasized some challenges they faced as young mothers, including stereotyping and stigma, the ‘hard work’ of mothering, and poor socioeconomic conditions. At the same time, the participants believed that these ‘challenges’ were balanced by the happiness and fulfillment that the women gained from mothering. Moreover, all of the participants perceived their babies as a
key source of motivation (e.g. to return school, to leave unhealthy relationships, etc.). Thus, my findings do not offer an answer to whether teenage pregnancy and mothering are ultimately “problems,” but instead offer insights into the multiple ways that these phenomena are experienced and made meaningful by teenage mothers.

Given these complexities, an important finding that emerged during my research was the significance of social supports and relationships on the ways in which young mothers’ interpret and perceive young motherhood. Key sources of social support for participant mothers in this study included grandmother figures, other young mothers, the YPP staff, and the baby’s fathers. Importantly, these social supports and relationships had the potential to impact almost all other aspects of the teenage mothers’ experiences, from lessening the challenges of young motherhood to strengthening and reinforcing its benefits. For example, many of the mothers emphasized how their peers helped them to deal with experiences of stigma and stereotyping at school and in the community. As these sorts of challenges lessened, the strengths of mothering (e.g. a sense of fulfillment gained from raising a baby) became reinforced and more central to the mothers’ experiences.

Limitations of the Study and Areas for Future Research

Are these experiences unique to ‘young’ mothers?

Clearly, my research project aimed to explore and understand the unique experiences and perceptions of a group of young Canadian mothers. This approach has allowed me to focus on the web of inter-relating, often complex experiences of this group. However, it would be illuminating to be able to compare these experiences to older, non-teenage mothers. Namely, as I got to know this group of ‘teenage’ mothers, I often wondered if their experiences were so
different from other mothers in Canada. For example, I found that my participants often struggled with feelings of shame and disappointment when they were not able to live up to their preconceived expectations of what it means to be an ‘ideal’ mother. Intuitively, I feel that these experiences are reflective of broader cultural constructions of motherhood (cf. Sharon Hays, 1996) rather than something specific to this particular sub-category of mothers per se. Of course, given the focus of this study, I cannot assess the degree to which the experiences of this group of ‘teenage mothers’ diverged from mothers from other age categories. Thus, I see a comparative study of motherhood across age categories, drawing on the strengths of qualitative research used in this study, as a promising avenue for future research.

What about race and ethnicity?

In addition, another area for future research would be to explore the relationship between racialization, ethnicity, and the experiences of teenage mothers. Of the nine women who regularly participated in the Young Parent Program, six were ‘white’ and three were First Nations. As a ‘white’ researcher, it seemed to be considerably more difficult for me to gain the trust and rapport of the First Nations young women during participant observation. This is likely one of the reasons that I was only able to interview and have in-depth discussions with one of these participants. Interestingly, Sarah, the sole First Nations research participant was the only interviewee who was hesitant to be voice-recorded. At the beginning of the interview, she wanted to know who would hear the recording and to what use it would be put. In contrast, all of the five ‘white’ mothers simply shrugged when I asked if they minded if I voice-recorded the interview.
Moreover, the only Young Parent Program (YPP) participant who chose not to participate in this study was also a First Nations woman. She was the oldest of all of the mothers in the YPP, and seemed to be a leader of the group. She had actually been singled out by the daycare staff as the young mother who would be *most* interested in my study. This did seem to be the case; when I introduced myself to most of the participants, they seemed to accept with very little questioning that I would be hanging out with them as some sort of ‘research project.’ However, when I first met this young woman, she immediately asked many questions about me and my project: What school did I go to and what degree program was I in? What was my ‘thesis’ or central hypothesis of my study? What would happen to the results of my study? Etc. After this question-and-answer period, she agreed to participate. However, when I returned the next day for my daily participant observation, she approached me and informed me that she had decided not to participate in the study. She consistently avoided me thereafter so that I never felt comfortable inquiring why she had changed her mind.

Thinking back on these experiences, I concluded that it was not merely a coincidence that the only participants who seemed wary and suspicious of my study happened to be First Nations, while the ‘white’ mothers happened to participate unquestioningly and often extremely enthusiastically. Instead, it seems that the First Nations women possessed a subtle distrust towards me and to social research. However, besides this sense of distrust, I do not feel that I am able to analyze the impact of ethnic and racialized differences on the mothers’ experiences or interpretations of motherhood (i.e. in comparison to the ‘white’ mothers) in any meaningful way, based on the data generated in this study. However, a more in-depth focus on race and ethnic differences would be a promising area for future qualitative research on teenage motherhood, in order to build on the relatively scant literature in this area (Chabot et al. 2010, Olsen 2005).
**Problems of ‘Silence’**

Finally, another limitation to this study is the ‘problem of silence’ which arises when employing a research design based on in-depth, narrative interviews (cf. Randall and Koppenhaver 2004). The themes discussed in this Thesis emerged inductively and therefore reflect the topics and issues that the mothers frequently mentioned and emphasized during interviews and other conversations. In my analysis and discussion, I have assumed that these themes were frequently raised by the participants because they were seen as particularly important and significant. However, Randall and Koppenhaver (2004) point out that certain topics and issues may be mentioned commonly during interviews as they are considered ‘safe’ to talk about. These scholars point out that other topics may be equally or even more significant to the participants but are ‘silenced’ (i.e. not discussed) because they are not considered safe to discuss; in fact, these scholars argue that “there may well be certain subjects which people are not only prohibited from discussing but which they are discouraged from thinking” (Randall and Koppenhaver 2004:74).

Because my Thesis explores sensitive issues related to pregnancy and motherhood, there are likely many perceptions and interpretations of these experiences that the participant mothers simply did not feel safe discussing. For example, it may be somewhat culturally inappropriate for mothers to openly regret having a child; thus, perhaps any feelings of regret about becoming pregnant or choosing not to seek an abortion or adoption may have been down-played by the participant mothers in my study. Of course, based solely on my interview transcriptions and short period of participant observation in this study, I cannot determine the perceptions and interpretations that were silenced by the participant mothers. Thus, future research could focus on exploring some of these silenced, yet significant issues related to experiences of teenage
pregnancy and motherhood. An ethnographic research design which involves a longer period of sustained contact with young mothers, particularly in various social contexts, would be particularly well-suited for exploring issues which have been ‘silenced’ (Randall and Koppenhaver 2004:78).

Conclusion

Overall, this research project emphasizes the complex and multiple ways in which teenage pregnancy and motherhood are experienced, perceived, and made meaningful by young women in Canada. The perceived benefits of young mothering that were identified in this study, including the motivation to return to school and pursue higher education, challenge common societal assumptions that teenage pregnancy and motherhood are ‘risks’ that need to be prevented. Conversely, the perceived challenges of young motherhood, such as the financial strain of raising and supporting a baby as a young, single mother, were often unavoidable material struggles that the participant teenage mothers faced every day. Thus, this study also challenges previous research which concludes that teenage motherhood is ‘beneficial’ to socially-disadvantaged young women. Instead, my study demonstrates how teenage pregnancy and motherhood—like all human experiences—are too complex to be understood as purely ‘positive’ or ‘negative’ social phenomena. Rather, this study suggests that young women may have multiple and diverse experiences of teenage pregnancy and motherhood, and that these experiences are impacted by the young mothers’ particular circumstances, social context, and social support network.
REFERENCES


APPENDIX 1. Interview Guidelines

Table 2 lists the types of questions that I focused on during the semi-structured interviews for this study. Recognizing qualitative interviews as ‘active’ social encounters (cf. Holstein and Gubrium 1997), I did not follow a precise questionnaire during these interviews. However, I used these guidelines to initiate dialogues with the participants and to investigate their personal perceptions and opinions about young motherhood, their experiences of young pregnancy and motherhood, and the interpersonal relationships that they form as young mothers.

Table 2: Sample questions for semi-structured interviews with participant mothers.

<table>
<thead>
<tr>
<th>Personal perceptions and opinions about young motherhood</th>
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<tr>
<td>• How would you define and describe a ‘young’ mother? Would you include yourself in this category? Why/why not?</td>
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<tr>
<td>• In what ways have your assumptions around mothering changed since your recent pregnancy and/or the birth of your baby? What about your assumptions and attitudes towards teenage/young mothering? Describe some of the surprises that you have experienced or are currently experiencing.</td>
<td></td>
</tr>
<tr>
<td>• Can you provide examples of some of the ways in which you are perceived and treated as a young mother (e.g. at home, at school, in the community)? How do you feel about these experiences?</td>
<td></td>
</tr>
<tr>
<td>• Based on your own experiences, can you describe some of the most common misconceptions about pregnant teens and young mothers?</td>
<td></td>
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</tbody>
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**Experiences of young pregnancy and motherhood**

- Can you describe how and when you first realized you were pregnant? How did you feel about becoming pregnant?
- Can you describe a typical day that a new, young mother may expect to have? In what ways does this differ from a ‘typical day’ you would have had before pregnancy? During pregnancy? What have been some of the most significant changes and adjustments?
- Can you describe your relationship with your baby? In what ways has this relationship changed over time? Have you learned more about yourself from this relationship? Please explain.
- Describe some of the most important aspects of your life. In what ways may have these priorities shifted since the birth of your baby?

**Social supports and interpersonal relationships**

- Can you describe the ways in which the news of your pregnancy was received by people in your life (e.g. the father of your baby, your parents, friends, teachers, etc.)? How do you feel about these experiences?
- Describe some of the people you might go to for social support (e.g. friends, family, partner, etc.)? Has this social network changed over time? In what ways do you think this network has changed since the birth of your baby?
- Do you have a partner (e.g. a boyfriend or spouse)? Can you describe his or her relationship with you and your baby?
- In what ways is the father of your baby involved in your life / your baby’s life? Can you describe this relationship?
- Can you describe some of your experiences and interactions with other young mothers? In what contexts would you usually interact with other young mothers, and why?
- Can you describe your current living arrangement? In what ways have your living arrangements changed since the birth of your baby? In what ways has this change affected your relationships (e.g. with your parents, partner, friends, baby, etc.)?