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Teenage mothers' experiences of stigma

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This article is concerned with exploring the impact of stigma upon teenage mothers. Drawing upon the findings of in-depth interviews with 20 teenage mothers, the study explores the ways and contexts within which stigma is experienced and identifies differential effects and coping mechanisms reported by the participants. Thereafter, it is suggested that, within many teenage mothers' families of origin, there exists a value system within which young motherhood is worthy and esteemed, a tradition at odds with contemporary ideals for motherhood. The discussion then considers the disjunction between the problematical perception of teenage motherhood among policy-makers and the views of teenage mothers themselves, and goes on to suggest possible implications of such contradictions for New Labour's social policy interventions into the lives of young people.

Keywords: young adulthood; parenthood; lifestyles; exclusion; attitudes

Introduction

In recent times, teenage motherhood has been increasingly problematised by policy-makers and in wider societal discourse. Teenage mothers are often perceived as a homogeneous group of immature, irresponsible, single, benefit-dependent, unfit parents (Campion 1995) who deviate from ideals of motherhood (Phoenix and Woollett 1991). In addition, their early parenthood raises many issues concerning transitions to adulthood. What at first might appear an accelerated transition is invariably more complex: 'The transition to independent adulthood is not necessarily accomplished through motherhood which might serve the function (to the grandparent) of extending the dependency of the young mother' (Jones 2002, p. 21). Teenage motherhood cannot be treated as a singular, uniform transition to adulthood; it is experienced differently by individuals drawing on economic and social support from a variety of sources. New Labour's Teenage Pregnancy Strategy is based on arguments that explicitly link teenage child-bearing with social exclusion in adult life. The strategy aims to reduce teenage child-bearing and ensure teenage mothers are engaged in education, employment and training (Social Exclusion Unit 1999b). The Teenage Pregnancy Strategy is one of many initiatives aimed at preventing social exclusion among children, young people and families. Such measures are characteristic of the social investment state approach to policy, which includes investing in human and social capital, prioritising children as the citizen workers of the future, being future focused and redistributing opportunities as opposed to redistributing income (Lister 2003). Policies are seen as having an investment element in their tendency to encompass children, and therefore acting to prevent future social exclusion (Jenson and Saint Martin 2003).

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The views of the British general public have much in common with those of the policy-makers, evidenced in the British Social Attitudes Survey; for example, 71% of respondents agreed with the statement ‘teenage girls who want to get on in life usually don’t become teenage mothers’ (Clarke and Thomson 2001, p. 66), indicating that those who do become teenage mothers are limited in their aspirations. These widely held views are often reflected in the media portrayal of teenage motherhood,

... focused around the derogatory ‘pramface’ or teenage ‘chav mum’ ... it is the minority of teenage mothers considered to be problematic who make headlines and are thus stigmatised. The stories of teenage mothers doing well are not so newsworthy. (Hadfield *et al.* 2007, p. 258)

This paper draws on a study that set out to investigate stigma from the perspective of teenage mothers themselves. Twenty teenage mothers participated in semi-structured interviews exploring their experiences of and responses to stigmatisation.

The stigma of teenage motherhood

Firstly, it is necessary to outline how the problematisation of teenage motherhood is, by conceptual definition, stigma. Many contributions have been made to the literature since Goffman’s key text, in which stigma was defined as a characteristic that makes someone ‘different from others in the category of persons available for him to be, and of a less desirable kind ... reduced in our minds from a whole and usual person to a tainted, discounted one’ (Goffman 1963, p. 5). Subsequent literature has added further definitional and attributional factors. Jones *et al.* (1984) remark that someone is likely to be stigmatised if they bear a visible, potentially discrediting mark, which represents a deviant condition; and in particular, if they are seen as personally responsible for that mark. Linked to this is the contribution of Major and O’Brien (2005), who argue that the stigmatised individual is seen to possess an attribute that acts to devalue their identity in a particular social context. Breaking down the term *stigma*, it is claimed that stigma is manifested through its components of labelling, stereotyping, separation, status loss and discrimination (Link and Phelan 2001). By placing these definitional contributions into the current political and social context, this paper will establish that the problematisation of teenage motherhood can be discussed in terms of stigma. It is now necessary to consider why and how this is the case by exploring this context in more detail.

The Teenage Pregnancy Strategy inextricably links teenage motherhood with social exclusion, according to a low status and associating it with limited aspirations. In this future-oriented context, teenage motherhood represents an economic risk both in terms of the benefit dependency of the mother herself and in terms of the future outlook for her children, according to risk factors, which are increasingly drawn upon by policy-makers (France 2008). Engagement in paid work appears paramount for New Labour in tackling social exclusion among young people, which was evident in *Bridging the Gap* (Social Exclusion Unit 1999a). However, this approach has been heavily criticised as ignoring structural inequalities, focusing upon personal agency and laying the blame for social exclusion as the hands of individuals: ‘Bridging the Gap perpetuates such a moralistic interpretation of the problem, which locates the causes of social exclusion in the deficits of individuals and aggregates those individuals as generalised and pathologised social groupings’ (Colley and Hodkinson 2001, p. 342). Given the emphasis on agency, and in particular individual responsibility, teenage mothers are seen as largely accountable for their situation. They have a dual responsibility within a social investment state, in that as parents they should be responsible for their children, and as citizens they are obligated to

engage in paid work (Lister 2003). Whilst a young child's dependency on an adult makes them innocent victims when things go wrong and blame is apportioned to others, older children and adolescents are seen as having individual agency and therefore are held accountable and blamed for actions that lead to their social exclusion (Clarke 2006). In terms of the generalisation of socially excluded groups, many have warned that such generalisation and resultant policy targeting leads to a view of such groups as homogeneous (Percey-Smith 2000). Indeed, approaches to the tackling of 'Not in Education, Employment or Training' appear to see the solution to social exclusion through the singular route of paid work, which does nothing to recognise diversity among such young people nor acknowledge that transitions are made up of 'multiple careers' – school-to-work, family, housing, leisure, criminal and drug careers – and factors in one area may spillover into others (MacDonald and Marsh 2005, p. 194). Indeed, MacDonald and Marsh (2005) go on to note that many young people who might be said to have all of the risk factors for a certain outcome do not arrive at these ends, highlighting the problematic nature of addressing young people as homogeneous groups. Teenage mothers are a key example of diversity within this group and it has been argued that, in the case of those who have decided to be 'Not in Education, Employment or Training' in order to devote time to caring for their children, this may not be a necessarily problematic or permanent state (Yates and Payne 2006). Considering what teenage motherhood represents in terms of a transition to adulthood, there are inevitably a diversity of experiences of becoming a parent, which often overlap with the other multiple careers identified by MacDonald and Marsh (2005). Teenage motherhood is more complex than it may first appear. Indeed, it is further argued that in supporting teenage mothers too much focus lies on the economic concerns of education and paid employment, which stem from the interruption that teenage motherhood represents the school-to-work transition, whilst the 'social dimensions' of teenage mothers' exclusion – namely, stigma and a lack of support networks – are neglected (Kidger 2004, p. 298).

There is clearly a disjunction in how teenage motherhood is perceived; whilst policy-makers identify teenage motherhood as evidence of low expectations, teenage mothers themselves value their motherhood – and to this end there exists a 'rationality mistake' (Duncan 2007). Duncan states that policy-makers assume that individuals have a particular rationality or mindset, and that when policy is made it is based upon these expectations about teenage mothers. However, he postulates what if their rationality is different from what policy-makers assume it to be? He believes this to be the case for teenage motherhood, arguing that policy-makers interpret teenage motherhood as evidence that someone has low expectations, but 'teen parents can see social and personal fulfilment in having a baby – in other words they have high expectations' (Duncan 2007, p. 6), reinforcing the following statement from previous research in this area:

For a significant number of young working class women, identity and belonging are secured through informal rather than formal modes of participation. Critical here are not the paid worker identity and relationships with the labour market, but the unpaid carer identity and the mother child relationship. (McDermott and Graham 2005, p. 33)

So whilst it is clear why teenage motherhood continues to be an undesirable life path that is subject to a heavy degree of stigma, what is less clear is how this lower status has an impact upon individual teenage mothers themselves, and what the implications of this may be for policy.

Previous studies have established that teenage mothers regularly experience stigma in their daily lives, from both the general public and in their use of public services (Hanna

2001, Kirkman *et al.* 2001, Seamark and Lings 2004, McDermott and Graham 2005). It has been suggested that teenage mothers cope with this stigma by developing a 'consoling plot' (Kirkman *et al.*, 2001) or 'good mother identity' (McDermott and Graham 2005), whereby they emphasise their strengths in order to create a positive identity, drawing on the beliefs that they are competent mothers and stressing the advantages they hold over older mothers. Further coping mechanisms are identified as drawing on emotional support from family (Whitehead 2001) and social networks (Phoenix 1991), which act to normalise early motherhood and hence act as a protective armoury against stigma, and avoiding public services that made them feel stigmatised (Hanna 2001, Department for Children, Schools and Families 2007). Despite this, it is not further expanded upon as to why some teenage mothers were able to cope easily with being stigmatised whilst others were not, and what factors affected this. The reason for this could be that these studies did not have a specific focus upon the actual effects of stigma, and hence – whilst it was observed that some teenage mothers were able to resist the negative receptions of others whilst others were not but that, 'more often than not, they internalised the negative stereotypes which portrayed them as a deviant group' (Hanna 2001, p. 460) – further explanation of the negative effects is not provided. In addition, the literature appeared to be lacking regarding a discussion of overlaps of inequality; whether some teenage mothers are more stigmatised than others. The literature discussed here offered only one contribution to an understanding of the effects of stigma upon teenage mothers; namely, that effects were negative. However, a review of the social psychology studies of stigma offered further possibilities as to effects of stigma, which may or may not apply to teenage mothers as a stigmatised group. This literature does indeed feature negative effects, but goes further in identifying what these effects are; low self-esteem (Jones *et al.* 1984, Crocker *et al.* 1998, Link and Phelan 2001), limited social networks (Link and Phelan 2001), depressive symptoms (Link and Phelan 2001), strained interactions with potential stigmatisers (Link and Phelan 2001), blaming oneself for being stigmatised (Crocker *et al.* 1998), comparing oneself with inappropriate others (Crocker *et al.* 1998), disidentifying with fellow stigmatised (Crocker *et al.* 1998) and ambivalence (Goffman 1963). In addition, the social psychology literature offered further possibilities, which could not be classed as *negative* effects, and indeed may be termed *alternative* effects. Goffman (1963) asserted that stigma will have little or no effect upon some due to their possession of values which differ from normative societal value systems. Crocker *et al.* (1998) argue that further effects of being stigmatised might be to blame the discrimination as unfair, compare oneself with appropriate others and identify more strongly with fellow stigmatised. Therefore, from this body of literature, there emerged potential fields of further investigation into the experiences of stigma, presenting an opportunity to begin to identify which factors affect teenage mothers' propensity to resist or absorb stigmatising conceptualisations of them.

The study

The findings are drawn from a wider PhD research project, of which experiences of stigma was a key focus. There were a total of 20 participants from the Midlands region who were recruited via the formal support services that they used. Teenage mothers are defined as those who were aged 16 or over when they gave birth to their children, as this older 16–19 age group constitute the vast majority of the group often referred to as 'teenage' parents (Office for National Statistics 2004, p. 10). The participants in this study were at the top of the age range – although many of them had become mothers at 16 or 17, they had been engaged with the support services for some time and were now in their late teens or early

twenties. Each participant took part in a semi-structured interview, which was transcribed and analysed through meaning condensation (Rubin and Rubin 2005), coding, context charts, and pattern coding (Miles and Huberman 1994). The interviews were structured around themes, one of which was the participants' experiences of stigma; how this manifested itself, their feelings about stigma and what extent they felt affected by it. The key limitation of this study is that the participants were recruited on the grounds that they used formal support services, and in this regard the study would have excluded those who do not utilise these services. A potential implication of this may be that those who had experienced stigma in their use of support services would be unlikely to be included in the sample; as such, experiences may have acted to isolate them from such services. The inclusion of such individuals would have further enhanced this study in providing further insight into the stigma that might be experienced in the use of public services and the potential effects and coping mechanisms arising from the same.

Experiences of stigma

All participants felt stigmatised by the general public. The majority recalled incidents when people had been rude to them and had criticised their young motherhood. These incidents ranged from people looking at them in a disapproving way to others openly making negative comments and engaging in arguments with them. Therefore, discrimination at the hands of the general public was a regular occurrence for the teenage mothers in this study.

My son was having a tantrum and this woman comes up to me and says, 'What do you think you're doing to your child?'. I said, 'Excuse me! I just picked him up off the floor because he was banging his head and I'm walking him to that bench there to calm him down'. She started having a real go about me being a young mum, saying you're this, you're that! And then she turned around to me and said, 'Are you on drugs?' Can you believe that! (Danielle, 20 years old)

I got on the bus and there was a man sitting in the pushchair part and he just looked then turned his head. I said, 'Excuse me, can you move to the other seat please?'. He said 'No' . . . The man then turned to me and said, 'You shouldn't even have that', I said, 'Excuse me?', he said, 'That', pointing at my son, 'You shouldn't even have that, how old are you, 16?' . . . People automatically assume that you have a baby to get a house and get on benefits. (Lynsey, 19 years old)

Quite a lot of people look down on you, when I was pregnant especially. You get nasty looks, even from some people your own age. . . A lot of people see the bad more than the good . . . When they see a young mum, they just think, they're like, 'Well, she's never worked, she's on benefits'. (Katie, 20 years old)

In addition to the stigma experienced from the general public, participants stated that they felt stigmatised by the media, and commented that media portrayal of teenage mothers was unrepresentative of their lives. Most of the participants who felt this stigma had 'Education, Employment or Training' aspirations and said that the stereotype of the teenage mother as lazy and willingly benefit dependent was unfair as it led people to believe that all teenage mothers were like this. Some commented that the media rarely portrayed positive images of teenage mothers, who were ambitious in terms of a career and a desire to become financially independent.

The bad stuff about on TV about teenage mums, 'Teen mums this, teen mums that', they should show the ones who are actually doing something, like me, they never show them ones, the ones who carry on with their lives and hold their head up high. (Kaitlin, 18 years old)

They don't have programmes about nice children who have done things nice, it's always about the worst, I don't think they should have that, they should have it equal. (Anna, 17 years old)

[Discussing a recent television documentary about teenage mothers] . . . if that was me, they wouldn't have come and filmed me because I lead a *normal* life. Smoking around the children and when they were pregnant, stupid stuff like that . . . they wouldn't film me because it would be *boring* and people wouldn't want to watch it. People like the stereotype and to look down on young mums thinking they can't do it right and all their children are going to have ASBOs. (Lynsey, 19 years old)

Participants had also experienced stigma in their use of public services. Discriminatory attitudes had been expressed by staff in health services in hospitals and health clinics.

When I was in hospital, the doctors said to me I shouldn't be there because I was too young. I was treated really bad in hospital. Well I really didn't want to hear stuff like that, I'd just given birth to twins for god's sake! (Leanne, 19 years old)

The way some people speak to young mums, like in hospital, they spoke down to me and were really nasty. They would never have spoken to a woman in her 30s like that. (Kaitlin, 18 years old)

A few times when I've been to the clinic to get them weighed and that, I go with my mum. And the nurses and that, they talk to my mum, rather than to me, they treat me as if *I'm* a child. Sometimes I've actually said something like, 'Look, I'm their mum!'. (Dawn, 19 years old)

Effects of stigma

As noted earlier, the literature that did consider the stigma of teenage motherhood did not elaborate as to why some were able to brush off negative experiences whilst others were not, nor further consider different degrees to which those experiencing stigma were affected. However, new possibilities as to effects of stigma arose from the social psychology literature, and indeed some participants did report such effects. Table 1 presents the effects displayed by the participants, some of which coincide with those suggested by the literature. Reasons for the absence of other effects suggested by the literature are considered later in this section.

Disidentification with group (Crocker *et al.* 1998) was displayed by some participants in this study, who wished to distance themselves from other teenage mothers and actively avoided them. These participants also displayed *ambivalence* (Goffman 1963); in condemning and stigmatising other teenage mothers, they presented themselves as exceptions to what they perceived as the teenage mother stereotype and further distanced

Table 1. Effects of stigma reported by participants.

Negative effects	Alternative effects
Disidentification with group (Crocker <i>et al.</i> 1998)	Little or no effect (Goffman 1963)
Ambivalence (Goffman 1963)	Blame discrimination (Crocker <i>et al.</i> 1998, Major and O'Brien 2005)
Short-term annoyance	Compare self with appropriate others (Crocker <i>et al.</i> 1998) Identify with group (Crocker <i>et al.</i> 1998) Positive effect

themselves from other teenage mothers. They made comments to indicate they were more capable as mothers and ambitious, which acted to separate them from others.

[discussing her experience of a young mothers' group] ... I just didn't feel like I fitted in there. I just didn't have anything in common with them, they all seemed to just want to go shopping and laze about ... they seemed to be perfectly fine with the fact they were all on benefits ... but I'm at college and stuff, making a better future for me and him (Lynsey, 19 years old)

I used to mix with other young mums but I don't because, I dunno ... I feel a bit more mature. I don't do things like they do, they live with their mums and go out clubbing and things like that. I think I'm more independent than that and I want to be with my kids. (Danielle, 20 years old)

[Discussing levels of state benefits] I feel a bit strongly when teen mums assume, 'we should have this, we should have that'. Because in my eyes, you're lucky that you've *got* that 'cause in some countries they don't give you that! I'm just thankful for what they give us because if we didn't have that we'd all have to go to work and that, because we'd have *nothing*. I think they're reasonable with the money they give you. If you don't *smoke* and things like that, it does last you. (Leanne, 19 years old)

Short-term annoyance was an effect discovered in this study. It describes the effect of feeling disgruntled whilst being subjected to discrimination; however, this wears off when the participant exits the context. Short-term annoyance does indeed indicate that a negative effect has been experienced, but it is of a lesser severity than other negative effects.

People look down at you, you think the look on their face, like *disgusted* you know, thinking like *slag* and slut and stuff like that ... When someone's been like that to me I do feel pissed off for a while but then I think at the end of the day, let them get on with it, they can't judge me if they don't know me. (Selena, 20 years old)

Regarding the alternative effects of stigma, *little or no effect* (Goffman 1963) and *blaming discrimination* (Crocker *et al.* 1998, Major and O'Brien 2005) were also found to be present among teenage mothers in this study. It is suggested that teenage mothers subscribe to systems of belief that are separate from those held in wider society – in this instance, valuing young motherhood as a positive event – and these belief systems act to protect and insulate them from any stigmatising criticisms they receive as they are able to believe that the critics are the ones in the wrong.

Thing is, not long ago, having kids young was alright, it's different now, I think, 'What's the difference with us?'. I've got the responsibility to look after my child and it's not their problem you know. (Selena, 20 years old)

I just carry on with it, I ain't bothered. I've got my life to get on with. (Vicky, 18 years old)

The stereotypes come from people like ... assuming stuff about us when they don't like ... know what it's like for us. (Holly, 20 years old)

Identification with group (Crocker *et al.* 1998) was also present among participants in this study; for these mothers who already show identification with other teenage mothers, stigma serves to further reinforce this identification and lead them to *compare self with appropriate others* (Crocker *et al.* 1998).

We all think it's a bit of a joke to be honest, we're all old enough to make babies so what's the problem with it [laughs]. We all do a good job of it, we're mums and that's it really. (Sarah, 20 years old)

It makes you a good person to bring a baby into the world so if people look down on you, you just ignore it, that's what I say to the others. (Jenna, 19 years old)

The possibility of stigma having a *positive effect* was discovered, and it was argued that, among teenage mothers for whom motherhood represents a positive turning point, belonging to a stigmatised group may have a positive effect upon them, acting as a source of determination to spur them on.

I don't let people bring me down, I just get on with it. I think I've grown quite a hard skin. If anything, I suppose it's made me stronger and more determined to do well. (Leanne, 19 years old)

Furthermore, it was established that some of the potential negative effects suggested by the social psychology literature were simply not reported by the participants in this study. Whilst some interviewees did have limited social networks (Link and Phelan 2001), this could not be identified as a direct effect of being stigmatised; rather, it seemed to have resulted from changes in their personal circumstances – for example, moving away from an area where they had previously had friends. In addition, social networks are unlikely to become limited as a result of teenage mother stigma if their social network prior to becoming a mother did not stigmatise teenage motherhood in the first place. Furthermore, the locality in which teenage mothers reside can have an influence upon the degree of felt stigma. Should they move onto an estate with a high concentration of teenage mothers, this may act to mitigate the effects of stigma, even though in so doing she may be moving further away from her existing support network of family and friends. Drawing a comparison with the discrimination experienced in her former area, which had a very low rate of teenage motherhood, one participant commented,

I get it less here [on the estate to which she had recently moved] whereas before I was living in an area where there weren't many of us but there's a lot of young mums here, its normal. (Katie, 20 years old)

Secondly, regarding the lack of reports of low self-esteem (Jones *et al.* 1984, Link and Phelan 2001) and depressive symptoms (Link and Phelan 2001), it can be suggested that the participants may not have reported these effects because they did not feel comfortable talking to someone they did not know very well about these issues. However, it may indeed be the case that these effects were not present at all, particularly given the evidence of a separate belief system, which valued young motherhood. It could be argued that the absence of further potential negative effects – blaming self for stigmatisation, strained interactions with potential stigmatisers and drawing comparisons with appropriate others – are linked to this. The participants in this study saw their motherhood as something normal and positive, and therefore saw no reason to blame themselves for the stigma they were subjected to, nor compare themselves with other teenagers who were not mothers. They valued their motherhood, whereas those stigmatising them did not; therefore, if blame was to be apportioned, it was to those who stigmatised them. It may be the case that these normative values insulate the participants from negative effects of stigma, and prevent interactions with others being overshadowed by anxiety about how they might be received.

Coping mechanisms

The coping mechanisms discussed in the qualitative literature were investigated further in this study. New coping mechanisms were found, and the categories of *active* and *passive*

coping mechanisms were established to further assist in comprehending this area of interest. *Active* coping mechanisms can be described as those in which the person receiving negative criticism visibly reacts to it, by engaging in an interaction with their critics, whilst *passive* coping mechanisms do not include the same type of response – instead, those engaging these types of coping mechanism respond silently, by drawing on beliefs that negate the criticisms they have been subject to. These are presented in Table 2.

Among the coping mechanisms classed as active, two coping mechanisms were discovered; the use of humour, and engaging in a verbal defence.

There's this man down the road. He always goes on about how he has to work to support us and things like that. But I just laugh it off and say, 'Well keep working then!'. You have to 'cause what else is there to do, you can't change their views. (Leanne, 19 years old)

... I was just waiting in the queue and there was this old woman stood next to me, she started tutting and stuff, I said, 'and what exactly is *your* problem?'. She said something like, 'You get younger all the time you teenage mums, it shouldn't be allowed.' And I said to her that in her day people wouldn't bat an eyelid at someone having a kid at 18 or 19, that shut her up! [laughs] You've got to put these people in their place, they've got no right to say shit like that to us ... (Alison, 19 years old)

The coping mechanisms included under the heading of passive feature two that were discovered empirically – ignoring, and drawing on the belief that motherhood is private – as well as one that was suggested by the literature – that of drawing on the good mother identity (Kirkman *et al.* 2001, McDermott and Graham 2005).

This old woman behind me in the queue turned around and said ... 'you should have that taken off you'. I was just so shocked at how rude that was. I just said, 'whatever', and turned around and ignored her, I didn't want to rise to it. (Jane, 19 years old)

One kid on my course actually used to call me 'Vicky' as in 'Vicky Pollard' from *Little Britain*¹ but I just used to ignore him and pretend he wasn't there and he got fed up in the end. (Gemma, 20 years old)

... they say stuff like, 'Look at her, how young is she?' and, 'What a waste, she's ruined her life'. I think that's really rude, who made it their business, know what I mean? (Clare, 18)

I think being pregnant young gives you more opportunities later on in life, so in a sense it's an advantage. (Holly, 20 years old)

... now I just tend to think it's none of their business, it's not them looking after them ... I know that I'm a good mum and that's all that matters. (Danielle, 20 years old)

I'm at college and it's long hours but I'm getting through it ... so they can't say *nothing* really. I'm doing this so my daughter can have a good future. (Kaitlin, 18 years old)

Linked to the findings as to effects of stigma, those identifying strongly with other teenage mothers were more likely than those not identifying as strongly to use active

Table 2. Coping mechanisms engaged in response to stigma.

Active	Passive
Verbal defence	Good mother identity (Kirkman <i>et al.</i> 2001, McDermott and Graham 2005)
Humour	Drawing on belief that motherhood is private Ignoring

coping mechanisms. It was suggested that active coping mechanisms are employed as a means of defending both themselves and others; given their strong group identification, when faced with criticism, the criticism is taken to be directed both at themselves and at others with whom they identify. Therefore these participants were likely to feel generally more stigmatised than others, those whose social networks included other teenage mothers would defend themselves in this way against the stereotype that was not only being applied to them, but to the social network to which they belonged. A further observation was that teenage mothers feeling stigmatised in more than one context – for example, in their use of public services as well as by the general public – were more likely to use active coping mechanisms than those experiencing stigma in only one context. Stigma was experienced in more than one area of their lives, which acted to reinforce the negative perceptions of teenage motherhood to a stronger degree than for those who only experienced stigma in a single context.

However, the participants did not report some of the coping mechanisms previously identified by the literature, drawing on support from the informal network (Whitehead 2001), and avoiding stigmatising public services (Hanna 2001, McDermott and Graham 2005, Department for Children, Schools and Families 2007). Firstly considering the absence of the former, it might be argued that that they simply did not feel the need to draw on support from their informal networks as they were not sufficiently affected; they did not feel the need to discuss the stigma that they were subject to with their informal network maybe because the informal network had reinforced the normality of their motherhood to a significant extent. Stigma, for some, is a minor concern compared with the challenges encountered in everyday life. Regarding the avoiding of stigmatising public services, none of the participants used this mechanism, even those who had suffered stigma during their use of services. This stigma had been experienced in health services, which are unavoidable as they are crucial to the health of both mother and baby. However, due to the fact that the only experiences of stigma from a public service in this research were found in health services, it is important to note that other teenage mothers may indeed experience stigma from other public services, and may indeed avoid them.

Discussion

As outlined in the literature review, teenage motherhood is seen as deviating from 'ideal' circumstances for motherhood (Phoenix and Woollett 1991) and embodying fast-track transitions to adulthood in a social and political climate in which fast-track transitions are increasingly favoured (Jones 2002); in so doing, it becomes a target for stigmatisation. This research has found that, contrary to previous suggestions that stigmatisation may result in largely negative responses from teenage mothers (Hanna 2001), responses are of a more complex nature than previously acknowledged. Effects of stigma range from the negative, disidentification with group, to the other end of the scale, where some teenage mothers believe that belonging to a stigmatised group had had positive effects on them. Coping mechanisms deployed range from the passive strategy of ignoring to the active strategy of engaging in verbal defence. Considering overlaps of inequalities – for example, whether single teenage mothers feel more stigmatised than those with partners and whether those on state benefits feel more stigmatised than those who are financially supported by partners or families – the following insights have emerged from this study. The participants were familiar with the stereotypical teenage mother, who, to revisit Campion (1995), is immature, irresponsible, single, and benefit dependent. They felt that the stigma was directed at the stereotype, and therefore the further away from the stereotype they

perceived themselves to be – for example, among those who held aspirations to return to education and work and become financially independent – the more stigmatised they felt and the stronger sense of injustice they expressed.

Factors that may explain differential effects and coping mechanisms are numerous and are inextricably linked to the individual's personal circumstances; however, it could be argued that a significant factor may be the individual's values relating to young motherhood prior to becoming pregnant. Those for whom young motherhood is normative in their families of origin are less likely to report negative effects, and among those who do these negative effects were a temporary inconvenience – they certainly were not sufficient to lead the participants to question their values. The effects of and responses to stigmatisation displayed by them strongly indicate that they subscribed to belief systems, which position the mother child relationship and the caring identity above relationships to the labour market and the paid worker identity (McDermott and Graham 2005), insulating them from the negative criticism they receive. Young motherhood is presented as rational and its perceived advantages and benefits are openly emphasised. However, considering those for whom young motherhood was less anticipated, a different picture emerges. It could be argued that stigmatisation resulted in negative effects, as these participants adopted attitudes similar to others stigmatising teenage mothers, indicating that, despite deviating from the 'ideals' of motherhood, they still subscribed to normative values of motherhood and presented themselves as *exceptions*, stressing their differences from other teenage mothers.

Significant policy implications arise from the findings of this research, which relate to points made previously that highlighted discrepancies between policy-makers' views of teenage motherhood and the values of teenage mothers themselves (Duncan 2007). Graham and McDermott (2005) have argued that the evidence base of policy interventions into teenage motherhood is largely quantitative and the experiences of teenage mothers are often lost in such data (Graham and McDermott 2005). Therefore, policy-makers are not gaining an accurate picture of the lived experiences of teenage mothers, and hence policy responses do not adequately account for their differential values. The prevention agenda of the Teenage Pregnancy Strategy goes some length in stigmatising teenage motherhood by associating it with social exclusion and limited aspirations. However, labelling teenage mothers in such a way does little to deter teenage motherhood among those for whom it represents a normative, valued and respected life choice, whose mothers, aunts and grandmothers may indeed have been teenage mothers themselves. In addition, it can be argued that such an evidence base does nothing to recognise the heterogeneity and subsequent differential circumstances of teenage mothers who are far from being the homogeneous, dependent and feckless group that stereotype suggests. Furthermore, it is evident from the experiences of the participants in this study that fast-track and slow-track transitions to adulthood often overlap and, as Jones (2002) suggests, whilst middle-class or slow-track transitions have been more extended than working-class or fast-track transitions, this middle-class pattern is becoming more widespread among the working class. Teenage mothers are a highly heterogeneous group within which some may continue to reside with parents, others may live with a partner, some may engage in employment or training whilst others postpone this until their children are older. Such diversity of the context of their motherhood inevitably has implications for their experiences of the transition to adulthood. Far from being at opposite ends of a spectrum where teenage mothers occupy the fast-track extreme, it is apparent that elements of slow-track transitions are becoming increasingly evident among teenage mothers; for example, the aspirations of many to engage in further education and training.

The evidence base would benefit from the inclusion of more qualitative research, which might give further insight into the values of teenage mothers and allow policy to set out from a position that acknowledges these values and therefore could be of greater potential benefit to the teenage mothers who are affected by it by identifying and responding to varying needs.

In spite of this, it could be argued that such a change is unlikely given the reluctance of New Labour to legitimise both young motherhood and the unpaid carer identity, and the increasing prominence of enforcement policies amongst groups whose values and behaviour are at odds with the philosophy of the social investment state. There are two points leading on from this that highlight some further contentious issues within New Labour's social policies. The first concerns the particular focus upon children within the social policy agenda, which gives rise to an apparent contradiction between the future focused nature of policy and the citizen child of the present. Among particular groups, particularly those labelled as at risk of the intergenerational transmission of undesirable values and behaviours – for example, early parenthood – there is the danger that the children of these groups will be stigmatised at a very young age, having been identified as in need of preventative initiatives. Policy does not appear to perceive these children as citizen-children in the present due to the preoccupation with what they might become as adults based on risk factors. This in effect labels these children as being in need of intervention to prevent them following the paths of their parents. Whilst the social investment state claims to redistribute opportunities to promote social inclusion, the contradiction between a future focus and the child in the present poses the danger of leading to further exclusion by identifying and effectively stigmatising some children due to the values and belief systems of their parents.

The second point takes this further in suggesting that the stigmatisation of teenage mothers is indeed functional within a social investment state. Given the future focus and the emphasis upon individual responsibility, it would seem rational for such a system to fail to recognise the values of individuals who go against these priorities, as they represent a threat to normative values. Policy-makers might not want to be seen as accepting of certain groups whose values and beliefs have perceived costs, both in terms of welfare dependency and what policy perceives as irresponsible parenting. Therefore, in effect, the stigma attached to these groups, both by policy-makers and within wider society, is functional for the social investment state in so far as it enables the continuation of the disdain for groups whose values are at odds with its philosophy. Furthermore, such stigma may indeed act to further legitimise policy initiatives aimed at pushing these individuals towards the desired outcomes of labour market participation and self sufficiency. However, whether this is truly in the best interests of these individuals is a point of contention: 'The problem for young people is that society seems to define some patterns of transition as inappropriate and condemn them, even though they may be based in longstanding class or cultural traditions' (Jones 2002, p. 23).

Conclusions

The teenage mothers in the present study did not share the common assumptions of teenage motherhood; they did not believe that they were less competent than older mothers nor unable to become economically self-reliant in the future. The participants saw their motherhood in a positive light, outlining how it had enhanced their lives and resented the stereotype of the teenage mother as unrepresentative of their experiences and skills. The effects of belonging to a stigmatised group varied according to numerous factors, arguably

the most significant being pre-existing values as to young motherhood; those for whom young motherhood represented a normative youth transition were less likely to report negative effects from stigmatising situations, whilst those for whom teenage motherhood was less valued were likely to suffer negative effects and adopt stigmatising attitudes towards other teenage mothers. The existence of the former's alternative value systems raises an important question for policy interventions regarding those at whom they are targeted; what can be gained by the continuing stigmatisation of values that do not conform to contemporary ideals when those subscribing to them show little evidence of changing or adapting to the new norms?

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Note

1. *Little Britain* is a BBC comedy sketch show, which features the character 'Vicky Pollard'. This character embodies the negative elements of the teenage mother stereotype: irresponsible mothering, benefit dependency, lack of aspiration, and promiscuity.

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