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“Don’t Look Down on Me Because I Have One”

Young Mothers Empowered in a Context of Support

In this paper we discuss how a group of young mothers, some married or common-law and some single, who were participants in a focus group that was part of a larger project on participation in community-based child and family programs, engage in empowered mothering by resisting the discourse that “a young mother is a social problem.” This discourse includes the components “A baby having a baby” and “A young mum=poverty=a bad mum.” These young mothers describe their parents’ group as a context that fosters a sense of belonging, and feelings of empowerment. These young mothers are able to resist this discourse in a context of support, a context that is vital for these, and other, young mothers.

Virtually all mothers are subject to the ideology of what it is to be a “good mother” (Ruddick, 2002). In North America this can include being “self-sacrificing, cheerful and loving” (Middleton, 2006: 73). Recent writings about mothering reject this limited discourse and offer other possibilities, or ways of constructing, what it is to be a “good mother.” The alternative of “empowered mothering” is one such example (O’Reilly, 2004) and involves mothers drawing upon their agency, autonomy, authenticity, and authority.

While this discourse may be a good fit for some mothers, Amy Middleton (2006) cautions that not all mothers can easily take up empowered mothering. This may be especially true for those women mothering under duress whereby social, financial and relational issues may make this kind of mothering difficult if not impossible; “...women mothering under duress are often subject to the gaze of social support systems who monitor and regulate their mothering...” (74). This includes mothers who live in abusive relationships, mothers who experience mental illness, or women who use substances while pregnant or as mothers (Greaves, Varcoe, Poole, Morrow, Johnson, Pederson

and Irwin, 2002; Middleton, 2006).

While not named as such by Middleton (2006) or Lorraine Greaves *et al.* (2002), like the aforementioned mothers, young or teen mothers, are also pathologized, and must deal with the label of "bad mother" more intensely than most other mothers since they are "overtly mothering against the societal standard of 'good mother'" (Middleton, 2006: 78).

These young mothers are constantly put on the defensive. For example, one of the dominant discourses young mothers engage in their relationships with service providers and the child welfare system includes "proving fitness" (Weinberg, 2004). According to Merlinda Weinberg (2004), the young single mothers in her study, like the women mothering under duress that Middleton discusses, had to continually prove their fitness to social service providers who engaged in surveillance of their mothering. These mothers lived under the constant threat of losing their child to a child welfare agency.

Sandra Fonseca and Janice Ahola-Sidaway (2006) demonstrate how the young/teen mothers in their study, stigmatized because of their assumed age and assumed single status, also had to continually prove their fitness to the world in general, a world that also monitors and judges their mothering.

Empowered mothering generally involves engaging in acts of resistance; however, it is difficult to engage in acts of resistance while a person (rightly) feels they are being monitored. Thus, it is not likely that young parents will feel empowered in such a context. Miriam Kaufman (1999) calls for advocacy for young parents, which would include their empowerment, as she argues, "[t]hey may think that they deserve to be treated badly" (33).

Christine Walsh (1999) makes the case that "teenage mothers have become separated from the category of 'mothers' by virtue of their age and perhaps their marital status" (165); they are constructed as a "social problem." Such a construction can be seen as consistent with an "alarmist approach" to teenage motherhood (Tyyskä, 2001: 142). In contrast to this alarmist approach, and in keeping with a critical approach to teen motherhood, which pays "attention to power relations and the interpretations of the young people going through the experience," (Tyyskä, 2001: 143) the young parents in our study were seen to demonstrate a sense of empowered mothering by resisting being positioned as a "social problem." We argue that this resistance was able to take place in a context of support, a context that is vital for these, and other, young mothers.

More specifically, this resistance takes place amongst a group of young parents who know each other via a young parents program they attend together in their local community, and is based on an analysis of a focus group conducted with young mothers—including one young father—in their early 20s in Toronto in 2003. The focus group was conducted as part of a larger study on participation in community-based child and family programs across Canada. A book containing stories of participation has been published, as have a set of evaluation indicators based on those stories (see www.ryerson.ca).

ca/voices for more detail). Some of the parents had partners others did not. Some were married. While the focus group was transcribed verbatim, all names, programs, street names and so forth have been changed for reasons of confidentiality.

The first part of the discussion that follows outlines how the young mothers in our study resist the discourse “a young mother is a social problem.” This discourse includes “A baby having a baby” and “A young mum=poverty=bad mum.” These parents then describe how the community-based parents’ group is a context that enables acts of empowerment and promotes a sense of belonging for young parents. While one of the participants noted felt “Looked down on within the parenting program,” he was able to voice this concern in the focus group, which we point out is also (or can often be) a supportive context in and of itself. The paper concludes with a brief discussion of the importance of support networks for young parents.

“A young mother is a social problem, or ‘looked down on’”

Although not asked to do so by the facilitator, the participants in the focus group explain why they like having a program just for young parents (under 25 years).

Jenny: Barb [the staff person who created the program] knew that it would really benefit like a lotta people here to be able to just come ‘n have their own time, when there wasn’t people that are like 40 years old and just don’t get the things that you’re going through. Or you know, like... (Paula finishes Jenny’s sentence).

Paula: You just feel like you’re being looked down...

Casey: ... And to understand that, we might not be a minority, because there are lots and lots of single mothers. But we, I feel a lot of the time like I’m being looked down upon, just because...

Given the negative encounters these young mothers describe it is not surprising that they talk about feeling looked down on, therefore, it was important for these mothers to have a space where they could be together and not have to feel like there was something wrong with them because they are young mothers, or young single mothers. These encounters, and the parents’ resistance to be being positioned as a social problem, are outlined in the sections that follow.

“A baby having a baby”

The young mothers in this study are positioned as “social problems” through acts of open hostility because of their youthful appearance. Paula describes the enmity she encounters because she looks young, and, resists this positioning of herself as a social problem and one who should not be a mother in the following excerpt:

Paula: *Yeah, people ask me all the time "How come you're a baby having a baby?"*

Facilitator: People what?

Paula: *People ask you, like "Oh, you're a baby having a baby?" It's like, "No, I'm 21, you know." It's not like I'm eleven years old, walking around with a baby (everyone laughs).*

In Paula's response to this comment, a comment she "hears all the time," she resists being positioned as a social problem/too young to parent. She does so by constructing her identity as that of an adult, and by constructing the people who make this comment to her as fools who cannot tell the difference between her and a "real" child. The group's laughter can be viewed as a demonstration of support for her construction. This discussion of being positioned as a social problem because of a youthful appearance continues with Brenda who states:

Brenda: *Well, someone walked up to me a couple days ago "Why is a 13-year-old having a baby?"*

Paula: *"...You little slut, you had a baby when you were 12?" Sometimes I get so mad. Oh my God!*

Jenny: *I have never had anybody say that to me!" And I would probably like...*

Paula: *Yeah, but you look your age.*

Paula's statement brings in another feature of the "a young mother is a social problem" discourse: young mothers are assumed to be mothers because they are promiscuous, and thus, of poor character. They have deviated from what Kathryn Pyne Addleson (1999) calls the "good-girl life plan," which she asserts is society's "normal" way of procreation. She outlines this plan as follows: education, dating, work, courtship, marriage, sex, family, and then grandchildren. Jenny escapes this derision as she does not look as young as Paula and, therefore, people do not assume she has deviated from "the plan."

The first author encountered this facet of the social problem discourse first-hand in a park in a middle-class neighbourhood when she was 31 years old. While sitting with her newborn son, she was approached by a woman who told her how disgusting it was that she had a baby and how she had ruined her life by having a child at such a young age!

The one young father in the group talks about the treatment his wife received in the health care system early on in her pregnancy because of her youthful appearance.

Kevin: *[My wife looks much younger than she is.] And when we went to the doctor's they treat her like she's young. In fact, when we went to the clinic here, the lady, when we, when she got pregnant with my son, the lady*

told her “You’re too young; have an abortion. I’ll give you the clinic number today. Have an abortion, because you’re too young to have a kid.”

Paula: They try to persuade you that way though.

In their (hostile) attempts to prevent a “social problem,” these health care providers can do a great deal of damage. For example, after being treated this way, young parents may choose to miss and rarely schedule regular check ups for themselves (Marialdo and Gutierrez, 2005). Further, such treatment “limits the choices that young parents are given about the type of services they receive and generally makes them feel like they have no say or control over what happens to them” (28).

Just like “looking too young” made some mothers a target for the discourse of “a young mother is social problem,” other parents discussed how being considered “chronologically too young” also made them a target. What would be “chronologically too young?” Kaufman (1999) points out that cultural norms for childbearing vary widely, but “[i]n Canada, a young woman is often considered to be an early parent if she is not of an age to have finished high school.” (26). Casey describes how the stigma of being considered chronologically too young is ever present.

Being a young parent, it’s always something that’s there. Because whether or not you’re a good parent, there’s always that person going, “Well oh, you’re a young mother...”

In a more dramatic example, Judy explains what happened to her friend because of her age while she was in labour at the hospital, again a health care context.

Judy: My friend was giving birth. In labour for her kid! The nurses at [name of hospital] were telling her to give it up (there was a pause at this point as no one in the group spoke). When she was in labour!

Erica: If I was there, I’d slap ‘em in the face.

Judy: The whole time she was in labour, because she was a young mum, they were trying to convince her, the whole time she was in labour, the whole 18 hours she was in labour, they tried to convince her to give her baby up for adoption.

The silence of the group is powerful; people are literally at a loss for words. Then, Erica’s angry response shows both resistance and support.

Another participant states later in the focus group, “I was 18 when I gave birth, an’ they bugged me ‘cause I wasn’t 19. I had a husband at the time. Whatever.” Her statement demonstrates how powerful an “inappropriate” chronological age can be; it even over-rode her marital status. She also demonstrates in her statement how arbitrary a “proper” age for giving birth is. Her

demonstration of the arbitrariness of the "proper age" to give birth, and her "whatever," are both ways of resisting.

While a feeling of being positioned as a social problem may fade as young mothers get older, their age still remains salient. For example, at their child's high school graduation they are often the youngest parent there by many years; they are still "out of sync" with other parents (Moody and Ennis-Gregory, 2006).

"A young mum=poverty=a bad mum"

Some of the mothers felt that their age combined with their social class made them open targets for derision in the community, which these participants resist together in the following excerpts.

Ann Marie: You do your best and try to be responsible and be the best mom I can be, an' it's like "Why do you have to be poor?" It's like "Did you see me plan that? Am I God?" But now that he's here I have to take care of my responsibilities, so don't look down on me because I have one. Just be thankful that ...

Karen: Yeah.

Rhonda: And plus, a lot of us are on assistance or whatever, so, I mean, you have people even "Oh, you have a child...."

Other participants also discuss the stigma regarding age and social class attached to the centre for parents as voiced by both the larger community, and by some family members.

Jenny: I do have something to say though. Actually, it was kind of, a couple minutes ago where you said like, what we think would make the centre better or whatnot. One thing that I find, that my husband and I do have a struggle with, sometimes, is ... I think that a lot of ... like, I don't like how a lot of, how this place is classed, necessarily. Like, you know, if, all of a sudden, you go to "Lots To Do," so you are, like, you don't have a job, you don't do this, you don't do that.

Paula: Oh yeah! I've heard that one personally.

Rhonda: And they look at you like you're like the filth on the ground outside.... like we're trying to beg like a free ride, because they do help us here. They give us stuff here. So a lot of people, even this woman I seen outside. She doesn't look like the high class person. Like, she just looks average like me. But...

Facilitator: Who? Who is this?

Rhonda: This woman outside one day. And, she knew a couple people that came to this program, and I heard her making a comment down the street...

Jenny: Well, that's the thing. My husband gets really mad sometimes when

I come here, because, he's been on the bus hearing people go [saying negative things about the program]....

It's important to point out that Jenny demonstrates agency, an aspect of empowered mothering, by resisting her husband's and the wider community's judgments against the program and continuing to attend. Nevertheless, why Jenny's husband and the larger community look at the program as "filth on the ground" needs further discussion.

In Britain, working-class women consistently come up against the discourse that a "good mother is a middle class mother ... aspiring and competent mothers with careers and 'successful' children" (Hey and Bradford, 2006: 55). The same could be said for mothers in Canadian society, as is evident by the treatment of these young mothers. They are derided for not living up to the standard of "the good *middle-class* mother." A "good mother" is not poor; a "good mother" is not on social welfare. These parents are perceived as a drain on the public purse, and hence are simultaneously viewed as both bad mothers and a social problem (race was not an issue raised by the participants in our focus group, but see Tyyskä 2001 for further discussion).

Kevin, later in the focus group, concurs that the program has a certain negative reputation in the community, but ties this only to age: "But I'm saying when people in the community see signs with an age on it, they immediately, boom...." He also asserts that this powerful stigma is not going to go away any time soon. Kevin: "There's no way you're gonna change it, from now to 50 years from now."

"Looked down on within the parenting program"

Kevin felt that he was also judged *within* the program. He, not his wife, was the parent who consistently brought his children to the centre, but he now needed/wanted to go back to work, and felt the staff did not see his wife as competent enough to look after their two young children, and were pressuring him to put the children in childcare or not return to work. However, he did not tie this judgement on the part of staff to her age. Rather it appeared to be tied to their perception of her mental health.

This young father, an honorary or "certified" mum as he called himself, also constructed phone calls to his home from staff as surveillance, while many others in the group saw such actions as demonstrating concern or care. He felt further that the staff were policing his parenting, calling Children's Aid when it was unwarranted. He was able to speak up about these concerns in the context of the focus group, and many in the group rallied to support him.

"Speaking up within the program"

However, the majority of participants describe how *within* the program, there was a context of support, a context where participants are able to speak with authority, "having confidence that one's own voice will be listened to"

(Middleton, 2006, 75), an aspect of empowered mothering.

Rhonda: *Everybody's, no, everybody's feeling is basically out in the open, where, if somebody does have a problem, they're not gonna hide it. Everybody here I know does have a mouth on they'll be like "No, this ain't right."*

Paula: *Yep.*

Rhonda: *We all know we're not children. They know they're not our parents. So when we say something they do take it seriously.*

Rhonda constructs the parent-child relationship as one in which the parent does not listen to the child, and contrasts that hierarchical relationship with the kind of relationship the participants and the staff in the program share; a relationship that facilitates the participants both speaking their minds and being heard. What makes this program a context where participants, who are so often objects of derision, who so often feel like "outsider mothers" know that not only can they speak their minds, but that their opinions are important? The facilitator asks the participants to describe the ideal staff person for a program for young parents.

Facilitator: I wonder if you could describe, for me, what would be sort of the *ideal worker*.

Paula: *Somebody who has kids. Who is at least, late 20s, early 30s.*

Brenda: *Who understand what you are going through.*

Karen: *Someone who's done it by themselves.*

Erica: *Someone who listens before they judge.*

Casey: *Exactly. Someone who's done it by themselves. Like Cheryl [a staff member at the program].*

Jenny: *The older one with glasses, with short hair.*

Erica: *She was a young mother?*

Brenda: *Yes, she was a single mother.*

They can relate to a staff member who is or was an "outsider mother" too.

Karen explains how the staff help create a context of support:

It's not in a sense that they judge either. They listen an' they try to understand, an' they try to help. If there's something wrong, then of course they may judge, but besides that they don't.

Facilitator: How would you wanna be told, if something may not feel right?

Karen: *As a peer, not as an authority figure.*

Participants clearly value the sense of connection and belonging that they feel at the program/centre. They are able to establish meaningful friendships

in which the level of trust is such that they can share or expose their vulnerabilities, unlike in contexts outside the program where they often feel under attack. Participants describe the non-hierarchical relationships with staff that evoke a sense of power “with” and not power “over” (Cohen, 1998).

“A sense of belonging”

In this program, the young mothers did not feel like social problems or outsiders. Some of them talked about how they felt when they first came to the centre, how it felt to belong.

Bethany: Yeah, when I first came here, I was pregnant 'n everybody was pregnant, and I was in the “Expectant Moms’ Nutrition” group, and people would be like “So how far are you? When are you due? Do you have a boyfriend? And you just talk n’, like friendly and...”

Karen: You don’t feel, like everybody’s in the same situation....

As we found in our larger study, these community-based child and family programs effectively create cohesive environments and opportunities for meaningful participation, something that is key for these young mothers. Other researchers have also found staff at these programs work to facilitate relationships among participants, and that these bonds eventually result in feelings of belonging to the community, mutual aid, and spinoff projects (Dunst, 1995; May-Chahal *et al.*, 2003; Smythe, 2004).

However, while the participants in this focus group did talk about mutual aid (sharing transportation, babysitting), given the stigma that the participants felt was attached to this program, building a sense of belonging in the community would need to involve the larger and rather monumental task of changing the discourse that “a young mother is a social problem.”

The facilitator did not ask about issues of age, the participants raised it. They shared their frustration and anger at being positioned as “social problems.” Most described how in contrast to this, in this program, they could speak up and were not judged, but supported. The staff treated them as people worth listening to, which is a key aspect of empowered mothering, and a philosophy of practice that guides most staff in these programs (Silver, Berman & Wilson, 2005). This was a group of people who knew each other and were used to speaking their minds.

It is also worth noting that a focus group is a context where participants may be empowered to speak up (Gibbs, 1997). Thus, the program of mutual support they belonged to *and* the data collection method may have helped to facilitate the participants’ group resistance to this oppressive discourse.

Conclusions

Like all mothers, these young mothers need support from family, from friends, from peer groups, and/or neighbourhood groups, however, support is

particularly important for these young mothers given that they are mothering under duress by being positioned as a "social problem." As we have attempted to demonstrate in this paper, a young parents group can provide a context of support where parents are able to resist this positioning together. However, many young parents are isolated, disconnected and lack the kind of support network that the young parents in this focus group had (Marialdo and Gutierrez, 2005).

Walsh (1999) argues, "[t]he creation of supportive environments in the form of support groups or neighbourhood groups is an important health promotion strategy [for young mothers]" (173). However, Walsh also points out that "...this strategy poses some risk for young mothers who have incorporated the negative stereotypic image of teenage motherhood and have difficulty becoming part of a group characterized by social stigma" (174). Ironically, the discourse "a young mother is a social problem" may prevent young mothers from becoming involved in groups for young mothers, the very place where they may find the mutual support they need to help them resist and move out of the marginalized space they are thrust into by this prevalent discourse. Efforts must be made by the larger society, in particular by health care workers, teachers, family members, and social service workers, not only the young mothers in this focus group, to resist this discourse.

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