

## **Teenage Mothers, Stigma and Their 'Presentations of Self'**

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Sociological Research Online, 19 (1) 9

### **Abstract**

This article contributes to research that seeks to understand experiences of teenage motherhood. Specifically, it focuses on the stigma attached to teenage pregnancy and parenting. Negative stereotypes continue to dominate understandings of teenage pregnancy. Despite research to the contrary, teenage mothering is popularly linked to welfare dependency, promiscuity and irresponsibility. As a result, young mothers report experiences of stigma and discrimination. This paper builds on evidence of such experiences by using first-hand qualitative accounts of young parents to attempt to understand how young mothers cope with a stigmatising identity. Drawing on the work of Erving Goffman (1963,1967,1969), this paper describes how young mothers monitor the presentation of self in order to deflect judgment and blame. The evidence demonstrates that stigma is still an important and influential part of the experience of young motherhood.

**Keywords:** Teenage Motherhood, Teenage Pregnancy, Stigma, Contraception

### **Introduction**

In recent years teenage pregnancy has come to be associated with a number of negative stereotypes which emphasise teenage mothers' risks and deficits (SmithBattle 2013). Sensationalised media reports focussing on atypical cases such as those surrounding the pregnancy of 15 year old Chantelle Steadman are a prime example. The case sparked furious discussion which linked teenage pregnancy to family breakdown, welfare dependency, promiscuity and poor parenting[1]. Academic research has questioned such associations and draw attention to overstated negative outcomes of teenage pregnancy (see in particular Phoenix 1991; Luker 1996; Kelly 2000; SmithBattle 2000; Arai 2003; Selman 2003; Bonell 2004; Pillow 2004; SmithBattle 2005; Duncan 2007; SmithBattle 2007; Arai; 2009; Duncan et al 2010). Nonetheless, young motherhood has come to be accepted as an individual calamity and serious social problem (Duncan 2007) and is stigmatised as such. This paper discusses causes and experiences of the stigma attached to teenage motherhood. It draws on first-hand accounts of teenage mothers as they discuss their paths to motherhood. This paper explores how stigma frames how young women narrate key decisions and experiences as they become teenage mothers. The paper utilises the work of Erving Goffman (1963;1967;1969) to demonstrate the defensive strategies deployed by young mothers in the face of a stigmatising identity and potentially stigmatising decisions.

It is acknowledged that mothers of all ages may, ' . . . feel stigmatised or assume a defensive stance about their parenting choices . . . ' (Macvarish 2010:2). Discourses of 'good' motherhood place high expectations on all women. Consequently, ' . . . mothers tend to try to present themselves as fulfilling the necessary requirements. . . ' (May 2008:473). Nevertheless, given the dominant representations of teenage parenthood touched on above, it is argued here that teenage mothers have an even greater investment in the need to portray themselves and their parenting choices in a positive light. This paper demonstrates that the stigma attached to teenage parenthood remains and warrants challenge. It is argued here that stigma forecloses the opportunity for teenage mothers to access appropriate support, prevents women from a full and free consideration of options following an unplanned pregnancy and perpetuates the social exclusion of young mothers.

The following section draws on Goffman (1963) to describe how negative stereotypes of teenage parenthood translate into a stigmatising identity. Work is then outlined which focuses specifically on teenage mothers' experiences of stigma. This paper builds on these reports by drawing on accounts from a qualitative research study (described in the third section) with young parents. The paper then moves to outline how the work of Goffman has been utilised to inform the analysis of data. The data itself provides further evidence of specific incidences where stigma is experienced. The accounts of the women are then examined to demonstrate how teenage mothers defend themselves against stigma through their narratives. Here, three key areas are discussed; firstly, the women's discussions of contraception use; secondly, the women's discussions of their reactions to the discovery that they were pregnant and, thirdly, the women's rejection of abortion. Finally, the paper concludes by discussing the pitfalls of these strategies of stigma deflection and to consider the importance of challenging stigmatising representations of teenage motherhood.

### **Teenage Mothers and Stigma**

Drawing on Erving Goffman's work (1963) stigma is taken here to mean, ' . . . an attribute that is deeply discrediting' (Goffman 1963:3), in this case, teenage motherhood. Goffman goes on to differentiate between three distinct types of stigma; the first which stems from bodily abominations, the second from the (perceived) character of an individual and the third from race or religion. Goffman's second type of stigma is particularly relevant here:

' . . . blemishes of individual character perceived as weak will, domineering or unnatural passions, treacherous and rigid beliefs, and dishonesty' (Goffman 1963:14)

This definition helps to explain how the stereotypes of teenage motherhood function as a stigma. Firstly, teenage pregnancy (and motherhood) renders sexual activity visible (Nathanson 1991; Whitehead 2001). Young women are therefore open to be perceived as being 'weak willed' as a result of their engagement in 'premature' sexual activity. Secondly, this signifies them as having engaged in 'unnatural passions'. This is because youthful sexual activity is considered to be inappropriate. Furthermore, female sexual desire is still rendered silent (Fine 1988) and therefore also shameful. The responsibility for teenage sexual activity is particularly aimed at young women who are perceived to be the guardians of their reproductive capabilities (Aapola et al 2005). Young

men, on the other hand, are assumed to be acting in accordance with their natural masculine desires. Thirdly, the popular and enduring myth that teenage pregnancy is a cynical ploy to access social housing and welfare benefits is relevant here. The inclusion of young unmarried mothers under the definition of an 'underclass' (see BBC News 2009 for example) helps to define them as having a different moral code (Lister 1996). That is, holding 'treacherous and rigid beliefs'. Furthermore, perverse incentive explanations for teenage parenthood (Selman 2003; Daguerre 2006) work to frame a perception of young parents as 'dishonest'. Goffman therefore provides a useful understanding of how negative stereotypes translate into a stigmatising identity. However, given that there is a 'disjuncture' between research evidence and negative stereotypes of teenage parents (Duncan 2007) it is worth considering why teenage mothers are the subject of such stigmatising.

Arai (2009:109/114) notes, '... anxiety about teenage pregnancy masks usually deep-seated social fears. . . it touches on many and various sensitive issues'. This includes prevailing ideologies of childhood (Murcott 1980), contemporary expectations of womanhood (Wilson and Huntington 2005), anxieties about the traditional family and the relationship between the state and the family (Kelly 1996). Consequently teenage pregnancy has been defined as a contemporary scapegoat and moral panic (Kelly 1996; Selman 2003; Duncan 2010). Teenage pregnancy also marks a transgression from societal expectations and the 'natural' process of transition through adolescence (Whitehead 2001). Teenage pregnancy is therefore an important symbol of personal deviance (SmithBattle 2013) especially when the dominant perception is that the 'wrong' girls are having babies (Kelly 1996).

Negative perceptions of teenage pregnancy and parenthood, and consequently stigma, are also linked to contemporary ideals of neo-liberalism. Firstly this is because teenage pregnancy is separated from the context in which it occurs. Young mothers are presumed to be free acting agents who have failed to make the 'right' choices. As Baker (2008:60) notes, understandings of choice as being unfettered by structure or context '... can lead to a disavowal rather than identification of enduring (and deepening) structural disadvantage. . . ' She found that this produced '... a chilling lack of empathy' (pg 60). Secondly, even where impositions of context and structure are recognised, the neo-liberal subject is exhorted to take full responsibility for the consequences of decisions (Bauman 2000; Walkerdine et al 2001). Individuals are then expected to take responsibility for the consequences of getting it 'wrong'. This includes the much reported (if also much overstated) poor outcomes of a teenage pregnancy. The lack of context for the causes and outcomes of teenage pregnancy combined with notions of choice and responsibility therefore have important implications for the stigma attached to young motherhood.

There is a popular assumption that the stigma of teenage motherhood has lessened (Kelly 1996). This can be seen in articles which pinpoint the blame for teenage pregnancy at a lack of stigma attached to teenage sex and pregnancy[2]. Nonetheless, other research studies (including the one from which this paper is drawn) have found evidence of young parents experiencing stigmatising treatment from members of the public, medical profession and their family (see for example Briedis 1975; Kelly 1996; Whitehead 2001; Fessler 2008; Yardley 2008; SmithBattle 2013). In one notable case, a young woman reported being refused an epidural because the doctor in attendance felt she needed to be deterred by the pain of birth from another teenage pregnancy (Fessler 2008: 77). Similar to Kelly (1996), I argue that the stigma attached to teenage parenthood remains prevalent. In contrast to Kelly, however, I am unconvinced as to how much this has evolved. For instance, in the

proposal made in July 2013 by the '40 group' of Conservative MP's to end teenage mothers (assumed) automatic right to benefits and social housing[3].

It has also been argued that '... the expectation of judgement is often worse than the reality' (Macvarish 2010:2 see also Briedis 1975 and Fessler 2008). Nevertheless, it is important to consider that, even when this is the case, the impact on teenage mothers remains significant. An expectation of stigma still affects the way in which a young mother may feel about herself and act. Furthermore, as Fessler (2008) argues, the enactment of stigma or prejudice may be unintended, it may even be so subtle that, to the outsider, it may not appear as a slight, but,

The effects of stigma are most dependent on what a young woman believes has happened to her - how she perceives that others judge her and how she makes sense of the way that she is treated (Fessler 2008:66)

It is important to document and understand the continuing stigmatisation of teenage mothers because of the profound effects it has on the lives of young mothers and their children. Stigma leads teenage mothers to report feeling fear, shame, resentment, anger (Yardley 2008) distress and lacking in confidence (Fulford and Ford-Giboe 2004). Whitehead (2001) argues that the stigma of teenage pregnancy leads to a 'social death' for young mothers. She points out that the resulting isolation and social exclusion has a negative impact on the mental and physical health of young mothers. Experiences of stigma from professionals and services dampens trust and increases the likelihood that young parents will avoid seeking help, miss appointments or even drop out of school (SmithBattle 2013). Indeed, it has been noted elsewhere that stigma attached to young parenthood deters teenagers from accessing key services (de Jong 2001; Craig and Stanley 2006)[4]. Kelly (1996) further argues that negative stereotypes of teenage parenthood are used to garner support for the cutting of vital services (as demonstrated by the 40 group noted above).

This paper adds to this body of research to demonstrate the continuing stigmatisation of teenage motherhood and its significance for their well-being. It draws on first hand qualitative research with young parents to supplement the above work. In addition, it uses the work of Erving Goffman (1963, 1967, 1969) to provide a deeper understanding of how young parents cope with a stigmatising identity. Other researchers have identified tactics such as avoidance, adopting an 'attitude' (Fessler 2008), monitoring appearance, avidly following social rules (Briedis 1975) and the telling of survival stories (Baker 2009). Indeed, some of these tactics have also been identified by this researcher. This paper, however, concentrates on the defensive strategies deployed in the sharing of young women's narratives of their paths to motherhood. The following section will now go on to outline the study in more detail.

## **Sample and Methods**

The research data discussed in the following sections has been drawn from a qualitative study examining young women's 'paths' to teenage motherhood. The study focused on key decisions and choices made by young women as they became mothers. Participant observation was conducted at three young parent support groups in the South East of England. The support groups were set up and run under the Teenage Pregnancy Strategy[5]. They offered formal support by linking young

parents to a range of service providers. They also provided more informal support by helping the women to forge friendships through weekly activities such as cooking and craft work. In total, thirty one young people (twenty eight mothers and three fathers) were involved in the research. The women were aged from fourteen to nineteen at the point they gave birth to their first child. The majority of the women, however, were aged over sixteen. The researcher attended the group for a period of a year and attended the weekly two hour sessions. Conversations during periods of observation formed a vital part of data collection. They also, however, offered the possibility for relationships and rapport to be built between the researcher and participants (see Pearson 1993). In addition, they were used to enhance the more formal interviews which followed participant observation. Informal conversations allowed insights into experiences to develop. These were then used to sensitise the researcher to issues and questions which were relevant to individual participants (Kawulich 2005).

Following the observation period, twenty three semi-structured interviews were conducted. At the outset of the research, two focus groups took place. These worked to generate data but additionally functioned as a space to co-construct an interview guide. Further interviews were sought on a one-to-one basis. Ultimately, however, a range of interview approaches were utilised. This decision was largely pragmatic in response to the needs and priorities of the participants. Consequently, two interviews included partners and a further two were conducted with more than one parent at a time. This paper is drawn from the women's attempts to deflect stigma during the interview stage.

Semi-structured interviews were conducted by drawing on narrative and biographical approaches. The researcher took what Measor (1985:68) refers to as a 'general tactic' to get an ordered chronological account of biography. The interviews focused on the period surrounding participants' decisions relating to their becoming a young parent. This enabled '... objective details and subjective experiences. . . ' to be drawn out' (Denzin 1989:185/6). It is argued here that, given the stigmatised nature of teenage parenthood, the women used this opportunity to construct, or reconstruct, a more 'palatable' narrative. Reissman (2000) draws on Goffman (1969) to highlight the performative qualities of such narratives. It is the case however, that there is value in such 'constructions' as they can enlighten us as to the functions of participants' constructions (Silverman 2005). It is this point which informs the analysis made of the data here.

Constructions of narratives in the group and couple interviews are also interesting. Group dynamics can impact on the generated data by producing agreement rather than differing views (Bryman 2004). Group interviewing enables these dynamics and the production of agreements to be observed and analysed (Frey and Fontana 1991; Morgan 2004). Similar observations can be made of couple interviews. These can offer insights into interactions between the couple (Pahl 1989). The couple may attempt (consciously or otherwise) to construct decisions as having been reached through a joint process (Jordan et al 1992). A couple interview can be, '... an occasion for the development of consensus for the presentation of a unified front' (Pahl 1989:80). This idea is explored further in the discussion of data.

Analysis was conducted using thematic coding. Coding enables judgements to be made about meanings within the data (Ryan and Bernard 2003) and acts as a form of data management (Wolcott 1994). Bogdan and Biklen's (1992) advice was used as a guide to the coding process. Codes were then reviewed a second time to establish links and relationships between codes. These were then

formulated into themes. Ryan and Bernard (2003:275) note that themes can often be, '...abstract (and often fuzzy) constructs'. Consequently, writing as a stage of analysis cannot be ignored (Wolcott 1994). During this stage some themes were developed with the aid of further reading and interpretation. It was here for instance, that I engaged with the work of Goffman. This paper will now outline the key concepts in his work that to help unlock the data.

### **Coping with Stigma: How Goffman's work can help us to understand**

During data analysis I noted a number of inconsistencies in the women's accounts (such as when they discussed contraception use) and repetitions of seemingly innocuous statements (for example, 'I am a good mother'). Setting out to understand these I considered what it was the women may have been trying to get across to me, their audience, in the telling of their experiences and decisions.

Kelly (1997) observed a group of young mothers in Canada attempting to put together a play to convey a sense of what teenage motherhood is like. She noted that the women wanted to get the message across that they didn't fit the stereotype of the teenage mother and that, although parenting is hard, it is also a positive experience (p. 175). Kelly explained, however, that their message was often conflated with more dominant understandings of teenage mothers which cast them as promiscuous, welfare dependant and potential abusers. She further observed that, because of these understandings, the women had long been defending themselves against stigma:

[they] had been called upon to justify the choices they had made and to explain who they were in order not to be identified negatively by others. . . They had been engaged in this exhausting practice from the time they had decided to carry their pregnancies to term . . . (Kelly 1997: 174)

Kelly's work alerted me to the possibility that the women in my study were also engaged in presenting themselves and their decisions in a way they hoped would challenge common misconceptions. Turning to the work of Erving Goffman, I began to see how the incidences noted above could be read as forms of 'impression management' deployed in order to defend the self against potential stigma. This section briefly outlines the key concepts of 'impression management', 'audience' and 'face-work', which informed the analysis of the young women's narratives.

Using a dramaturgical metaphor, Goffman (1959) argued individuals attempt to maintain an impression which could be considered palatable to their audience. It is argued here that as the young mothers shared their stories with me they were engaged in such a performance. The intention here is not to allege that the women were performing out of cynical self-interest, or that they were lying. Indeed, Goffman asserts that a performance may be unwittingly employed and that impression management involves ' . . . innuendo, strategic ambiguity, and crucial omissions' (p. 62). Nor is it being claimed that this behaviour is particular to teenage mothers, Goffman points out that management occurs everywhere in social life. Rather, when reading this text in conjunction with Goffman's later work, 'Stigma' (1963), it is argued that the women utilise elements of performance to avoid moral censure. In other words

. . . the very obligation and profitability of appearing always in a steady and moral light, of being a socialised character, forces one to be the sort of person who is practiced in the ways of the stage. . . (Goffman 1963:251)

In narrating their paths to motherhood, the young women I interviewed were engaging with me as their audience. It is then worth considering briefly why I may have been a significant audience in this instance. The women and the groups I was researching with were often visited by social workers, support workers, benefits agencies and even other social researchers (student and professional). The young women I interviewed were, therefore, all very used to sharing their experiences with various interested parties. The professionals with whom they came into contact often had considerable powers, including to grant or deny money or housing, or even to remove a child from its parents' care. Whilst I entered the groups with relatively benign powers, the women were already accustomed to describing their experiences and decisions from 'defensive orientation' (Goffman 1967). In addition, whilst I may not have been in a position to grant or deny rights, I was in a position to judge and share my opinions. The women were aware that the work I was doing would be shared at the university and amongst academic communities. Whilst they may not have been entirely sure who that audience would be, they knew it would be yet more 'outsiders' and that I was acting as their mouthpiece. They therefore had an investment in presenting, wittingly or not, a self that did not tap into negative stereotypes.

This then, is where Goffman's work around the concept of 'face' (as discussed in his 1967 book 'Interaction Ritual: Essays in face-to-face behaviour') is of use. Goffman (1967) argued that 'face' could be describe as 'an image of self delineated in terms of approved social attributes' (Goffman 1967:5). The women in this study were keenly aware that a number of negative assumptions about them were made on the basis of their having had a teenage pregnancy. As Goffman himself (1967:7) notes, 'on the basis of a few known attributes, he is given the responsibility of possessing a vast number of others'. Furthermore, it is argued here that the women also had an implicit understanding of neo-liberal ideas of responsibility and blame. Consequently, as the young women discussed their experiences, they were doing so with an awareness of what social norms (non-teenage motherhood) and requirements (self-determination and responsibility) they should be adhering to. This creates a particular problem when their experiences appear to be in conflict with the image they are seeking to present. Goffman (1967) argued that in this instance, an individual may then engage in 'face-work'. That is the '. . . actions taken by a person to make whatever he is doing [or in this case, saying], consistent' (Goffman 1967:12). This can be seen particularly clearly as the women discuss their contraception use (see below).

It is argued here that impression management and face-work are especially necessitated when a person becomes aware that negative interpretations may be made. Specifically in this case, that decisions and choices will be taken out of context and used to affirm a view of young motherhood in line with prevalent stigmatising assumptions. This paper will now turn to the data in order to demonstrate where these strategies have been observed in use.

### **Experiences of Stigma: First-Hand Stories from Young Mothers**

As has been discussed above, young women often report significant and hurtful experiences of hostility relating to their identity as a teenage mother. Whilst the research discussed here did not set out to uncover experiences of stigma, young women repeatedly shared incidences where they felt judged and stigmatised. Throughout data collection, many of the women reported feeling 'stereotyped'. For example,

I hate the stereotype people have of young mums who only have children for the money and a free house (Kathy:16)

Here, the stereotype is linked to a perverse incentives explanation for teenage pregnancy. Other young women, as seen in this extract from a group interview, related feeling being judged as 'bad' mothers:

Kasey (18): Some treat you more older and respectful and others just look at you like you're stupid and that you don't know what you're doing . . .

Jane (17): Yeah, thinking you're a worse mum just because you're young. . . But that doesn't mean you're going to be a bad mum. There can be a forty year old that's a terrible mum . . .

Kasey: Like whenever he falls over and has a little bump on his head I always get really worried as to what people will say because I'm young they're going to look at me and say, 'oh she let her little kid fall down' or something

Many of the women reported feeling that their age led to negative perceptions of them whilst out in public. This was communicated via 'looks' and sometimes overt challenges from members of the public:

. . . When you're walking down the street and people are looking at you like [adopts a sneering face] that hurts . . . (Debbie:19)

I got on the bus the other day and there was this woman . . . talking about she thinks young mums are a disgrace and everything and that she wants to join with the social services to get teenage mums to have their kids taken away from them (Trish:19)

. . . people look at you like on the bus and stuff in town they all look at you as if to say . . . 'oh you're a teenage mum and you can't do this' (Harriet:18)

Security guards follow you about thinking that you're going to nick things . . . and put it in your pram (Jane:17)

. . . there was this group of old ladies looking at me like I was scum and I just burst into tears . . . I'd just had such a bad morning it just sent me over the edge (Holly:18)

'Looks' may have been unrelated to the women's status as teenage mothers. Nevertheless, as Fessler (2008) notes and the expressions of pain above indicate, perceived treatment is still significant. Fessler (2008) further observed that the teenage mothers in her sample often avoided situations and places where they felt that they may be judged. The 'deeply felt shame' caused by stigma may then lead an individual to minimise the chances of exposure (Goffman 1963:246). Indeed, one young woman related dropping out of a post-natal group because she felt treated like a 'little child' as a result of her relative youth to the other group members. Another described how she would not leave the house while she was pregnant unless she had to. When she did she would hide her bump as she was 'ashamed' of it (field notes 06.03.09). These women defended themselves from stigma by avoiding it. However, in sharing their narratives with me, the women were less able to hide and instead had to deploy other strategies to deflect the potential of stigma. These will now be discussed in more detail.

### **Defending Against Stigma: Impression management and face work**

Women are now expected to plan their pregnancies to fit in with careers and life goals, here self-determination is applauded (Ellison 2003). When a pregnancy occurs during the teenage years however, intention is viewed as confirmation of negative assumptions about young mothers:

. . . planned teenage pregnancies are attributed, amongst other things, to naivety about the demands of parenthood, or dysfunctional families and communities where traditional gender roles, a 'benefits culture' or low expectations thrive (Macvarish and Billings 2010:51)

Teenage mothers are therefore required to disavow themselves of any intention for pregnancy. Admitting to planning a pregnancy as a teenager, with all its concomitant challenges (assumed and otherwise), leaves young mothers open to further stigma. This was witnessed by Kelly (1997) when she observed reactions to the play performed by teenage mothers noted above. Here, non-parenting teenagers demonstrated empathy for those they perceived to have made a mistake and scorn for those thought to have planned their pregnancies.

This section describes data which indicates the women were engaged in different forms of 'impression management' in the presentation of their pregnancies. It is argued here that they were attempting to emphasise the unintended nature of their pregnancies, thus presenting a faultless face. Firstly, when discussing contraception use, secondly, in their subsequent reactions to the discovery of a pregnancy and, thirdly, when the women discuss their decision to continue with the pregnancy.

### **Defensive Orientations: Contraception Use**

It is argued here that the women highlight their use of contraception (however sporadic or unsuccessful) as a 'defensive orientation' (Goffman 1967). Most of the women reported using contraception at the point they became pregnant. It can then be assumed that contraceptive failure or misuse would account for most of the pregnancies within this sample. Certainly, a number of the young women did cite failures in pill usage as being the cause of their pregnancies. Some, however, reported being unsure as to what had 'gone wrong':

I haven't a clue, I don't know, maybe because I missed a couple. . . I don't know to be honest (Claire:16)

I don't know, I can't remember this but I might have missed one or something like that . . . (Harriet:18)

One young woman, Debbie (19), discussed how she had been on the pill and had been using condoms when she became pregnant with her daughter and on two previous occasions. Despite the apparent unlikelihood of a pregnancy occurring, she maintained she was unaware of how she became pregnant:

I'd had two miscarriages before that - no fault of my own, I was using contraception and everything, I was still using contraception with her [daughter] . . . I was like 'oh what, how does that work?'

As noted above, Goffman (1967) argues that face work is used to ensure that actions are presented as consistent. Debbie's previous pregnancies as well as her most recent one do not appear to be consistent with her reported contraception use. Similarly, for the women quoted above, reports of contraception use (however truthful) are inconsistent with the resulting pregnancy. They therefore express some surprise and mystification as to how they may have become pregnant. This has a double purpose; firstly it demonstrates that the women were doing the right thing by using contraception. This fits with neo-liberal exhortations of personal responsibility and self-determination. Secondly, hinting at contraceptive failure and expressing confusion as to how the pregnancy occurred denies any intention for the pregnancy. Goffman (1967:14) argues that a person may be perceived to have one of three levels of responsibility for having acted in a way that causes a threat to face, in this case, not having prevented a pregnancy. Firstly, that [she] was acting innocently, secondly that [she] acted maliciously and, thirdly, that the act was incidental. The women here are drawing on an idea of responsibility similar to the first 'level' described by Goffman. That is, the act (conception) was 'unintended and unwitting'. The pregnancy is therefore cast as accidental. This conveys a particular message to the 'audience' in that; 'those who perceive the act can feel that [she] would have attempted to avoid it had [she] foreseen its offensive consequences' (Goffman 1967:14). Consequently, and as explicitly expressed by Debbie, this strategy enables the women to deflect fault.

### **Defensive Orientations: Reaction to pregnancy**

Attempts to deflect accusations of intention (and therefore stigma) continue as the women narrate their reactions to their pregnancy. Reporting your feelings at the discovery of a pregnancy whilst still a teenager is challenging. To be pleased about a pregnancy indicates that you may, at some level, have wanted or intended to become pregnant. Sharing feelings of pleasure brings into question pregnancy intention which, as discussed above, is particularly problematic. Even where a pregnancy is accepted as unplanned, teenage pregnancy is not something you are 'supposed' to be happy about. As Harriet (18) explained: 'it's supposed to be all happy but it's a scary time and telling your mum and dad because you're at such a young age'. Furthermore, the feelings expressed at the discovery of pregnancy must be consistent with the reporting of contraception use and failure. Consequently, the women appear to utilise a more 'fitting' response given the circumstances; 'shock'. It is argued here that framing reactions with 'shock' may be part of this presentation of a faultless self. Indeed, shock was the most common first response (even when contraception had not been used at all):

Debbie (19): I just sat there in shock . . . I was completely shocked

Claire (16): I was a bit stunned really

Jenny (17): I was quite shocked

Trish (19): Err, shocked and (. . .) well not shocked but shocked.

Expressions of 'shock' can also be used to preface feelings of pleasure. Once the news has been digested and the shock subsided, feelings of joy can be expressed:

I was shocked at first and the once I got my head around it and I realised my mum was alright about it we were all actually quite excited (Naomi:18)

Presenting feelings of distress at the discovery of a pregnancy can be equally fraught as it may be read as evidence that the baby is unwanted. This contravenes ideas of 'natural' motherhood and presumptions about maternal instincts (Oakley 1976) and does not fit into a 'good mother discourse' which demands unconditional love (Breheny and Stephens 2007). Furthermore, once the baby has arrived, it may be difficult to acknowledge that there was a moment, no matter how brief, that the pregnancy (and therefore the baby) may not have been wanted.

One couple's account provides an interesting example of where shock may be used as a more palatable reaction. The extract below can be seen as evidence of co-operation in the enacting of face-work to present a united front:

Lisa (17): I cried my heart out [self-conscious laugh]

K: Did you?

Lisa: Charlie said 'is it that bad' [self-conscious laugh] but yeah I was (. . .) it was just . . .

Charlie (24): [interrupting] It was shock

Lisa: Yeah it was shock, I was scared

Work coming from the field of psychology has noted that, '. . . social actors may, on occasion, take joint responsibility for policing conversations, for correcting, managing and for suppressing the articulation of particular forms of presentation' (Condor et al 2006:445). Indeed, Goffman (1967) himself explores the notion of a group managing impressions in his discussion on 'teams'. Defining a team as '. . . any set of individuals who cooperate in staging a single routine' (p. 85) Goffman argues that any member has the power to disrupt a team performance and so cooperation is required to present and manage a consistent impression. This form of management is evident with the interactions observed during one of the group interviews:

K: How did you feel?

Harriet (18): Shocked

Kasey (18): Shocked then happy

Jane (17): Shocked then happy because it's quite scary

When Harriet answers first, she appears to set the precedent as to what the 'correct' response should be and so 'manages' the way the other women then present their reactions.

Rather than the couple working together however, Charlie appears to be trying to re-orientate Lisa's description of her reaction into one of shock rather than sadness. This may be explained by the age difference of the couple (he was twenty four) and his feelings about impending fatherhood. Charlie's

sisters had both already had children (one as a teenager). He stated that having one of his own made him feel part of the family and that as he wanted children anyway, he was happy about the pregnancy. Charlie appears to be more orientated towards parenthood than Lisa. Furthermore, as his sister had had a baby as a teenager, perhaps a teenage pregnancy did not seem so 'scary' or disastrous to him. Shock, then is a more acceptable reaction for him, moreover, it is more consistent with his own feelings about the pregnancy.

### **Defensive Orientations: Deciding to continue the pregnancy**

Given that a number of the women described having used contraception and being shocked as to the discovery of a pregnancy, it could be assumed that some may have contemplated a termination. Nonetheless, most of the women stated that they did not consider it as an option. The majority of these expressed this as a personal opposition to abortion. Lisa (17), for example, said that '... I couldn't go through an abortion, you know mentally I think it would really screw me up'. However, the use of a wider moral opposition was also used to bolster their rejection of termination as an option:

Debbie (19): There are so many people out there who can't have children but there's so many people out there who are killing their child and their babies and stuff and I think that I couldn't do it [abortion] seeing people who can't actually give birth. . . I think it's horrible I really do

Nancy (16): I know there's enough children in this world that are still out there and need adopting but it is better to put another one out there than to kill a life

Jane (17): I can't kill a baby. It's just not fair

These moral objections are particularly interesting. It is argued here that these are utilised to deflect judgment for the decision to continue the pregnancy and therefore defend the self against further stigma. Firstly, such views allow the women to be seen in a more positive light. As Kelly (1997) notes taking a pro-life stance allows women to be seen as taking a responsible decision to mother rather than a selfish decision (in the eyes of pro-lifers) to abort. Secondly, utilising anti-abortion sentiments and pro-life language provides the women with a way to actively choose motherhood. As has been discussed above, young women struggle to present their feelings about pregnancy in an 'acceptable' light. It can be further argued that young parents are not considered to have an automatic right to childbearing once pregnancy has occurred. It may then be, as Arai (2003: 208) suggests, that young women may be wary about appearing to desire motherhood and use anti-abortion beliefs 'to mask a genuine desire for motherhood . . .' Furthermore, by vehemently expressing such views, a decision to continue the pregnancy is unlikely to be questioned or challenged (Cater and Coleman 2006).

Ruddick (1993:134) draws attention to the lack of positive discourses available to young pregnant women:

I find amid a discourse of fear and admonition scant evidence of enabling concepts. Indeed positive conceptions of mothering, birthgiving . . . are themselves interpreted negatively-as dangerously likely to lead to . . . disastrous mothering

There is then little space for teenage women to claim legitimacy in their 'decision' to continue with a pregnancy. The pro-choice agenda can therefore provide a framework for young women to argue a sense of right in their decision to mother. Whilst 'pro-choice' allows for a space to 'choose' abortion, there is little concomitant space for teenagers to 'choose' motherhood. It may then be easier to claim a right to reject abortion on moral grounds than to claim a right to mother. For example Trish (19) noted, 'I wanted keep him [baby]. . . ' but then quickly adds ' . . . because I didn't really believe in abortion'. For Trish, wanting to keep the baby was not, in itself, reason enough to continue the pregnancy. Accordingly, some young women used language which wouldn't be out of place in a 'pro-life' leaflet (see above). Here the unborn foetus is cast as an 'innocent victim'. Language used here such as 'kill' denotes a decision to abort as irresponsible, callous and actively cruel. Here, motherhood seems almost a penance for irresponsible sexual and contraceptive behaviour:

Kasey (18): The doctor gave me loads of leaflets and told me to think about it . . . I was like I'm going ahead with it, you can't do that [abortion] really can you?

K: Do you think there was any particular reason why you felt you couldn't?

Kasey: It's not their fault is it? It doesn't matter if you're a teenage mum . . .

Harriet (18): . . . I don't think I agree with the whole aborting thing, I don't think I could do it . . . it wasn't a mistake, it probably was but it's your own mistake so you have to live with the mistakes you made I guess

Nancy (16): I feel that if you don't use the condom and you don't use the pill then I think that you should have the baby.

The implication is clear, the fault is believed to lie with the mother and therefore the only responsible action is mothering. Greene (2006) found that this sense of responsibility for contraception misuse and failure as well as for the unborn foetus influences the decision to reject abortion. It is argued here that this expression of responsibility stems from the stigmatisation of teenage pregnancy and decisions of teenage mothers. It can then be argued that stigmatising teenage parenthood does more than simply frame women's narratives; it also restricts their choices. The following section will now summarise the points made here and expand on the implications of the data.

### **Summary and Discussion**

This paper has demonstrated that being a teenage mother continues to be a stigmatising identity and that young mothers are keenly aware of this. Erving Goffman's work on stigma (1963), face-work (1967) and impression management (1969) has been used to illustrate how this effects teenage mothers' presentations of self. Qualitative research with young parents has been used to show how they attempt to narrate their experiences in ways which minimise judgment. This is

evident above as the women seek to deflect accusations of fault for a pregnancy by highlighting contraceptive failures. It is also apparent as they report their feelings on the discovery of their pregnancies. Here the women take care to express the 'right' reaction. Finally, the desire to be seen as selfless and responsible combined with a lack of legitimacy for teenagers to choose motherhood leads young women to draw on pro-life rhetoric.

The use of Goffman's work as a theoretical framework for analysis has enabled the continuing stigmatisation of teenage motherhood to become visible. Furthermore, it has also worked to make the effects of stigma clear. This was firstly in terms of the young mothers' well-being and, secondly, their sense of self. The women's pain and distress in the face of direct experiences of stigmatising treatment cannot be downplayed. When this results in young women withdrawing from public spaces and places of support, poor outcomes are likely to be exacerbated. Isolation has an important impact on mental health, and so also parenting. Support services reduce negative health and social impacts of teenage pregnancy, and so also affect the well-being of the family as a whole. This paper therefore supports SmithBattle's (2013) argument that stigma has an important influence on the short and long term outcomes of teenage parenthood. In terms of the women's sense of self, it has been shown here that negative stereotypes of teenage parenthood permeate young women's accounts preventing them from framing decisions more positively. They are therefore also prevented from taking a powerful and agentic position from which to enter motherhood with.

This paper has also sought to understand how teenage parents have come to be stigmatised in the ways demonstrated above. It has been argued here that the current dominance of neo-liberal thinking is significant. Neo-liberalism encourages us to overlook the continuing influence of structures such as those of class and gender. In this way, teenage pregnancy and the decisions taken by young mothers have been divorced from context. Without this understanding, young parents are presented as architects of their own fate and undeserving of support. The implications of this thinking can be seen in the responses to the story of Alfie Patten and Chantelle Steadman touched upon above. The suggestion by the '40 Group' to limit access to social housing also demonstrates the potential impact of stigmatising discourses on the lived realities of teenage mothers and their families. Even if the policy never comes to fruition, this and the very public furore surrounding Chantelle Steadman's pregnancy further reinforces one view of teenage motherhood and compounds the potential of stigma.

This paper also questions whether the approach taken by these women as they seek to deflect stigma is effective. Such a standpoint prevents a positive decision to mother but also excludes the opportunity to consider other options. The strong anti-abortion stance taken here by many of the young women makes considering such a path almost impossible. Furthermore, it perpetuates a view through local communities that abortion is irresponsible and wrong and so forecloses that option for other young women too. Instead, young mothers act in a way which may protect themselves but does little to challenge wider negative stereotypes and stigma. Greene (2006:36) argues that teenage mothers' constructions of responsibility demonstrate that they have 'asserted their personal agency' and resisted dominant discourses. It is argued here however that these women's use of notions of responsibility does not signify an assertion of personal agency. The women do not talk about continuing with a pregnancy because they want to have the baby. Instead of claiming a right and desire to mother, they seek to present themselves as moral and work to deflect blame for their circumstances. Framing their decisions with these concepts looks more like defence than

resistance and indicates an acceptance rather than challenge to negative constructions of teenage pregnancy. Furthermore, as Kelly's (1997) work amply demonstrates, these young women cannot control how the audience reads their messages. Their efforts may then simply be ignored, reinterpreted to fit more common stereotypes or used to compound already held views.

It is argued here that the stigma attached to teenage pregnancy warrants serious attention and challenge. SmithBattle (2013:239) provides some useful guidelines on practices for reducing stigma for nurses working with teenage mothers. This includes increasing confidence, providing reassurance and making it clear that stigma and discrimination is unacceptable and will be dealt with. In the UK, the Teenage Pregnancy Strategy introduced a range of professionals (including specialist midwives) trained to deal with pregnant and parenting teenagers. Specialist teenage pregnancy workers present an ideal opportunity to de-stigmatise young parenthood and increase engagement with key services. However, it would also be desirable for de-stigmatising work to occur prior to pregnancy and with non-parenting teenagers by integrating stigma reducing practices into sex and relationship education and PSHE.

Following the election of the Conservative/Liberal Democrat coalition government in 2010, there are a number of challenges in providing adequate support for teenage parents. This includes drastically reduced funding and the replacement of a national strategy with a focus on localism. Set in the context of austerity, continuing or improving teenage pregnancy support appears unlikely. Moreover, including de-stigmatising practices when the lead partner of the coalition espouses views such as those of the 40 group looks downright bleak. Whilst social network sites and blogs (see for example [prymface.yolasite.com](http://prymface.yolasite.com)) may provide a powerful outlet, they lack the legitimacy and universality of an official policy. It is therefore doubly important for academic work to continue to challenge misconceptions about teenage pregnancy and to highlight the harm of stigmatising representations of teenage mothers.

## Notes

1 In 2009 Chantelle Steadman (then aged fifteen) became front page news following the birth of her daughter. The baby was alleged to have been fathered by Chantelle's thirteen year old boyfriend, Alfie Patten although it later transpired that Alfie was not, in fact, the father. Whilst not all media outlets took the opportunity to moralise, the language utilised by some on the political right demonstrates the prevalence of continuing negative stereotypes of teenage pregnancy. For example in Paul Bracchi's piece in *The Daily Mail*, "Chantelle's experience provides yet more evidence that the values of a welfare-state spawned underclass are being passed from generation to generation, from father to son, mother to daughter" (Bracchi 2009).

2 See for example the 2009 *Daily Telegraph* article, 'Why are we so surprised that our teenagers are having babies?' by Alasdair Palmer in which he claims 'There is no social stigma attached to having a baby as a teenager'. Brenda Almond, writing in *The Daily Mail* the following year, went further to claim, 'The only stigma in modern Britain, it seems, is directed at those who warn against infidelity, adultery or parental neglect of children' in her article entitled, 'We'll never end our teenage pregnancy epidemic until we admit what's REALLY causing it'.

3 The '40 group' is a group of Conservative MPs elected in 2010 with the narrowest majorities in the Party. The main aim of the group is to hold onto their marginal seats but also to attempt to have some influence on the impact of the government. The Telegraph reported that the group felt that '... the current hand-outs for teenage mothers may encourage them to get pregnant so they can get their own flats' (Mason 2013) and The Independent cited the group as wanting to reassure the public that 'a teenager's motivations for having a child are not related to housing access' (Grice 2013). The position adopted here is not vastly different from the one taken by Conservative MP Peter Lilley when he brandished his 'little list' decrying "young ladies who get pregnant just to jump the housing list" at the 1992 Conservative party conference. This is despite academic evidence that housing and benefits do not act as incentives for teenage pregnancy (see Kelly 1996: 425). Nonetheless, this 'common sense knowledge' continues to be drawn on by politicians and repeated by the media fuelling conceptions of teenage parents as feckless girls making poor decisions.

4 Importantly, it has been asserted that when teenagers access good quality ante-natal care many health risks associated with teenage pregnancy are reduced if not eliminated (Macintyre and Cunningham-Burley 1993; Luker 1996; Irvine et al 1997; Botting et al 1998; Kaufman 1999).

5 Shortly after being elected in 1997 the incoming Labour government, under the auspices of the Social Exclusion Unit (SEU), commissioned a report into the causes and outcomes of teenage pregnancy. This report culminated in the implementation of the Teenage Pregnancy Strategy in 1999. The Strategy's two main aims were to reduce the incidence of teenage pregnancy (specifically to halve it by 2010) and to support those who did become teenage parents.

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