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POSITION PIECE

The Increasingly Leaky Stigma of the 'Pregnant Teen': When Does 'Young Motherhood' Cease to be Problematic?

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This discussion piece arose from a conversation between the two authors, Sarah, a nurse researcher exploring teenage women's pregnancy decisions and Joelle, researcher, 'young mother', activist and founder of @prymface a twitter feed that advocates for young mothers and anyone who was ever a young mother. We explore the concepts of teenage pregnancy within policy and popular discourse, and consider the extent to which this now applies to young mothers in their twenties.

This discussion piece arose from a conversation between the two authors, Sarah Bekaert and Joelle Bradly. They each have extensive experience working with and advocating for young mothers. Sarah as lead nurse in a teenage health demonstration site, as practitioner implementing the Teenage Pregnancy Strategy at a local level and as Designated Nurse for Looked After Children and Joelle, having been an activist and advocate for young mother for over 10 years. In this paper, drawing on our experience, we explore the idea of 'teenage pregnancy' within policy and popular discourse, and consider the extent to which 'teenage pregnancy' as a stigmatised condition is now applied beyond the teen years and to young mothers in their twenties. We argue that recent legislative and policy activity extends control of women's fertility, and devalues motherhood, which then becomes acceptable only within very narrow age parameters.

Joelle's work with young mothers over many years, and as founder of Prymface, has highlighted a tendency for young women to separate the moment when they found out they were pregnant from the decision to continue with the pregnancy. In Joelle's work, she has found that the young women she has engaged with often do not experience 'becoming pregnant' as an active decision; yet choosing to *continue* a pregnancy is often experienced as a decision, and one based on taking responsibility and feeling that this was the right thing to do. The decision to continue can be an expression of agency and a decisive and positive choice to be a good parent. Despite the positive and empowering language that young women adopt around young motherhood, Joelle has witnessed powerful and persisting social discourses around the alleged 'irresponsibility' and 'recklessness' of young mothers.

Sarah's research on repeat pregnancies with teenage women explores the decision-making processes around whether to continue with pregnancies and become mothers. Sarah has found that young women consciously self-present as 'good citizens', particularly in relation to social expectations regarding education. The young women in her research stress the importance of finishing school in relation to their decision to abort a pregnancy. Moreover, these young women often seek to distance themselves from the idea of 'actively' deciding to become a mother by narrating pregnancies as 'accidental' in a number of ways; assuming they were

infertile, offering accounts of failed contraception, emphasising 'fate' as being in control of their life events, going beyond the legal limit for abortion before discovering a pregnancy. Such narratives might be seen as ones of responsabilisation, even while a muted desire *for* pregnancy and parenthood was often also evident. These young women sought to self-present in ways that would avoid judgment and offered a counternarrative to such discourses of 'irresponsibility' and 'recklessness' and actively resisted stigmatisation.

Public scrutiny of teenage women in relation to pregnancy decisions reached a critical point with the Teenage Pregnancy Strategy (Social Exclusion Unit 1999). This ten-year programme was designed with specific targets to both reduce teenage pregnancy rates and to support young mothers back into education. In the UK, this strategy reflected a broader commitment to education as *the* route to social mobility, as well as presenting explanatory power of teenage pregnancy and parenthood as one of the central causes of 'social exclusion' (SEU 1999). The Strategy achieved its targets and was heralded a success (Hadley et al. 2016). In 2014, the under 18 conception rate was 51% lower than the 1998 baseline. It also built and sustained government lobbying for statutory Sex and Relationship Education, which has since become law (Education and Skills Act 2016), community clinics for young people doubled, and there was an increase in the uptake of Long Acting Reversible Contraception in under 18s (Hadley et al. 2016). Notably, the team of independent evaluators of the strategy, drawing on separate data from the National Survey of Sexual Attitudes and Lifestyles (wave 2 and 3, spanning years 1999–2012) observed that a drop in teenage pregnancy was not simply due to increasing education or better access to contraception (Wellings et al. 2016); there were also important social changes, such as attitudinal shifts that it is now 'uncool' to be a teenage mother. More recently, research has uncovered increasing stigma for teenage mothers (Ellis-Sloan 2016, Fearnley 2018).

At the same time, a wealth of research challenges the negative assumptions around teenage motherhood. For example, MacVarish and Billings (2010) found a rebuilding of adversarial relationship with parents, and particularly grandmothers. Kaye et al. (2007) noted a withdrawal from harmful lifestyles and Herrman (2007)

a reengagement with education once a parent. Lee SmithBattle has undertaken a longitudinal study with teen mothers that now spans 30 years, she has also noted these outcomes as well as economic outcomes in the medium to longterm that are not dissimilar to peers who started their families later (SmithBattle 2000). Indeed, the 1970 Birth Cohort Study in the UK showed that teenage mothers had caught up economically with their peers by the age of thirty (Pilgrim et al. 2010).

The age at which young people finish their formal education or training and leave school has been incrementally raised in the UK in recent years: from sixteen to seventeen years in 2013 and then to eighteen in 2015. This is the latest in a sea-change for education, which is increasingly seen as preparing young people for contribution to, and consumption of, the free market. The neo-liberal goal for 50% of young people to attend university is coming to fruition (Wright 2013), and it is increasingly common to continue studying past undergraduate level. Universities are being drawn into global marketisation. New Labour located this goal in increasing social mobility for young people, raising aspirations and ultimately reducing poverty. Alongside the extension of education, other life events which mark 'adulthood' have also been postponed to later years: leaving the parental home, buying a first home, and, having children. Social trends around parenthood mean that women are having children later and later. The average age at which women give birth to their first child currently stands at 28.8 years, up from 27.5 in 2007 and up 3 years from the 1940's average (ONS 2018). Births to women over the age of forty have been increasing since the late 1970s, with rates now exceeding that of women under the age of twenty. In general, the era of 'youth' has been extended.

We have noted a corresponding increasing focus on a wider age bracket being considered as 'early' motherhood in policy. The Teenage Pregnancy Strategy (SEU 1999) extended policy focus to young women up to 18 years, whereas in the preceding *Health of the Nation* document the focus age was 16 and under (DH 1992). In the current Framework for Supporting Teenage Mothers and Young Fathers (PHE 2016) the age range included had shifted further to the age of twenty. According to the Family Nurse Partnership (FNP) website, the programme works with young mothers who are "24 years and under". This programme is a voluntary

home visiting Health Visitor programme for first time young mothers and their families which follows a prescribed programme (Olds 2006). Whilst support is welcomed, there is a tension with parents being singled out as in need in relation to age alone.

Welfare systems are also pushing young mothers under the age of twenty-five into marginalisation and even poverty. For example, with Universal Credit, parents under 25 receive a lower rate of personal allowance than parents over 25. The preceding welfare system (Income Support) paid the lower rate to under 18s, who are, in legal terms, considered to be children or at least minors (Hampson 2018). This change was brought about partly through the austerity agenda, arguably to make welfare more efficient. However, the reality of this for many is that it extends the stigmatizing discourse of welfare dependency, in an attempt to make drawing on welfare less attractive. Within this, young parents are an easy target as there is an increasing assumption that they shouldn't be having children until their mid-twenties. Policy and legislation both fuels and compounds popular perceptions about when people 'should' become parents. This marks an unsettling legislative shift that economically and socially disadvantages those who become mothers earlier than the expected norm. We suggest that such legislative and policy activity extends control of women's fertility, and devalues motherhood, which then becomes acceptable only within very narrow age parameters.

Mothers in their early twenties are now reporting experiences of being scrutinized and judged by society, and in ways that echo the experiences of teenage mothers in previous decades. A study by Whitley and Kirmayer (2016) showed that participants mothering in their early 20s felt strongly stigmatised, and stated how they may have been experiencing aspects of social exclusion traditionally associated with teenage mothers. They go on to state how this may have a deleterious effect on health – through poor self-esteem and post-natal depression. In addition, where 'teenage motherhood' has very clear boundaries, by contrast early motherhood is a more elastic concept and can be stretched to fit different agendas. As such more mothers can potentially be infantilised, leaving them open to judgement regarding their reproductive decisions.

Finally, we want to note that the enduring stigma attached to the term 'teenage mothers' may indeed mean that many teenage mothers prefer to identify as 'young mothers', distancing themselves from stigma and claiming the term 'young mother' as a positive identity. The age borders that distinguish 'teenage mother' from 'mother' were always arbitrary, and the uptake of the term 'young mother' may indeed enable shared conversations between mothers in their teen years and mothers in their early twenties, who may find similar experiences in terms of the barriers of exclusion, the forms of stigma and the failures of the welfare state to support them adequately. 'Young motherhood' may prove to be a term of solidarity, in terms of finding common ground out of experiences of exclusion from society's view of 'success.'

For example, for her 2017 book *Young Motherhood* Jendella Benson interviewed 24 women who had their first child aged between 15 and 22. One of the women she interviewed, Angella, who had her first child at 20 years, described how a passer-by remarked: 'you're a baby with three children, where's the dad!!!'. An unsolicited comment that reflects current socio-political discourses in relation to when childhood ends, adulthood begins, and assumptions of single-motherhood, irresponsibility and recklessness. This book is part of a resistance movement against stigma, through listening to young mothers and the reality of their lives. Rather than blaming young mothers for 'poor' life choices, increasing scrutiny upon their reproductive decisions, setting them up to fail by impoverishing and stigmatising them, we argue that it is vital that mothers who give birth and parent while 'young' are listened to and involved in decisions made about them, and are leading the narratives used to describe their experiences.

Competing Interests

The authors have no competing interests to declare.

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