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**Young mothers speak out: Young Pākehā women's
experiences of motherhood**

A thesis submitted in fulfilment of the requirements for the degree

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Dedication

For my son Tobin

Abstract

Early motherhood is a much debated and highly contentious topic. This research aimed to explore young Pākehā women's experiences of motherhood using a feminist qualitative framework. Twelve women, six current young mothers and six former young mothers, were interviewed via focus groups and individual interviews. The analysis revealed that Pākehā culture constructs young mothers as problematic because they challenge the 'traditional' family dominant in Pākehā culture. By having children prior to, rather than after, workforce participation and achieving economic independence, young mothers challenge the prescribed life trajectory for Pākehā women. The women in this study discussed both the positive aspects and the challenges they faced as young mothers. In contrast to common public perceptions and media representations of early motherhood as negative, motherhood positively transformed the women's lives. This was discussed in terms of ceasing destructive activities and gaining motivation to return to education. The young mothers in this study had flexible parenting styles, which allowed them freedom from Pākehā cultural pressure to 'do motherhood' in a particular way. As young mothers, the women had high energy levels and anticipated early future freedom from childcare duties to pursue their dreams. Challenges discussed by the women included incorporating unanticipated early motherhood into long-held life goals, feeling exhausted, having a lack of time for themselves and having too little support. Financial hardship, poverty, judgment and stigma surfaced as major challenges which affected all areas of the women's lives. However, the women also resisted this discrimination by using a range of strategies, which positions them as women with agency, challenging their representation within literature as passive victims. Young women will not use services where they perceive they will be judged for being who they are. As levels of support appear to determine how young women experience motherhood, services have a vital role to play in supporting young mothers. The findings of this study highlighted the complex and contradictory nature of the young mothers' stories, presenting a challenge to simple and stereotypical negative discourses of early motherhood.

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CHAPTER ONE: INTRODUCTION

Early motherhood is considered problematic by many people, limiting young women's educational and career prospects and creating welfare dependency and poverty. Early motherhood continues to be linked with child neglect and abuse, juvenile delinquency and criminality, substance abuse, violence and suicide, even in the face of ambiguous evidence (Geronimus, 1997; Massat, 1995; Wilson & Huntington, 2005). Media portrayals of young mothers often depict them as morally deviant (Kelly, 1996), uneducated, lazy and promiscuous (Bullock, Wyche & Williams, 2001). In contrast, qualitative literature that captures young mothers' own experiences tells a very different story. Motherhood can motivate some women to continue their education (SmithBattle, 2005; Spear, 2001), can be a chance to stop destructive activities, such as drug and alcohol abuse (Arai, 2003; Quinlivan & Evans, 2002; Rains, Davies & McKinnon, 1998), and for some women, can be a reason to go on living (Davies, McKinnon & Rains, 2001; Morehead & Soriano, 2005).

My interest in early pregnancy and motherhood stems from my own experience as a young mother. I had my son when I was 18 and it turned my life around. I changed from a wayward teenager, an early school leaver, into drugs, alcohol and increasingly on the wrong side of the law, into someone with a sense of purpose. Having my son started the healing of my fractured relationship with my family and remains my greatest achievement.

However, there were also negative aspects of being a young mother that affected me deeply. During my pregnancy, I felt that I was denied the joy of impending motherhood afforded to older (more suitable) mothers. It was assumed that my pregnancy was something sad, when I was overjoyed that I was going to be a mother. After my son was born, I felt unwelcome at Playcentre, excluded and undermined as a mother. Many older women seemed to think I needed (unsolicited) advice on mothering. I encountered discrimination at Work and

Income and have many times listened to people make stereotypical, inaccurate and downright nasty comments about young mothers and their children. Collectively, these experiences gave me the idea that my son and I were not a 'legitimate' family, which affected me for a long time. My experience of being a young mother would have been so much easier without people's judgment.

Throughout this thesis, I use the term 'young mothers' to refer to women aged below 20 years who are mothers (Payne, 2005). I do not use the terms 'teenage' mothers or 'adolescent' mothers, as this would ignore the "adult, physical, psychological, social and community aspects that pregnancy brings" (Payne, 2005, p. 3) to young women. Following Mulongo (2006), my use of the term 'young mothers' is a conscious and political attempt to step outside the dominant discourse of early motherhood and to offer another way of viewing these young women.

Pākehā cultural dominance

For reasons that are outlined below, I have limited my study to Pākehā women. Pākehā is a Māori word that refers to New Zealanders of European descent and was the name given by Māori, the indigenous people of New Zealand, to the British settlers (traders, whalers and sealers, who were followed by Christian missionaries) who began arriving in New Zealand in the late 1700's. During this time, Māori and Pākehā enjoyed a somewhat cautious trading relationship, however, over time, law and order problems began to escalate. In response to these problems, the absence of an authority to deal with them, and the necessity for a flag to register trading ships under, the Declaration of Independence was signed in 1835. The Declaration was signed by Northern chiefs and heads of tribes and the British Resident, James Busby, who was responsible for liaising between Māori and Pākehā. The Declaration was then dispatched to the King of England (Orange, 1987, in Black, 1997).

Five years later, in 1840, the Treaty of Waitangi, an agreement between Māori and the Crown, was signed by Northern chiefs and Captain William Hobson, the

Queen's representative. Two different versions of the Treaty were signed, one in English and one in Māori, and, although the Māori version was signed by many more Māori chiefs than was the English, the English text was afforded 'official' status (Orange, 1987, in Black, 1997). For Māori, the Treaty of Waitangi was a guarantee that they retained sovereignty over the land and its resources and their cultural and religious ways of life. Further, aligning with Pākehā meant that the land would be protected from other would-be colonisers, such as the French. For Pākehā, the Treaty was a way to undermine Māori culture and autonomy, and ultimately to advance both the alienation of Māori land and Pākehā settlement (Kelsey, 1984, in Black, 1997). In the years that followed, the Crown breached the terms of the Treaty in many and varied ways, and through a series of legal moves, including the Native Land Acts 1862 and 1873, the New Zealand Settlements Act 1863 and the establishment of the Native Land Court in 1865 (Ministry for Culture and Heritage, n.d.), alienated Maori from their land and culture. However, since the 1970's, a Māori renaissance based on *tino rangitiratanga* or self-determination has been building which is increasingly challenging Pākehā dominance (Spoonley, 1993). This very brief review of New Zealand history has been given to provide some insight in to how Pākehā cultural dominance was created and cemented.

On culture and ethnicity

In this thesis, Pākehā is used in one of its contemporary senses, which is defined by Spoonley (1993, p. 57) to refer to:

New Zealanders of a European background, whose cultural values and behaviour have been primarily formed from the experiences of being a member of the dominant group of New Zealand.

Fleras and Spoonley (1999, p. 81) point out that it is characteristic of majority groups to believe that the ways in which they live their lives are according to "universally held and superior systems and values" and not influenced by or as a result of culture. This dominant group notion that their ways of behaving and living are 'normal' and 'natural', while minority groups are driven by 'culture',

explains why many Pākehā continue to have trouble describing their own culture (Spoonley, 1993).

There is disagreement as to whether people define themselves as Pākehā, European or even Caucasian. The term 'European' is an insufficient label to describe people who, although ancestrally derived from Europe, live in a geographical and cultural landscape that differs vastly from Europe. 'Caucasian', originally used to describe people from the Caucasus region in Europe, has more recently been used to distinguish people on the basis of (white) skin colour, and thus, has racist implications. Spoonley (1993) argues that those who do not accept the label 'Pākehā', preferring 'European' or the assimilationist 'New Zealander', are not "comfortable in an indigenous linguistic landscape, which grants Māori recognition and status" (Spoonley, 1993, p. 57).

Pākehā can also be seen as 'white', which is frequently unmarked, normed and ethnically invisible (Dyer, 1997). Roediger (1994, in Fleras & Spoonley, 1999) argues that this silence or invisibility strengthens Pākehā/white/dominant group hegemony by leaving it unchallenged. My decision to focus on young Pākehā mothers is deliberate. By focusing my research on young Pākehā mothers I am breaking this silence, challenging both the idea that early pregnancy is an issue for Māori only (Cherrington & Breheny, 2005) and the position that Pākehā women hold as ethnically and culturally unmarked. New Zealand literature on early pregnancy and motherhood often mentions the ethnicities of young mothers. However, it has not been possible to find any literature focusing explicitly on the experiences of young Pākehā mothers, leaving Pākehā cultural constructions of early pregnancy and motherhood understudied. Therefore, by focusing upon young Pākehā mothers, I hope to gain some insight into Pākehā cultural constructions of early pregnancy and motherhood.

Pākehā notions of the young mother: An historical overview

The pregnancy rate among young women in New Zealand is reported to be the third highest among OECD nations, behind the United States of America and

England and Wales. Historically, rates of early childbearing in New Zealand have fluctuated significantly. In 1953, 105 out of every 1000 18-year-old women gave birth. This number had halved by 1964, but then climbed to a peak in 1972, with 70 out of every 1000 under-20-year-old women giving birth. Since then, the rate of early childbearing in New Zealand has been steadily declining, with an historical low occurring in 2002, with 25.6 out of every 1000 15 to 19-year-old women giving birth (Boddington, Khawaja & Didham, 2003). It is important to note that most young mothers give birth when they are 18 or 19 years old, and rates of childbearing in women younger than this are very low (Fessler, 2003; Geronimus, 1997). Babies born to under 16-year-old women accounted for 0.3 percent of all babies born in New Zealand in 2003, and babies born to women aged 16 to 19 years accounted for 6.8 of all births in the same time period (Ministry of Health, 2006). There are substantial variations in early childbearing across ethnicities. For the time period 2000-2002, the ethnic distribution of pregnancy rates for women aged 15 to 19 years were, Māori women: 70 per 1000, Pacific women: 48 per 1000 and Pākehā women: 22 per 1000 (Boddington, et al., 2003).

Historically in New Zealand, single mothers were vilified, presented as ‘fallen’ women, faced public scorn and were often ostracised from their families and communities. In 19th and 20th century New Zealand, it appears that a mother’s age was not of high importance but her marital status was. Unmarried mothers, regardless of age, were denounced. However, many unmarried mothers were also young women, so here I use ‘unmarried’ as inclusive of young mothers.

In New Zealand, 16 homes for unmarried mothers were opened between 1870 and 1900 by churches and married women’s groups and “their explicit aim was the moral reform of the ‘fallen’ women they gave shelter to” (Kedgley, 1996, p. 22). Unmarried pregnant women and mothers provided free, continuous and often heavy labour in exchange for shelter. Although, with the Adoption Act 1881, New Zealand had become the first colony in the British Empire to make adoption a legal institution, it was rare in the early homes for unmarried mothers, unlike those of the mid 20th century. The early homes regarded raising a child on her own

as a fitting punishment for a ‘fallen’ woman (Kedgley, 1996). Until the Domestic Purposes Benefit (DPB)¹ was introduced in 1973, there was no government assistance for unmarried mothers (Else, 1992), so after giving birth, women scraped by on whatever work they could find, often domestic service, where they frequently endured sexual harassment and rape (Kedgley, 1996). For some women, their only way to earn an income was through prostitution (Lévesque, 1986). Those babies whose mothers were unable to care for them were fostered or adopted out or became State wards (Kedgley, 1996).

Some women, upon finding themselves pregnant and with a willing partner, were hastily married to their baby’s father, in what was referred to as a ‘shotgun’ wedding (Kedgley, 1996; Tennant, 1986). These women were punished by being denied any pre-wedding celebrations and were forbidden to wear white wedding dresses. Other young pregnant women went ‘on holiday’, staying with relatives or working in domestic service, until their babies were born (Kedgley, 1996).

In the early to mid 20th century, religion-based homes continued to be driven by the conviction that unmarried mothers deserved punishment for their ‘sin’. Women at the Anglican St Mary’s Home in Otahuhu were undernourished and frequently worked 86 hours a week without pay (Kedgley, 1996). In addition to punishing physical work, women at the Alexandra Home in Wellington were denied telephone calls and their mail was censored (Else, 1992). Else (1992) discusses the change in attitude toward unmarried mothers that came with the post-World War II non-denominational homes, such as the Motherhood of Man Movement (MOMM) in Auckland, which ran from 1945 to 1978. The MOMM was focused on the baby and finding her or him a home with two appropriate parents. No longer were young unmarried mothers regarded as fallen women, but were positioned as “nice but foolish girls who had slipped” (Else, 1992, p. 226). However, in order to remain a ‘nice girl’, the mother had to relinquish her baby

¹ The New Zealand Domestic Purposes Benefit (DPB) was introduced in 1973 to assist single parent families, the majority of which are headed by women (Banks, 2005). The DPB is available to single parents aged 18 years or older, or to single parents aged 16 to 17 years who have been married or in a civil union but who are now separated (Peter Hughes, personal communication, 14 June 2007).

for adoption and never see her or him again (Else, 1992). The Adoption Act 1955 meant that babies could be adopted at ten days old and some hospitals covered women's faces at birth so they could not see their babies before they were spirited away for adoption (Kedgley, 1996).

Homes for unmarried mothers were Pākehā cultural institutions. Although some young Māori women did go to these homes or went to stay with relatives when they became pregnant, Māori already had a practice of child placement, whangai, which remains today. For young women who do not possess sufficient resources to raise a child, the whangai system means that the child can be raised by a whanau (family) member with the resources to do so (McRae & Nikora, 2006). Unlike the secrecy of closed adoptions after the Adoption Act 1955, where the birth mother was legally denied any right to information about the adopting parents (Kedgley, 1996), whangai is open, with children often growing up in close proximity to the birth mother (McRae & Nikora, 2006).

In summary, early Pākehā views and treatment of young and/or unmarried mothers were based on religious beliefs that unmarried mothers were fallen women who deserved harsh punishment for their transgression and whose offspring were tainted by illegitimacy. Twentieth century notions of unmarried motherhood were concentrated on the baby, were driven by the idea that adopting babies into two-parent families was best for all concerned and left a generation of women who still grieve for their lost babies today.

Aims of the present study

The primary goal of the present study was to explore young Pākehā women's experiences of being mothers. More specifically, I aimed to explore:

- 1) Pākehā cultural constructions of early pregnancy and motherhood;
- 2) Positive aspects and challenges of being a young mother; and
- 3) The ways, if any, in which these young mothers resisted and challenged stigma and popular stereotypes.

This study utilised a feminist qualitative approach, which allowed the ‘richness’ of the women’s experiences to be captured (Denzin & Lincoln, 2003) and legitimated their “voices as sources of knowledge” (Campbell & Wasco, 2000). The women’s stories were gathered using focus groups and individual interviews, chosen for their naturalistic and egalitarian potential (Campbell & Wasco, 2000; Cosgrove & McHugh, 2000).

Thesis outline

This thesis presents the process and results of the study, commencing in the next chapter, Chapter Two, with a critical review of New Zealand and international literature relating to early childbearing.

Chapter Three describes the methodology and methods used in this research. A feminist qualitative method, using focus groups and individual interviews, was employed to gather the women’s stories. I provide a description of the women who took part in this research and also discuss the ethical issues involved in carrying out this research.

Chapter Four discusses the findings of this study. This chapter comprises five parts and provides an analysis and discussion of themes to emerge from the women’s stories. The findings discussed in this chapter are also considered in relation to literature outlined in Chapter Two.

This thesis concludes with Chapter Five, which provides some key conclusions of this study, discussed in light of the initial research questions. Limitations of this study and future directions for investigation are also discussed in this chapter.

CHAPTER TWO: LITERATURE REVIEW

In this chapter I provide a critical review of New Zealand and international literature on early pregnancy and motherhood. I begin by discussing how young mothers are constructed as deviant because they violate the normative ‘traditional’ family dominant in Pākehā culture. I then describe the racialised nature of early childbearing, where certain ethnic groups, such as African American and Māori women, feature prominently in the early childbearing literature, while other groups, namely white or Pākehā women, remain largely invisible. Next, I describe the considerable negative judgment faced by young mothers, with a particular focus on how they are constructed as irresponsible. I also discuss how this discrimination can stop young mothers seeking help. Following this, I discuss the construction of early childbearing as an economic threat and explore the assumption that motherhood limits young women’s education, compromising their participation in the paid work economy, ultimately culminating in welfare dependency. I then discuss how early childbearing is made problematic through the notion of adolescence, followed by a description of risk factors and early childbearing. I describe the limitations inherent in framing the issue in this way and I then attempt to debunk the myth of early childbearing as a medical problem. Throughout this chapter, I argue that positioning young mothers as problematic enables the individualisation of young women’s poverty and allows social and economic inequalities to be obscured. In order to ‘set the tone’ for the rest of this thesis, the last part of this chapter focuses on the voices of young mothers themselves. I explore how young mothers transcend moral condemnation through a variety of resistance and subversion strategies and discuss how motherhood represents a crossroads in many young women’s lives.

Existing outside the ‘traditional’ family

Early childbearing is problematic when viewed through the lens of white middle-class norms of the ‘traditional’ heterosexual nuclear family, where parents are

married, educated, financially secure and older (Davies, et al., 2001; Geronimus, 2004, 2003, 1997; Johnston & Swanson, 2003; McDermott & Graham, 2005; Schultz, 2001; Wilson & Huntington, 2005). Pākehā cultural ideals of family are also heavily influenced by this ‘white picket fence’² family, as well as the Judeo-Christian notion that motherhood must occur within a heterosexual marriage (Black, 1997). Young mothers do not alone violate these family norms, but are joined by single mothers, mothers of colour, lesbian mothers and older mothers, who also fall outside the bounds of acceptable motherhood (Johnston & Swanson, 2003).

Young mothers’ reliance on the state (rather than on men) and their unwillingness to form a ‘traditional’ family is said to be “the cause of social decay and constitutive of a new underclass with its attendant problems such as poverty, crime and delinquency” (McDermott & Graham, 2005, p. 61). This also feeds into wider discourses about the ‘breakdown of the family’; the waning popularity of the institution of marriage and the increasing acceptance of ex-nuptial childbirth. Discussions centering on concerns for the social welfare of young mothers can, therefore, also mask a political attempt to reinforce the ‘traditional’ family; a “return to family values” (Cherrington & Breheny, 2005, p. 103). This is problematic, considering that one-parent families are projected to increase 26 percent from 2001 to 2021 and to account for 20 percent of all families in 2021 (Cherrington & Breheny, 2005; Statistics New Zealand, 2005a).

Pākehā cultural ideas of two-parent heterosexual families as normative are reflected in the institution of Playcentre. Playcentre was founded in Wellington, New Zealand, in 1941 during World War II to meet the childcare needs of women while their husbands were away at war. Its purpose was to “provide leisure time for mothers, and opportunities for the social development of the pre-school child” (Kedgley, 1996, p. 137), and was in some ways an act of resistance by women, offending those who believed women’s place was in the home. From 1945,

² The ‘white picket fence’ is an American idea from the 1950’s or earlier. The white picket fence symbolises an ‘ideal’ nuclear heterosexual family with two children and one dog, who are financially secure and who own their own home (Stevenson, 2002).

Playcentre was run cooperatively by mothers, offering a chance for women to socialise (Kedgley, 1996). Playcentre is a Pākehā cultural institution, reflecting Pākehā cultural ideas of family as comprising two parents; a wage-earning father and a stay-at-home mother who can take the children to Playcentre during the day.

Pākehā/white middle-class Western cultural norms of motherhood centre on providing for and socialising one's children to eventually become good citizens. McDermott and Graham (2005) argue that young mothers violate 'good' motherhood by choosing to mother without men and thus rejecting the heterosexual two-parent family thought best for children's socialisation toward good citizenship. However, this presumption that young mothers are single parents ignores that partners, family members and friends are frequently involved (Dharmalingam, Pool, Sceats & Mackay, 2004; SmithBattle, 2000a).

Behaviours deemed appropriate for 'good' motherhood include love for the child, pleasure and satisfaction in pregnancy and mothering, and mothering 'skills' (Breheny & Stephens, 2007), an idea that depicts mothering as "a set of tasks and activities which require basic prerequisite skills for their successful accomplishment" (Macleod, 2001, p. 501). Viewing motherhood as skills-based is reflected in Pākehā childrearing norms which involve heavy reliance on professional advice (Abel, Park, Tipene-Leach, Finau & Lennan, 2001). This Pākehā cultural idea that 'good' mothers rely on professional advice was introduced by eugenicist Truby King and his Plunket Society, founded at the beginning of the 20th century. King used the idea of 'scientific' motherhood (which included the representation of housework as a 'science') as an attempt to confront a declining Pākehā birth rate, representing motherhood as women's true destiny (as opposed to paid work outside the home), thus, simultaneously keeping women at home and ensuring the 'purity' of the Pākehā 'race'. Many of King's ideas remain dominant in Pākehā cultural conceptions of 'good' motherhood, such as the notion that babies must be fed on a timed schedule and sleep apart from the mother (Abel, et al., 2001; Kedgley, 1996).

Racialising the issue

The culturally and ethnically specific nature of the ‘traditional’ (white) family is frequently unacknowledged and invisible, the norm against which ‘other’ families are defined as ‘abnormal’. This invisibility of ‘white-ness’ is also evident within the early childbearing literature, where words such as ‘race’, ‘ethnicity’, ‘tradition’ and ‘culture’, are used with reference to non-white groups but not to white groups. This is referred to here as ‘racialisation’ (Macleod & Durrheim, 2002).

Macleod and Durrheim’s (2002) analysis of the South African early pregnancy literature explored how the words ‘culture’ and ‘tradition’ were used in the literature to essentialise and naturalise differences between ethnic groups, using Derrida’s theory of *difference*, whereby language is constructed in terms of dichotomies, each of which defines the other. For example, ‘black’ does not stand alone, but depends on ‘white’ for its meaning. Macleod and Durrheim (2002, p. 781) also used Phoenix and Woollett’s (1991) notion of “‘normalized absence/pathologized presence’”; the way that ‘white’ is rarely referred to as an ethnicity, an unspoken norm against which ‘black’ is cast as the other, “the pathologized presence – the repository of culture, attitudes, traditions, values, ethnicity and behaviours” (Macleod & Durrheim, 2002, p. 781). The literature consistently used socio-cultural explanations (using the words ‘culture’, ‘tradition’, ‘socio-economic status’) for pregnant women of colour, whereas psychological explanations were used for pregnant white women, with virtually no mention of culture, tradition and socio-economic status. Macleod and Durrheim’s (2002) study provides a valuable example of how racism is perpetuated in the literature through the use of words that essentialise and exoticise women of colour, represent white as an unmarked norm and ultimately, maintain white hegemony.

Johnston and Swanson’s (2003) content analysis of contemporary women’s magazines explored dominant mothering ideologies and found that both early and later motherhood were racialised. Mothers of colour were absent in media

representations of ‘traditional’ motherhood, becoming visible only in employment contexts, and thus, were simultaneously positioned outside ‘traditional’ motherhood and essentialised as valuing work above mothering.

My own research (Banks, 2007) explored discourses of early childbearing in the New Zealand print media and found that while media articles focused on early childbearing among Māori women, there was an absence of articles focusing on early childbearing among Pākehā women. Further, like Macleod and Durrheim (2002), I found that ‘culture’ was used in an explanatory sense with reference to Māori but not to Pākehā women.

The New Zealand academic literature also racialises early childbearing and reinforces Pākehā ethnic and cultural invisibility. Studies discussed later in this chapter (Ellis, Bates, Dodge, Fergusson, Horwood, Petit & Woodward, 2003; Fergusson & Woodward, 2000, 1999; Jaffee, Caspi, Moffit, Belsky & Silva, 2001; Nash, 2001; Woodward, Fergusson & Horwood, 2006, 2001) consistently omit mention of Pākehā ethnicity and culture. This omission implies that early pregnancy is solely a Māori issue (Cherrington & Breheny, 2005) and is indicative of the way Pākehā or ‘white’ culture exists as an unmarked norm (Dyer, 1997). Ultimately, this refusal to focus explicitly on Pākehā early childbearing not only leaves Pākehā cultural constructions of the issue understudied but reinforces Pākehā hegemony.

Judgment as a fact of life

Having a non-‘traditional’ family means that young mothers experience societal judgment and moral condemnation. Being judged and looked down upon hurts and angers young mothers and has an immense impact upon their experience of pregnancy (Payne, 2005) motherhood, self-esteem and identity (Morehead & Soriano, 2005). Young mothers can be judged as poor or abusive parents (Hanna, 2001a; Macleod, 2001; Quinlivan, 2004; Wellings, Wadsworth, Johnson, Field & Macdowall, 1999), lazy, promiscuous (Bullock, et al., 2001; Kelly, 1997) and welfare ‘bludgers’ (Banks, 2005).

Geronimus (1997, p. 405) argues that “teenage childbearing operates as a uniquely effective symbol of the failure to act responsibly”. Young mothers are judged as ‘irresponsible’ according to a family ideology where ‘responsible’ means being married, educated, financially secure and older *before* having children (Davies, et al., 2001; Geronimus, 2004, 2003, 1997; Johnston & Swanson, 2003; McDermott & Graham, 2005; Schultz, 2001; Wilson & Huntington, 2005).

The idea that young mothers are irresponsible or ignorant users of contraception provides the basis for much government policy relating to early pregnancy and motherhood. Duncan’s (2005) critical review of United Kingdom policy on early pregnancy and parenthood found that this ‘ignorance’ explanation was dominant within the Teenage Pregnancy Unit’s³ strategy to prevent early pregnancy. Duncan (2005) argues that the strategy does not address structural issues that may make early pregnancy, motherhood and exclusion more likely for some young women (see also Kidger, 2004). Rather, it bases its policies on the idea that young people have insufficient sexual health knowledge, are shy about sex and accessing services, and are irresponsible users of contraception (Duncan, 2005).

Research suggests that the idea that early pregnancy results from a lack of contraceptive knowledge is inaccurate:

Over the last six decades the number of adolescents having sex has increased greatly and the age at menarche has decreased. The fact that birth rates have not risen in a time when the at-risk population rose sharply, suggests that (again, contrary to popular opinion) teenagers are reasonably competent at preventing unwanted pregnancies (Lawler & Shaw, 2004, p. 123).

Arai (2003) explored how the experiences of young British mothers contrasted with policy depictions of early pregnancy as resulting partly from a lack of

³ Part of the British government’s Social Exclusion Unit, the Teenage Pregnancy Unit coordinates the 1999 teenage pregnancy strategy, the main objectives of which are to halve the number of early pregnancies by 2010 and to increase young parents’ participation in education, training or employment (Duncan, 2005).

contraceptive knowledge. All of the women had sufficient knowledge of contraception prior to pregnancy and the choices available to them once pregnant, as did most of the young women in Quinlivan (2004), Hanna (2001b), Kelly (1997) and Davies and colleagues' (2001) studies. As Arai (2003) argues, the policy idea that increased sex education and use of and access to contraception will reduce early pregnancy is flawed, as there is no convincing evidence that early pregnancy is "caused" by an absence of these factors" (Arai, 2003, p. 201). Quinlivan (2004) refutes the idea of early pregnancy as unplanned, resulting from irresponsible contraceptive use, suggesting that many young women either plan their pregnancies or are happy once pregnant (see also Shanok & Miller, 2007). The above studies suggest that discussions of early pregnancy need to move beyond the idea that it results from irresponsible use of contraception (Arai, 2003).

Qualitative literature suggests that the matter of responsibility is important for many young mothers. Rains and colleagues (1998) found that the issue of responsibility was central in the lives of a group of young Canadian mothers. Responsibility meant receiving welfare rather than working at unreliable and poorly-paid jobs that would further financially disadvantage them (see also Todd, 2007). The women in Collins' (n.d.) New Zealand study also believed that receiving welfare was more responsible than working at poorly-paid jobs that resulted in financial penalties, as it did for one woman who worked part-time and earned a weekly wage of \$4 after childcare costs and deductions from her benefit. As Wilson and Huntington (2005, p. 68) state, "it should not be surprising to find that motherhood is a preferable option if the alternative is to work for inadequate wages".

Young mothers in Morehead and Soriano's (2005) Australian study used the word 'responsible' often in relation to their mothering, seeing themselves as acting responsibly by continuing with their pregnancies. The young women in Payne's (2005) New Zealand study were deeply aware of the responsibilities that pregnancy and motherhood entailed, and while many of them were 'thrown' into these responsibilities, they showed "courage and commitment in taking hold of

what it involve[d] for the sake of their babies” (Payne, 2005, p. 75). These studies suggest that young women take their mothering responsibilities very seriously and highlight the vast differences between young women’s own experiences and negative judgments that cast them as irresponsible.

Societal judgment of young mothers also has implications for service providers. Being negatively judged by health providers (Breheny & Stephens, 2007) is a major reason why young women do not trust health professionals (de Jonge, 2001; Wilson & Huntington, 2005). As illustrated by the following statement from a midwife about a 16-year-old third-time mother, this mistrust is unsurprising:

Apparently, all the other nurses know this patient and don’t like her very much. I overheard one nurse refer disgustedly to “that unmarried kid who just had another kid” (Salladay, 1997, p. 28).

Young Australian mothers in Hanna’s (2001a, 2001b) studies felt judged and undermined by community-based nurses and generally avoided using their services and also felt they were being closely observed by society. Similarly, de Jonge (2001) and Payne (2005) found that young mothers felt closely scrutinised by people, were afraid to ask for help for fear of being seen as incapable mothers and were fearful their children might be removed. Kelly (1997) argues that this fear is a valid concern, as young mothers are especially vulnerable to having their children removed, driven by the belief that they are more likely to abuse their children (Hanna, 2001a; Macleod, 2001; Quinlivan, 2004; Wellings, et al., 1999). However, convincing evidence to support this contention is lacking (Kelly, 1997, 1996; Massat, 1995; Miller & Moore, 1990; Phoenix, 1991).

Young mothers as an economic threat: education, the ‘rational man’ and the welfare panic

The construction of early childbearing as an economic threat is central to academic debates. In a review of the early motherhood literature, Wilson and Huntington (2005) found that welfare dependency was a common thread woven throughout the United States, United Kingdom and New Zealand literature on

young mothers. In these countries, where economic independence is of paramount importance and paid work is a marker of status (Black, 1997), young mothers violate childbearing norms that fit with “current governmental objectives of economic growth through higher education and increased female workforce participation” (Wilson & Huntington, 2005, p. 59). SmithBattle (2000a) and Wilson and Huntington (2005) argue that early childbearing is viewed as problematic because of its presumed disruptive effect on education, which then limits women’s opportunities for participation in the labour market and economy, therefore compromising their economic independence. However, critics argue that acceptance of this idea that early childbearing limits young women’s labour market participation leaves dominant Western capitalist values unquestioned and thus reinforced (Cherrington & Breheny, 2005).

Education

The assumption that early motherhood disrupts education is frequently drawn upon in the literature (Fergusson & Woodward, 2000, 1999; Morehead & Soriano, 2005; Wellings, et al., 1999). Fergusson and Woodward’s (2000) large-scale longitudinal New Zealand study found a definite association between early pregnancy and educational underachievement. However, they pointed out that most of the participants had left school prior to pregnancy, suggesting that education was already disrupted for reasons other than pregnancy. Maynard (1995) found that one in three young mothers had already left school prior to pregnancy, Arai (2003) found that almost all of the young mothers in her study had a “weak attachment” to education prior to pregnancy, and most of the women in Collins’ (n.d.) study had left school prior to pregnancy. While Fergusson and Woodward’s (2000) study is notable for its consideration of various prospectively measured background factors, such as family history and social background, not all of the women in the study continued with their pregnancies, making generalisation difficult, as most research focuses on the impact of early motherhood, rather than pregnancy, on education.

Qualitative literature, on the other hand, suggests that early pregnancy and motherhood can positively affect young women's education, motivating them to continue with (Kelly, 1997; Schultz, 2001; Spear, 2001) or return to school (Collins, n.d.). Seamark and Lings' (2004) study of young mothers in the United Kingdom found that, for most of the women, becoming mothers sooner than expected did interrupt their education at that point in their lives. However, the women were making plans for education and employment when their children were older, and by no means felt that their lives were over. Seamark and Lings (2004) and Arai (2003) point out that there are now many more opportunities to re-enter the education system at later ages, which studies such as Fergusson and Woodward's (2000) appear to overlook. Therefore, when examining how pregnancy impacts young women's education, it may be more valuable to look at educational status later in life than at the time of pregnancy (Seamark & Lings, 2004).

The 'rational man'

Macleod (2002) examined how the South African early childbearing literature constructed young mothers as an economic threat, using Foucault's notion of economic security, which denotes those "institutions and practices that defend and maintain a national population as well as secure the economic, demographic and social processes of that population" (Macleod, 2002, p. 647). Young pregnant women were represented as threatening economic security by refusing to conform to the 'rational man', who is:

An autonomous, reasoning agent with skills to develop and market; he makes rational economic decisions based on the drive to maximize economic well-being to himself, his family and the community (Macleod, 2002, p. 654).

Young mothers were constructed as an economic threat because, by becoming pregnant, they cut short their education and missed out on the skills needed by the 'rational man'. Further, early pregnancy was portrayed as threatening economic security by contributing to a population 'explosion' that would exceed economic growth. Macleod (2002) argues that this idea of population control produces a

split between ‘excessive breeders’ and those who are not, the former positioned as irrational and uncontrolled (read: young poor people of colour) and the latter as rational and controlled (read: middle-class or wealthy white people). This ‘irrational/rational’ divide strengthens racism and classism and obscures structural determinants of poverty, blaming poor people of colour for their own poverty through their refusal to control their population. However, Macleod (2002) cautions that, while there are similarities between the construction of young mothers as an economic threat in the South African and United States, United Kingdom and New Zealand literature, there are also significant differences. The construction and maintenance of racialised boundaries in South Africa differ from those in the United States, United Kingdom and New Zealand and the idea of a population ‘explosion’ resulting in poverty is lacking in the white Western literature. Further, the link between early childbearing, poverty and welfare dependency (see Kelly, 1996; Seamark & Lings, 2004; SmithBattle, 2000a; Wilson & Huntington, 2005) is absent in the South African literature, as South Africa does not have a formal welfare system. However, Macleod’s (2002) study provides a valuable insight into how the idea that early pregnancy threatens economic security masks and reinforces a myriad of social and economic inequalities.

Welfare dependants

Within welfare states, early childbearing is almost always linked with welfare dependency, with many conservatives arguing that welfare provision encourages early childbearing. However, this discourse is unsupported by evidence (Kelly, 1996; Wilson & Huntington, 2005), and qualitative research shows that young women disagree that they have babies to claim welfare (Schultz, 2001) and that the experience of claiming welfare is characterised by humiliation and surveillance (Hanna, 2001a; Morehead & Soriano, 2005; Rains, et al., 1998). Experiencing societal condemnation is usual for welfare claimants (Hunt, Joe-Laidler & MacKenzie, 2005), who Bullock and colleagues (2001, p. 234) argue are “amongst the most hated and stereotyped groups in contemporary [American] society”, which is likely also the case in New Zealand. Certainly, single mothers

claiming the DPB are negatively stereotyped in the New Zealand media, as criminals, benefit defrauders and ‘bludgers’ (Banks, 2005).

While young mothers *are* more likely to claim welfare, they usually receive it for relatively short time periods (Hanna, 2001a; SmithBattle, 2000a) and also exit the welfare system faster than women in similar socio-economic situations who start their families later (Seamark & Lings, 2004). In New Zealand, the Ministry of Social Development (MSD)⁴ does not calculate the average duration of recipients of current benefits, and so it is not possible to state the average length of time young New Zealand parents claim welfare. The MSD only calculates the current duration of under-20-year-old parents on benefits, namely the DPB and Emergency Maintenance Allowance⁵. These statistics do not include those young parents who claim Family Assistance.⁶ Average values based on current recipients are ambiguous because most people on a benefit at any time are only part way through their time on a benefit and any average underestimates the actual average length of time they will stay on a benefit (Peter Hughes, personal communication, 14 June 2007). Therefore, it is not possible to say how the average welfare receipt for young New Zealand mothers differs from Hanna (2001a), SmithBattle (2000a) and Seamark and Lings’ (2004) findings.

Some literature suggests that the financial cost of early childbearing is overestimated. Geronimus (1997) criticises the idea that delaying early childbearing in the United States would save the government money spent on

⁴ The MSD is a government organisation providing the government “with advice on strategic social policy, sectoral policy and social research and evaluation in the areas of income support, child, youth and family as well as community” (Ministry of Social Development, n.d., p. 1).

⁵ The Emergency Maintenance Allowance provides income support for single parents aged 16 to 17 years who have never been married or in a civil union and who are not eligible for other benefits and are experiencing ‘hardship’. Parents aged 15 years and younger are legally dependent children and are not eligible for any financial assistance from Work and Income (Peter Hughes, personal communication, 14 June 2007). Work and Income is a service of the MSD that assists those seeking employment and pays income support on behalf of the Government (Ministry of Social Development, n.d.).

⁶ Family Assistance provides financial support for families on low or middle incomes and families who have children who are 18 years or younger who are living at home and are not financially independent. Family Assistance is not a benefit (Inland Revenue, 2007).

welfare, pointing out that many young mothers are already disadvantaged prior to becoming pregnant, and that if they postponed their childbearing, welfare spending would increase because these women would make a smaller tax contribution through a shortened working life (Geronimus, 1997). Kelly (1996) argues that even if early childbearing in the United States was halved, welfare spending would only be reduced by 20 percent, as support would still be needed by many of these would-be young mothers for children born beyond their teen years.

Welfare policies in countries that privilege economic independence can negatively impact young mothers' long-term financial situations (SmithBattle, 2000a, 2000b). In some areas of the United States, young mothers can only receive welfare if they return to school or attend work or training programmes (Wilson & Huntington, 2005). In New Zealand, while there are no formal mandatory work or education requirements for welfare receipt, single parents must complete a yearly Personal Development and Employment Plan, where they are 'encouraged' toward employment and study goals, non-fulfillment of which can result in welfare payments being suspended (Work and Income, n.d.). SmithBattle (2000a, 2000b) argues that United States welfare to work requirements pressure young mothers into unskilled and poorly paid jobs, which often compromise their long-term educational development, which negatively impacts their ability to financially support their families and better their situations over time.

The idea that early childbearing causes poverty and welfare dependence rests on the assumption that young women were on an upward path with potential opportunities for employment before becoming pregnant. Increasingly, however, literature suggests that many young women are already poor prior to motherhood, and thus, low socio-economic situation is seen as predisposing some young women towards early pregnancy and motherhood (Arai, 2003; Fergusson & Woodward, 2000, 1999; Fessler, 2003; Geronimus, 2004, 2003, 1997; Hoffmann, 1998; McDermott & Graham, 2005; Quinlivan, 2004; SmithBattle & Leonard, 1998; Wilson & Huntington, 2005).

While this link between low socio-economic position and early childbearing is widely accepted, few studies focus on the link between parental income and early childbearing (Mayer, 2002). Although women whose parents perform manual unskilled work are ten times more likely to have children before age 20 than women whose parents are professionals (McDermott & Graham, 2005), Haveman, Wolfe and Wilson (1997) and Haveman and Wolfe (1994) challenge the idea that parental income has an effect on early childbearing. Using data from the Panel Study of Income Dynamics - a mammoth, ongoing longitudinal survey of United States households – they argue that the effect of parental income on early childbearing is negligible. However, Haveman and colleagues (1997) control only for the child's ethnicity, mother's educational status, family composition and number of siblings, and Haveman and Wolfe (1994) control for the child's ethnicity, parents age and educational status and household size only.

SmithBattle (2000a) challenges the widely-held opinion that young mothers have poor long-term economic outcomes, arguing that, although they may earn less to begin with, over their lifetimes, young mothers' earnings exceed that of women from similar socio-economic backgrounds who have children later (SmithBattle, 2000a). Similarly, Grindstaff (1988) found that Canadian women who had been young mothers did not earn significantly less at age 30 than women who had children at a later age. Ermisch (2003) explored long-term outcomes for young British mothers using data from the British Household Panel Survey (BHPS), a large-scale, longitudinal study intended to measure social change. He suggests that women who have children in their teen years are more likely to have a lower living standard than older childbearers and are less likely to be homeowners. Ermisch (2003) also found, however, that provisional on having a job, the earnings at age 30 of women who had been young mothers were no different from women who did not have children before 20 years. However, the BHPS data controls only for whether or not the mother came from a one or two-parent family and the father's occupation at age 14. Ermisch (2003) also cautions that the estimator they use comparing women with different ages at first birth, on the basis of the two background variables, is likely to overstate the negative impacts of early childbearing, and it is impossible to measure what women's lives would

have been like if they did not have children before age 20. This leads to perhaps the largest limitation of Ermisch's (2003) study; he compares women who had children in their teen years with women who had children beyond their teen years, with no analysis of the socio-economic situations of individual women (Geronimus, 2004; Macleod, 2001). Further, Ermisch's (2003) work lacks any analysis of ethnic or cultural variations in early childbearing and long-term outcomes for women from different ethnic and cultural backgrounds.

Although the link between low socio-economic situation and early childbearing is accepted, studies continue to be based on the assumption that if disadvantaged young women delayed childbearing their disadvantages would be ameliorated (SmithBattle, 2000a). Killian (1998, p. 277) highlights the fallacy of this assumption:

If poor women were to wait until they could economically afford to have children, they would have to wait a lifetime. Delaying childbearing may seem pointless to some women.

SmithBattle and Leonard's (1998) and SmithBattle's (2005, 2000a, 2000b) longitudinal qualitative study followed a group of young United States mothers and their families over a 12-year period. The authors argue that, for many young women without middle-class resources and goals, mothering can be a pathway to adulthood, a contention supported by others (Geronimus, 2004, 2003, 1997; Preston-Whyte, 1991; Quinlivan, 2004; Wilson & Huntington, 2005). It has also been found that poor young women, upon finding themselves pregnant, are more likely to carry their pregnancies to term than wealthier women. Young women without middle-class resources and goals may view themselves as having less to lose by becoming mothers than more affluent young women (Arai, 2003; Kelly, 1996; Wilson & Huntington, 2005).

Geronimus (2004) uses a cultural model to challenge the idea of early motherhood as always problematic, stating that "the primary premise of this conceptualization is that cultures share basic universal imperatives which include promoting economic security and ensuring healthy reproduction" (Geronimus, 2004, p. 157).

According to this idea, for middle-class European Americans, delaying childbearing is highly adaptive, because the nuclear family model requires parents to be self-sufficient in raising their children; “not to expect support from others whom they cannot pay” (Geronimus, 2004, p. 159). Therefore, having a child in one’s teen years *will* likely disadvantage these women by limiting their educational and career prospects. In contrast, for low-income urban African American women, early childbearing may be adaptive, because African Americans experience extreme health inequalities resulting in a shortened life expectancy. Teamed with a family structure that is often extended, Geronimus (2004, p. 159) suggests that “children may fare best if their birth and preschool years coincide with their mother’s peak health and access to social and practical support provided by relatively health kin”. Similarly, Preston-Whyte (1991) argues that for many young women in South Africa, early motherhood is a rational and functional decision that ensures access to family support and acts as a route to adulthood. Quinlivan (2004) agrees that early childbearing can be functional or adaptive for some women. Using an evolutionary explanation, Quinlivan (2004, p. 201) states that “teenage childbearing may in fact be a positive adaptive mechanism for humans raised in a hostile environment”. Arai (2003, p. 211) concurs, referring to an “accelerated life course” whereby “individuals in difficult environments mature early and events are compressed into a shorter time span”.

A final point relates to the individualisation of young mothers’ poverty (touched on earlier by Macleod, 2002). Kelly (1996) argues that blaming early motherhood for young women’s poverty allows the structural conditions that make and keep some women poor to go unnoticed. Arai (2003) contends that, while United Kingdom policies regarding early pregnancy and motherhood recognise the structural determinants of early fertility (obviously, the government cannot deny that young women in the poorest areas in the United Kingdom are more likely to become mothers than their wealthier counterparts), they focus on changing the ‘motivations’ arising from these conditions, rather than changing the actual conditions (Arai, 2003). Collins (2005, p. 149) supports the idea that individual motivations must be changed, stating that young New Zealand women need to

develop “attitudes that see alternatives to early pregnancy”. Nash (2001, p. 210) agrees, stating that New Zealand,

Working class girls ...should be encouraged to extend their lifestyle options and strategies found to counter the culture of fatalism in which many, in a sense, *allow* themselves to become pregnant.

However, Macleod (2002, p. 648) points out that statements such as these ring “hollow in societies in which opportunities for emotionally and financially rewarding jobs for women are restricted”. When young women truly have equal opportunities for education and rewarding, fairly-paid employment, then early motherhood really *will* be a free choice, rather than the best of a very limited range of choices.

Adolescence

The positioning of early motherhood as problematic due to ‘typical’ adolescent characteristics, which include an inability to plan ahead and make decisions (Macleod, 2003), poor attention span, self-centredness, irresponsibility and unreliability (Breheny & Stephens, 2007), is widespread throughout the literature. Erikson’s developmental theory is frequently used to argue that motherhood is detrimental to young women’s development (SmithBattle, 2000a). Based on autonomy, Erikson’s theory maintains that adolescence is a time of shelter from adult responsibilities, allowing young people to move away from their families, acquire a career and develop intimate relationships. During this process, it is argued that thinking moves from concrete to operational, resulting in the ability to distinguish, detach from and reflect upon one’s thoughts, which is deemed necessary for parental reasoning and rational choice. Therefore, early motherhood is portrayed as harmful because the young person has failed to attain autonomy and rational thinking. However, feminists argue that focusing on autonomy obscures female identity and ignores that development is affected by context (SmithBattle, 2000a).

SmithBattle and Leonard (1998, p. 37) argue that the idea of adolescence as a transition ending in a career, marriage and parenthood “belies the real world circumstances of many impoverished and working class teenagers who grow up in circumstances far removed from middle-class resources, choices, and opportunities”. This suggests that making early motherhood problematic through adolescence may also obscure structural determinants of poverty and oppression that may make early motherhood more likely.

Fergusson and Woodward (1999), clearly influenced by Erikson’s developmental theory, argue that adolescent ‘characteristics’ mean that young mothers are less able to provide nurturing, supportive, cognitively and verbally stimulating environments than older mothers. Similarly, Hanna (2001a) uses Erikson’s theory to argue that young women lack the life skills, preparation and maturity to parent because they have “yet to complete the tasks of adolescence” (Hanna, 2001a, p. 457). She also believes that adolescent ‘characteristics’ make young women impatient with their babies and intolerant of their crying. Macleod (2003) found that adolescence was also used to construct early childbearing as problematic in the South African literature. Academics emphasised teenagers’ “lack of adult capacity” (Macleod, 2003, p. 429), evidenced by adolescent ‘characteristics’, such as an inability to plan ahead and put the baby’s needs ahead of their own, incompetence in decision-making, an inability to be realistic and responsible and having a limited ability to think abstractly.

Breheeny and Stephens (2007) examined how early motherhood was constructed by health professionals (doctors, nurses and midwives) in New Zealand and found that developmental and motherhood discourses were simultaneously used to construct young mothers as problematic. The developmental discourse was used to assign adolescent ‘attributes’ to young mothers, including poor cognitive abilities, resulting in a lack of foresight and poor attention span, and socio-emotional qualities, such as self-centredness, moodiness, irresponsibility and unreliability, which positioned young mothers as “unable to place the needs of the baby” (Breheeny & Stephens, 2007, p. 116) before their own (see also Hanna, 2001a; Macleod, 2003).

Health professionals also drew on the motherhood discourse to position young mothers as abnormal. As discussed earlier, the motherhood discourse specifies certain behaviours as acceptable for mothering, the fundamental behaviour being love for the child (Breheny & Stephens, 2007). Qualitative literature capturing the voices of young mothers shows that they possess this basic aspect of motherhood (Payne, 2005; Seamark & Lings, 2004), which was acknowledged by health professionals in Breheny and Stephens' (2007) study. However, they argued that, as a direct result of adolescence, young mothers lacked the 'skills' needed for 'good' mothering (Breheny & Stephens, 2007). Schilmoeller and Baranowski (1985) however, found that young parents' knowledge of child development milestones was equal to that of older parents, and Dellman-Jenkins, Sattler and Richardson (1993) found that the majority of young parents and their own mothers were highly confident in and comfortable with their parenting skills.

This 'skill' discourse, discussed earlier, is dominant throughout the early motherhood literature. Macleod (2001) found that the early motherhood literature overwhelmingly uses the 'skill' discourse, while the general motherhood literature is characterised by the 'natural' discourse - mothering is biological and instinctive. Macleod (2001, p. 501) states that,

If mothering were natural, then, given the biological capacity to conceive and bear a child, mothering would follow automatically for teenage mothers. This would render teenage pregnancy unproblematic, at least in this sense. On the other hand, 'skill' implies that a deficient state exists, viz. a state in which the relevant person does not possess the necessary skills.

Macleod (2001) argues that representing young mothers as deficient in these skills creates a space for professionals to 'teach' these women mothering skills, hinting at political and professional motivations for positioning young mothers as problematic.

'Good' mothers find pleasure and satisfaction in their pregnancies and parenting. Health professionals in Breheny and Stephens' (2007) study conceded that most young mothers enjoyed their pregnancy and mothering. However, this pleasure was constructed differently than for older mothers. On the basis of adolescence, the health professionals described this enjoyment "as a naïve and immature reaction that failed to acknowledge the hard realities of parenting" (Breheny & Stephens, 2007, p. 121). Clearly, while one can possess aspects of 'good' motherhood, they are valid only when applied to older women, not to young women.

Risky business

The early childbearing literature is dominated by the idea that there exist risk factors for early pregnancy. These include being raised by a single mother (Woodward, et al., 2006) where the father is 'absent' (Ellis, et al., 2003), being raised in a dysfunctional or abusive family environment, occupying a low socio-economic position, experiencing low educational attainment (Fergusson & Woodward, 2000), having a diagnosis of conduct disorder (Woodward & Fergusson, 1999) and "sexual risk-taking and deviant peer involvement" (Woodward, et al., 2001, p. 1170).

Literature often represents the children of young mothers as being 'at risk' of poor outcomes, including substance abuse, violent offending, suicide (Geronimus, 1997), early school-leaving, unemployment and early parenthood (Jaffee, et al., 2001). Fergusson and Woodward's (1999) New Zealand study exploring the relationship between maternal age at birth and educational and psychosocial outcomes for children at age 18 found that children of young mothers fared worse educationally and psychosocially than children of older mothers. However, they conceded that this link was general, probably the result of multiple factors, rather than being explained entirely by maternal age. Hoffmann (1999, p. 236) agrees, stating that, while the children of young mothers often "lag on standard measures of early development", these statistics alone are not evidence that this is a result of being born to a young mother. Jaffee and colleagues (2001) explored the

relationship between early childbearing and poor outcomes for a sample of New Zealand children of young mothers. The authors argue that poor outcomes are due to both social selection, where a woman's personal traits that make her an "inadequate parent" (Jaffee, et al., 2001, p. 377) also make early motherhood more likely, and social influence, where children are compromised as a direct result of the consequences, such as poverty, of being born to a young mother. While Jaffee and colleagues' (2001) study considers various background factors, it lacks any ethnic or cultural analysis, and it is unclear whether comparisons made between younger and older mothers are between women in the same socio-economic situation. A major criticism of the literature has been the tendency to compare young mothers with older mothers without making clear their socio-economic situations (Macleod, 2001). Outcomes for young mothers are very similar to older mothers in similar socio-economic situations (Geronimus, 2004).

Some authors refute the idea that children of young mothers are slower to meet developmental milestones than children of older mothers. Hermmann, Van Cleve and Levisen (1998) found that all 56 of the children of young mothers in their study scored normally on the Denver Developmental Screening Test. Moore and Snyder (1991) and Moore, Morrison and Greene (1997) examined the cognitive attainment of first-born children of young mothers and found no significant difference between children of younger and older mothers in performance on vocabulary, reading and mathematics tests. Geronimus (2003, 1997) critiques the legitimacy of studies inferring a causal relationship between early childbearing and poor educational outcomes for children. Geronimus, Korenman and Hillemeier (1994) replicated Moore and colleagues' (1997) study on standard tests of cognitive development and achievement of preschool and primary school age children by age of the mother. They controlled for pre-existing differences between younger and older mothers by contrasting the test scores of children born to sisters who gave birth at different ages. Generally insignificant differences were found between children of younger and older mothers. However, Geronimus and colleagues' (1994) 'sisters control method' has been criticised for discounting that sisters are not identical, overlooking that even small variations could affect fertility and other outcomes, and other sisters studies have produced conflicting

findings (Hoffmann, 1998). Even so, these studies challenge conventional ‘wisdom’ that assumes the children of young mothers are automatically disadvantaged.

Nash (2001) critiques the ‘at risk’ concept, arguing that this idea is flawed as it cannot explain why certain ‘at risk’ young women become pregnant while others do not. Indeed, the ‘at risk’ concept offers no explanation for why social practices, such as early pregnancy, occur to begin with. Further, Nash (2001) is critical of risk factors themselves, arguing that the ‘at risk’ idea and the associated ‘cycle of deprivation’ model represents family resources as though they were isolated variables, when in reality, they “follow a continuous distribution in which sharp breaks are difficult to detect” (Nash, 2001, p. 202). For example, the concept of ‘single motherhood’ implies that single mothers parent alone, when actually, family and support networks are complex and varied (Dharmalingam, et al., 2004; SmithBattle, 2000a).

Nash (2001) also questions the applicability of overseas research to New Zealand’s different ethnic and cultural makeup. However, his own work focuses on Māori culture and early pregnancy, while overlooking Pākehā culture and early pregnancy. This focus on Māori culture and simultaneous omission of Pākehā culture by default makes early pregnancy an issue for Māori only (Cherrington & Breheny, 2005), leaving the area of Pākehā culture and early pregnancy unstudied.

Following Nash (2001), this thesis takes a cautious stance toward the idea of ‘risk factors’ for early pregnancy. Although the term ‘at risk’ is used in psychology, social work and other ‘non-medical’ disciplines to discuss social factors (Cate Curtis, personal communication, 18 January 2008), ‘at-risk’ and ‘risk factors’ are also medical terms that “function to frame this group of pregnancies from an individualistic and biomedical perspective, positioning it like a disease, even stating that it requires treatment” (Cherrington & Breheny, 2005, p. 98).

Framing early childbearing as a medical problem

Early childbearing is often linked with poor physical outcomes for mothers and babies, including prematurity, low birth-weight and high infant mortality (Fraser, Brockert & Ward, 1995; Sawchuck, Burke & Benady, 1997; Wellings, et al., 1999). In her analysis of the early childbearing literature in South Africa, Macleod (2003) found that early pregnancy was constructed as ‘unnatural’ and young pregnant women’s bodies represented as inadequate for growing healthy babies:

Growing teenagers, unlike their older counterparts, do not utilize their body fat for foetal growth, but use it for their own physical development, resulting in lower birth weights for their infants (Boult & Cunningham, 1993, p. 48, in Macleod, 2003, p. 433).

Cunnington’s (2001) systematic review of medical literature challenges the idea of early childbearing as a medical problem. He states that “it makes little biological sense for young women to be able to reproduce at an age that puts their children at risk” (Cunnington, 2001, p. 40). Cunnington (2001) found that early pregnancy was frequently associated with anaemia, pregnancy-induced high blood pressure, infant prematurity, low birth weight and infant mortality. However, he argues that studies linking maternal age and poor outcomes for babies are methodologically flawed because they group young women of all ages together, disregarding the substantial differences between younger and older women under 20 years. Outcomes for older women were very similar to ‘adult’ women, but for women under 16 years, there was an increased chance of prematurity, which was linked with social disadvantage: “the most socially disadvantaged, who become pregnant youngest, are at disproportionately high risk of very premature babies” (Cunnington, 2001, p. 40). How best to support this group of young women is an area needing further investigation. Cunnington (2001) also points out that the medical literature tends to overlook potential health benefits associated with early childbearing, such as increased protection against breast cancers for women (Quinlivan, 2004) and protection against childhood diabetes (McDermott & Graham, 2005).

Resistance and subversion

Experiencing negative judgment is a fact of life for young mothers. However, rather than passively accepting this condemnation, they challenge, resist and subvert it in a variety of ways. Kirkman, Harrison, Hillier and Pyett's (2001) Australian study explored canonical and autobiographical narratives of young mothers. Canonical narratives are the dominant ways a society talks about young mothers, while autobiographical narratives concern how young mothers make sense of their own lives. Kirkman and colleagues (2001) found that the women were acutely aware of the canonical narrative where they were judged, condemned and discriminated against, and most had experienced it first hand. By contrast, the women's autobiographical narratives challenged the canonical narrative of early motherhood as a negative event, with some invoking the "family canon" (Kirkman, et al., 2001, p. 285) of early motherhood as the norm. These women looked to their own families, where early motherhood was common, and understood that it did not necessarily mean one's life was ruined. The women challenged and resisted the canonical narrative by having confidence in their mothering, defending their right to motherhood and railing against the need to justify this right, as did young mothers in Payne's (2005) study. Kirkman and colleagues (2001) point out that other women who "deviate from the canonical narrative of womanhood" (Kirkman, et al., 2001, p. 286), such as single mothers, infertile women and voluntarily childfree women, employ similar resistance strategies. The women in Kirkman and colleagues' (2001) study felt their lives were better for having children, that having children early meant earlier future freedom from childcare duties and had brought them closer to their own families. While all the women acknowledged the hardships inherent in being young mothers, they did not allow this aspect of the canonical narrative to dictate their own stories.

McDermott and Graham's (2005) systematic review of qualitative literature from the United Kingdom explored the resilient mothering practices of young working-class women. Resilient mothering is described as a response to low socio-economic situation and existing outside the confines of 'acceptable' motherhood.

The women subverted negative stereotypical discourses by focusing on positive aspects of early motherhood, such as still being young enough to relate to their children when they were older and differentiating between themselves as ‘good’ and loving mothers and other young mothers as fitting negative stereotypes (McDermott & Graham, 2005). Similarly, Mulongo (2006) found that young single Kenyan mothers resisted negative constructions of young women as inadequate parents by drawing boundaries between themselves as ‘good’ mothers and other young women as ‘bad’ mothers. Some women defined themselves as ‘good’ mothers by refusing to terminate their pregnancies and others avoided ‘bad’ motherhood status by earning their own money so as to avoid being seen as dependent on their parents.

Kelly’s (1997) school-based ethnographic study explored 12 young Canadian mothers’ experiences of writing and performing a play about their lives and found that they resisted dominant stereotypes by defending their right to motherhood and acknowledging that, while challenging, motherhood was also hugely rewarding. However, the sponsor of the play – a community based organisation - wanted the play’s message to be one of warning or prevention of early pregnancy, suggesting that they assumed that early motherhood had spoiled the women’s lives. Also, while teachers did not explicitly silence the play, they negated the young women’s positive stories of motherhood by depicting the mothers as victims or poor parents. This was done by teachers asking judgmental questions of the performers after the play, such as enquiring how many of them smoked, which was used to portray the mothers as poor role models for their children. Further, during follow-up class discussions, teachers contradicted the performers’ positive stories of motherhood by focusing on financial and social difficulties of early motherhood. Reflecting retrospectively upon the play, some of the women felt that the play had actually been about cautioning other students to not follow their example; “they felt that they had somehow participated in the reinforcement of their own stigmatization” (Kelly, 1997, p. 182).

The studies discussed above issue an important challenge to the representation of young mothers as passive victims (Kelly, 1997), situating them as women who

actively engage in resisting, rejecting and subverting stereotypical narratives. However, McDermott and Graham (2005) also caution that poor young mothers are constrained in their abilities to be resilient by structural inequalities.

The transformative nature of motherhood

If I didn't have my baby I don't know where I'd be.
She's just the best thing that ever happened to me
(Collins, n.d., p. 6).

The above quote illustrates a dominant theme within qualitative literature, where young mothers tell a story of moral redemption, where impending motherhood offers them a chance to better themselves for the sake of their children. For the women in Payne's (2005, p. 69) study, finding themselves pregnant "led to a decision that silently asked the young women to face who they were, to call forth their possibilities". Qualitative literature has found that, for many young women, pregnancy means increasing safety-conscious behaviours, such as staying away from violent situations (Shanok & Miller, 2007), and ceasing drug and alcohol use (Arai, 2003; Collins, n.d.; Rains, et al., 1998; Shanok & Miller, 2007). Quinlivan and Evans' (2002) study of the continuing use of illegal drugs by young pregnant Australian women found that prior to pregnancy, many women were more likely to use cigarettes, alcohol and marijuana than the general population however, upon becoming pregnant their consumption fell to be below that of their non-pregnant contemporaries. Qualitative literature has also found that pregnancy and impending motherhood can motivate young women to leave criminal behaviour behind (Collins, n.d.; Davies, et al., 2001), and for some young women with difficult familial and social backgrounds, pregnancy and motherhood is a reason to continue living (Collins, n.d.; Davies, et al., 2001; Morehead & Soriano, 2005; SmithBattle, 2006; Spear, 2001).

In short, qualitative literature highlights the enormous contrast between many 'outsider' views and the experiences of young mothers themselves. Rather than being the tragedy it is often assumed to be, pregnancy and motherhood can be not

only extremely positive, but can literally save some women's lives. Even for young women who erroneously view it as providing an escape from a bleak past, motherhood can still be a turning point (Duncan, 2005; SmithBattle, 2000a).

Conclusion

A critical review of the literature suggests that many common assumptions about early pregnancy and motherhood are not as clear-cut as they appear. Young mothers threaten the dominance of the 'traditional' family and are blamed for a variety of societal ills, such as poverty and crime. The international and New Zealand literature is limited by a refusal to focus explicitly on 'white' and Pākehā ethnicities and early childbearing, which makes this research timely. Experiencing public and institutional discrimination is basic to young women's experience of motherhood and does nothing to support them to be the mothers they want to be. Young mothers challenge the Western ideology of independence and economic growth and are represented as an economic threat. Constructing young mothers in these terms individualises poverty and obscures social and economic inequalities. Although some studies find a link between early childbearing and poor educational outcomes, it is likely that educational disruption has already occurred prior to pregnancy, and qualitative literature suggests that early motherhood can positively affect education. Many young mothers are poor prior to pregnancy and the assumption that their disadvantages would be ameliorated by delaying motherhood is flawed. Young mothers do not appear to have long-term negative outcomes, and for some women, early motherhood makes economic sense. The notion of adolescence, through the assigning of certain qualities, positions young women as inadequate parents, even though they possess many requisite aspects of 'good' motherhood. Framing early childbearing in terms of risk factors has limited explanatory power and constructs it as a disease requiring treatment. Depictions of early childbearing as physically dangerous are inaccurate: in fact, the teenage years are a physically optimal time for childbirth (although very young women may have higher support needs). When their voices are heard through qualitative literature, young mothers tell stories of strength, resistance, rejection and subversion of negative stereotypes. Far from the tragedy early

motherhood is presumed to be, for many young women, it is the best thing that ever happened to them. The following chapter provides a discussion of my theoretical and practical approach to gathering and analysing the women's stories.

CHAPTER THREE: METHODOLOGY

This chapter comprises four parts; the first of which discusses a feminist epistemological positioning, which accepts that there are multiple and differing realities. I discuss some key tenets of feminist qualitative methodologies, which include seeking to counter the exploitative power imbalance in research through reflexivity and the use of egalitarian methods and recognising the emotionality of research. The second part describes my gathering of the women's stories: how I found the women; who the women were; the methods I used to gather the stories; the interview schedule and how I recorded the stories. The third part discusses ethical issues and the steps I took to prevent harm, reduce hierarchy, incorporate reflexivity into the research process, gain the women's consent, ensure privacy and confidentiality and check accuracy. In the final part of this chapter, I describe how I transcribed, coded and analysed the women's stories.

PART ONE: A FEMINIST QUALITATIVE APPROACH

Qualitative research explores the qualities of phenomena, their meanings and processes and emphasises their socially constructed nature. Qualitative research does not attempt to measure the qualities of phenomena with regards to intensity, duration or amount, but is concerned with capturing the 'richness' of people's experiences. Unlike traditional quantitative research, which typically claims to be value-free, qualitative researchers usually stress the value-laden nature of research (Denzin & Lincoln, 2003). I argue that research is always driven by values. Indeed, 'value-neutrality' is a value in itself!

The ability of qualitative methods to provide a wealth of 'rich' information means that they have been very popular within feminist research, as a way in which to capture the experiences of women. There exists no one feminism, but multiple feminisms, including liberal feminism, radical feminism, socialist feminism and

womanism (Campbell & Wasco, 2000). I consider myself most closely aligned with womanism, which was created by women of colour as a response to the ‘white-ness’, racism and inequality within the mainstream women’s movement, and incorporates the structural analyses of radical and socialist feminisms. Radical feminists believe that men’s oppression of women is the primary form of inequality (Campbell & Wasco, 2000), that women are constrained by their biology and call for radical change to all societal structures - legal, political, social and cultural institutions. Socialist feminists argue that oppression of women is due to the problematic nature of economic and class structures in society (Gamble, 2000) and blames capitalism as a system that privileges women and men unequally (Campbell & Wasco, 2000). However, radical feminism has been criticised as representing all women’s experiences as identical, ignoring that many women experience multiple oppressions by class and ethnicity, and socialist feminism has been criticised for focusing too heavily on class and capitalism, at the expense of gender (Gamble, 2000). Womanism focuses more closely on how the intersection of multiple forms of oppression, including class, ethnicity and gender, affect women in different ways (Campbell & Wasco, 2000).

A positivist epistemology is based on the idea that there exists one objective reality that can be discovered by scientific research. By contrast, feminist epistemologies recognise that there exist innumerable and differing realities, accept “women’s stories of their lives as legitimate sources of knowledge” (Campbell & Wasco, 2000, p. 778) and acknowledge the value-laden nature of research (Cosgrove & McHugh, 2000). Feminist approaches recognise that positivist male-stream research has resulted in women’s voices and experiences being silenced, marginalised (Cosgrove & McHugh, 2000), decontextualised and reduced (Weatherall, Garvey & Potts, 2002). In keeping with a feminist approach that challenges the decontextualisation and reduction of women’s experiences, when referring to my own research, I use the terms ‘women’ instead of ‘participants’ and ‘stories’ as opposed to ‘data’.

Feminists have highlighted how the exploitative power imbalance embedded within traditional research has allowed ideas of what is normative to be based upon the experience of dominant groups, and thus:

The dominant group's experience (e.g. men's) gets elevated to the status of an objective reality, and the experiences and behaviours of marginalised groups (e.g. women) are pathologised (Cosgrove & McHugh, 2000, p. 825-826).

This power imbalance within research has defined young mothers and their families as abnormal based upon the dominant-group defined normative family (read: white, middle-class, married, older) (Davies, et al., 2001; Geronimus, 2004, 2003, 1997; McDermott & Graham, 2005; Schultz, 2001; Wilson & Huntington, 2005). Using a feminist qualitative approach - which privileges values such as empowerment, equality and social justice - is my attempt to amplify young mothers voices and thus challenge their marginalisation, for, as Fine (1992, p. 221) argues, research that “breaks social silences fractures the very ideologies that justify power inequalities”.

Feminist researchers have attempted to reduce hierarchy by integrating reflexivity into the research process. One common reflective approach involves researchers being open about the intentions of research and their own personal identities and experiences. Being open about my own experiences as a young mother and why this prompted my research focus removed the idea that I was a “detached or disinterested knower” (Cosgrove & McHugh, 2000, p. 828) and helped to reduce my authority over the women. Further, as a researcher, sharing one's experiences often facilitates trust, which can result in a higher quality of information being obtained (Campbell & Wasco, 2000).

Feminist research privileges naturalistic and egalitarian research methods, such as interviews (Cosgrove & McHugh, 2000), focus groups and ethnography (Campbell & Wasco, 2000), as an attempt to reduce researcher hierarchy, represent women's experiences in context and challenge the artificiality inherent within positivist research (Wilkinson, 1999).

Feminist researchers understand that emotion is a part of research. Emotions can be used as resources to connect with participants and to guide and provide insight into research (Banks, 2005; Campbell & Wasco, 2000; Rice & Ezzy, 1999). The emotional nature of feminist research has a transformative effect upon the researcher (Banks, 2005): indeed, many times during the focus groups and interviews, I was touched by the women's stories. I was struck by the depth of love for her daughter Helen described and by Charlotte's pain while she described the struggles she faced on a daily basis and how she had wanted a different life to the one she had. I was touched by Michaela's sorrow as she described her isolation and her experience of being constantly stared at by people. Like Banks (2005), I found being party to the depth of women's experiences reinforced my feelings of responsibility towards the women and my commitment to tell their stories.

PART TWO: GATHERING THE WOMEN'S STORIES

Finding the women

The women were contacted through a variety of methods. Recruitment posters and information sheets (see Appendices One and Two) were put up in a number of locations, including: Link House Agency and Birthright, organisations providing support services for single parents; Family Start, a home-based service supporting families who face health, welfare or educational challenges; Waikato Family Centre Trust, an organisation providing support for families and Waikato Hospital's Mothercraft Unit, which provides services for parents seeking help with their babies. Recruitment posters were also put up on notice boards around the Faculty of Arts and Social Sciences at the University of Waikato.

With the idea that face-to-face contact might encourage women to participate, I spoke about my research at a young parents' coffee group at the Waikato Family

Centre Trust and to a group of women at Hamilton's Fraser High School's Teen Parent Unit. I gave information sheets to both groups of women and asked them to contact me if they wished to ask further questions or participate in the research. Four women from the Teen Parent Unit participated in my research, two in individual interviews and two in a focus group, all of which took place at the Teen Parent Unit. I left an information sheet and an explanatory note for a former student (now in tertiary education) who contacted me by text message to say that she wanted to be involved. This interview took place at her home in Hamilton.

Five women were contacted through my personal networks. In order to manage potential difficulties associated with their declining to participate, I made it clear to these women that they were in no way obliged to participate in the research and that I would not take offence in any way if they chose not to participate. I mailed one woman an information sheet with an explanatory note, which she followed up via email. As this woman lived in Rotorua, we decided that the interview would take place over the telephone. I made telephone contact with three other women, told them about my research and invited them to participate. All three women accepted my invitation. I interviewed one woman at her home in Hamilton and the other two women took part in a focus group with another woman who had contacted me after seeing my information sheet at Link House. The focus group took place at one of the women's homes in Hamilton. I sent another woman I knew (who been very supportive of my research) an information sheet via email. She responded by email to say that she would like to be involved. As this woman lived in Christchurch, it was decided that our interview would be conducted via Skype.

One woman saw my information sheet on a notice-board at the University of Waikato and contacted me via text message to say she would like to take part. This interview took place in a room in the Psychology Department at the University of Waikato.

The women⁷

Originally, it was hoped that between 15 and 20 young and former young mothers would be involved in the research. My reason for gathering the stories of both women who were currently young mothers and women who had been young mothers but whose children were now older was to explore similarities and differences in their experiences. It was thought that, not only would the women's experiences have differed with regards to the time period in which they were young mothers, but that the older women would have had the time to reflect on their experiences that the younger women would have not (de Jonge, 2001).

However, the group of women who eventually participated did not constitute two separate age groups, but were on an age continuum, with some women under 20 years, while others ranged from their mid to late-20's, 30's and 40's. Therefore, the women included in the "younger" group were those women aged 21 years and under. The women included in the "older" group were those above this age. For the remainder of this thesis, the women aged 21 years and under will be referred to as "young" or "younger" women or mothers, while the women above this age will be referred to as "older" women or mothers.

Recruiting the 15 to 20 women originally planned proved difficult, fitting with previous findings that young mothers are a hard group to reach (de Jonge, 2001; Payne, 2005). Twelve women took part, six young mothers and six older mothers. At the time of interview, the youngest woman was 16 years and the eldest was 44 years. What follows is a description of the 12 women, which is also summarised in a table (*Table 1: Information about the women*) on page 48.

Jasmine is 16 years old and mother to a one-year-old boy, who she had in 2006, when she was 15. Jasmine was attending school and living at home with her mother, stepfather and stepbrother when she got pregnant. She did not have a good relationship with her parents, largely because of her drug addiction, which resulted in her expulsion from school (it was not possible to ascertain how the

⁷ Non-essential details have been changed to protect the women's identities.

school's decision to expel Jasmine was impacted by her pregnancy). Jasmine told her family she was pregnant as soon as she found out and initially, they were upset, but her mother quickly saw the pregnancy as a way of saving her life. Jasmine's friends were not supportive of her pregnancy. Jasmine is living at home with her family and has returned to (a different) school since having her son. Jasmine's main source of income is Family Assistance and she is not currently in paid employment. Jasmine receives minimal support from her son's father, who she separated from after her son's birth.

Violet is 17 years old and has a seven-week-old son who she had in 2007, when she was 17. Violet was attending school and living at home with her parents, sisters and brother before she got pregnant, but did not get on well with her family and was frequently running away from home. Violet's parents were "upset" and "disappointed" when she told them she was pregnant, but were supportive of Violet. Some of Violet's friends were supportive of her pregnancy, but others viewed her as a "slut" and stopped speaking to her. Violet has continued to attend school and is living at home with her family. Her main source of income is Family Assistance and she is not currently in paid employment. Violet is supported financially and with childcare by her partner, her son's father, with whom she plans to move in with in the future.

Kelly is 18 years old and mother of an eight-and-a-half-month-old boy, who she had in 2006, when she was 18. Before having her son, Kelly had left home (where she lived with her mother, stepfather and sister) and school and was working. Her relationship with her family "wasn't exactly the greatest". Kelly's family was "shocked and upset" at her first pregnancy a year previously, which she had chosen to terminate. When Kelly told them of her second pregnancy, her family was "disappointed but excited at the same time". They were supportive of her pregnancy, as were most of Kelly's friends. Since becoming a mother, Kelly has separated from her son's father, has returned to school and has completed training in Food and Hospitality. Kelly's main source of income is the DPB, she is not currently in paid employment and she lives in a rented home with her son,

flatmate and flatmate's daughter. Kelly receives minimal support from her son's father.

Helen is 19 years old and mother of a one-year-old girl, who she had in 2006, when she was 18. Helen was living at home with her parents and brothers and sister and was attending school when she got pregnant and, while she had been through a "rebellious stage", her relationship with her parents was "pretty good". Helen's parents were "really angry" and "disappointed" when she told them about her pregnancy (in a letter). Helen had already been to see a doctor to get blood tests and a scan before telling her parents of her pregnancy. That she had gone through this by herself without them there to support her was extremely upsetting for Helen's parents. Both Helen's parents and friends were very supportive of her pregnancy. Helen completed five years of secondary school and is currently in tertiary education, studying towards a Bachelor's degree. Helen's main source of income is the DPB, she is not currently in paid employment and lives in a rented home with her daughter. Helen does not receive any support from her daughter's father.

Charlotte is 20 years old and mother of a three-year-old boy, who she had in 2004, at 17, a 19-month-old girl, who she had at 18, and is very pregnant with her third child. Charlotte had left home (she lived at her mother's and father's houses at different times with her brothers) and school before she got pregnant and did not have a good relationship with her parents (who separated many years ago). Charlotte's mother was "okay" and her father was "a bit shocked" when she told them about her first pregnancy. Her father was verbally and physically abusive towards Charlotte when he found out she was pregnant for the second time and both parents pressured her to terminate the pregnancy. Charlotte's father reacted most favourably to her current pregnancy, while her mother was ambivalent. Her parents have not been supportive throughout any of her pregnancies but Charlotte's friends were excited when they learned of her first pregnancy. Charlotte completed three months of secondary school and has not undertaken formal tertiary education. Charlotte's main source of income is from her partner's wages (her children's father) and she is not in paid employment (she is a full-time

mother). Charlotte lives with her partner and children in a rented home. Charlotte's partner is not particularly supportive with childcare.

Jane is a 21 year old mother of a three-year-old girl, who she had in 2004, when she was 18. Jane had already left school and home (where she lived with her parents and brother) before she got pregnant, was working and was living with her boyfriend (her daughter's father), who she has recently separated from. Prior to her daughter's birth, Jane's relationship with her family was "distant". Jane's parents were very angry and upset (Jane saw her father cry for the first time) when she told them that she was pregnant, but eventually, they were supportive of her pregnancy. Jane's friends were initially supportive of her pregnancy, however, she lost a lot of them during her pregnancy, as she "didn't have time for them". Since having her daughter, Jane has returned to school and has completed a National Certificate in Early Childhood. Jane's main source of income is through the DPB, she is not currently in paid employment and she lives in a rented home with her daughter and flatmates. Her daughter's father supports Helen with childcare.

Jessie is 25 and mother of a six-year-old boy, who she had in 2001 when she was 18, and a four-month-old girl. Jessie had already left school and home (where she lived with her mother and sisters) before she got pregnant, was working and was living with her ex-partner (her son's father). Prior to having her son, Jessie had a very good relationship with her mother but not with her father. Jessie's mother was very supportive when she told her that she was pregnant, although Jessie believes that she was "disappointed underneath". Jessie's father was "okay" when she told him the news, but then told her he "didn't expect any more out of" her and has not spoken to her since. Jessie's friends were "reasonably cool" about her pregnancy. Jessie completed three years of secondary school and has undertaken some Early Childhood Education training through Playcentre. Jessie's main source of income is her partner's (her daughter's father) wages, she is not in paid employment (she is a full-time mother), and she lives with her children and partner in a rented home. Jessie's children's fathers are both very supportive financially and with childcare.

Natalie is 28 and mother of a nine-year-old boy, who she had in the late 1990's when she was 19, and an eight-year-old boy, who she had when she was 20. Natalie was living at home with her parents, had left school and was studying nursing when she got pregnant. Natalie "didn't really have a relationship" with her parents before becoming pregnant. Three months before she discovered she was pregnant with her eldest son, Natalie had terminated a pregnancy that she had wanted to continue, under pressure from her parents. When she told her parents that she was pregnant again, they were "resigned". Natalie had to move out of home, as her parents attitude was "you want to lay down and make a baby, then you get out and you raise it". Natalie's friends were excited and happy that she was pregnant. Natalie completed four years of secondary school and is currently studying towards a Diploma in Counselling. Natalie's main source of income is through her partner's wages and she is not currently in paid employment. Jessie lives with her sons, her partner and her partner's seven-year-old son in a rented home. Natalie's ex-husband (her sons' father) is very supportive financially and with childcare.

Amanda is 29 years old and mother of an eleven-year-old girl, who she had in 1996, when she was 18, and a nine-year-old girl, who she had when she was 20. Amanda had already left school and home (where she lived with her mother and brother) and was flatting with a friend when she got pregnant. Prior to pregnancy, Amanda had a good relationship with her father, while her relationship with her mother was "pretty dicey". When Amanda told her mother over the phone that she was pregnant, her mother told her to terminate the pregnancy and hung up on her. Amanda's mother was later supportive of her pregnancy and Amanda lived with her during the last part of her pregnancy, although she was not allowed to return after her daughter's birth. Amanda's father was "really cool" when she told him the news and was supportive of her pregnancy, while her friends were ambivalent. Amanda completed three years of secondary school and has not undertaken formal tertiary education. Amanda's main source of income is through her husband's salary and she is not currently in paid employment. Amanda lives with her daughters and her husband in a rented home. She receives no support from her eldest daughter's father, and minimal support from her youngest daughter's father.

Anna is 31 years old and mother of five children, ranging from 14 years to three years old. Prior to having her first child in the early 1990's, when she was 16, Anna was living at home with her father and stepmother and attending school. Anna's relationship with her father was not very close, and she "didn't have a relationship" with her mother. When Anna told her father she was pregnant, she was "basically cut loose", while her mother was hurt that Anna had not told her the news first. Anna's father was completely unsupportive of her pregnancy. Anna's mother was supportive of her pregnancy, and Anna lived with her for the last third of her pregnancy. When they found out she was pregnant, Anna's friends were unsupportive, and her friendships with most of them ended. Anna completed four years of secondary school, has completed a National Certificate in Computing (Level three) and is currently in tertiary education, studying toward a Bachelor's degree. Anna's main source of income is the DPB, she is not currently in paid employment, and she lives with her three youngest children in a rented home. Anna did not disclose the level of support she receives from her children's fathers.

Michaela is 34 and has an 18-year-old daughter, who she had in 1988, when she was 15, and a 15-year-old son, who she had at 19. Before becoming pregnant, Michaela was living at home with her father, stepmother and grandmother, was attending school and did not have a good relationship with either of her parents. Michaela told her father the news when she was five months pregnant and could no longer fit into her school uniform. While her father was not supportive of Michaela's pregnancy, her grandmother was. Michaela's friends were "surprised" when they heard the news, thought it was a "pretty stupid thing to do" and Michaela lost touch with them. Michaela was expelled from school when the teachers found out she was pregnant. Michaela completed three years of secondary school and since leaving school has completed a Bachelor of Arts and a Master of Arts. Her main source of income is through her own salary as a senior tutor at a tertiary institution. Michaela is paying a mortgage on her own home and lives with her two children and her partner. Michaela did not disclose the level of support she receives from her children's fathers.

Karen is 44 and mother of six children, ranging from 25 to seven years, and had her first child at 18 in the early 1980's. Karen had left school and home prior to becoming pregnant, was living with her husband and did not have a very good relationship with her recently separated parents. Karen's parents reacted negatively when she told them she was pregnant, thought that having a baby would "shackle" her forever and did not support her through her pregnancy. Karen's friends were very excited for her when she told them the news. Karen completed three years of secondary school and has not undertaken formal tertiary education. Karen's main source of income is her own earnings as a retail store manager and her husband's earnings. Karen is paying a mortgage on her own home and lives with her husband, three of her children, her daughter's partner and two grandchildren. Karen is very well supported by her husband.

Table 1: Information about the women

<i>Name</i>	<i>Age (years)</i>	<i>Age (years) when had 1st child</i>	<i>Sex of children + (years of age)</i>	<i>Lives with</i>	<i>Living at home when got pregnant</i>	<i>Main source of income</i>	<i>Attending school</i>	<i>Attending school when got pregnant</i>	<i>Years of secondary school completed</i>	<i>Currently in tertiary education</i>	<i>Qualifications since leaving school</i>	<i>In paid employment</i>
Jasmine	16	15	M (1)	Family	Yes	FA ⁸	Yes, Year 12	No	n/a	n/a	n/a	No
Violet	17	17	M (7 weeks)	Family	Yes	FA	Yes, Year 12	Yes	n/a	n/a	n/a	No
Kelly	18	18	M (8.5 months)	Son, flatmate & flatmate's daughter, rents home	No	DPB	Yes, Year 12	No	n/a	n/a	Food & Hospitality (Returned to school)	No
Helen	19	18	F (1)	Daughter, rents home	Yes	DPB	No	Yes	5	Yes, Bachelors degree	n/a	No
Charlotte	20	17	M (3); F (19 months)	Children & partner, rents home	No	Partner's wages	No	No	3 months	No	Deli & Reception work	No
Jane	21	18	F (3)	Daughter & flatmates, rents home	No	DPB	Yes, Year 13	No	n/a	n/a	National Certificate in Early Childhood (Returned to school)	No
Jessie	25	18	M (6); F (4 months)	Children & partner, rents home	No	Partner's wages	No	No	3	No	Transport industry, Early Childhood Education, Massage	No
Natalie	28	19	M (8); M (9)	Children & partner, rents home	Yes	Partner's wages	No	No	4	Yes, Diploma	Nursing papers	No
Amanda	29	18	F (11); F (9)	Daughters' & husband, rents home	No	Husband's income	No	No	3	No	Computer skills, customer service skills	No
Anna	31	16	F (14); M (11); M (8); M (5); F (3)	3 children, rents home	Yes	DPB	No	Yes	4	Yes, Bachelors Degree	National Certificate in Computing (Level 3)	No
Michaela	34	15	F (18); M (15)	Children & partner, pays mortgage on own home	Yes	Own salary	No	Yes	3	No	BA (Hons), MA (Dist)	Yes, Senior Tutor, 30 hrs/wk, \$40,000 pa
Karen	44	18	F (25); F (24); M (23), M (19) F (15); M (7)	3 children, daughter's partner, 2 grandchildren & husband, pays mortgage on own home	No	Own & husband's incomes	No	No	3	No	Work experience across a range of jobs	Yes, retail store manager, 40-45 hrs/wk, \$38,000 pa

⁸ Family Assistance.

Gathering the stories

Two focus groups and seven individual in-depth interviews, ranging from 20 minutes to two hours in length, were used to gather the women's stories.

Wilkinson (1998b, p. 112) describes focus groups as:

Group discussions in which participants focus collectively upon a topic selected by the researcher and presented to them in the form of a film, a collection of advertisements, or a vignette to discuss, a "game" to play, or simply a particular set of questions.

As stated earlier, feminist researchers seek to decrease power over, control and exploitation of research participants. Focus group methods decrease researcher hegemony, simply because it is not possible to exercise the same control over a group as it is over a single person (Wilkinson, 1999, 1998b).

Focus groups entail the interaction of participants with each other as well as with the researcher, and allow the researcher access to participants own meanings (Wilkinson, 1998a). Participants converse in a way that is closer to everyday conversation and thus, focus group methods are believed to be more naturalistic and contextual than individual interviews. Focus groups allow the researcher to view the "co-construction of meaning in action" (Wilkinson, 1998a, p. 338), as participants disagree with and contradict each other and build upon each other's statements to co-create new meanings (Wilkinson, 1998b). This co-construction of meaning was evident in the focus group with Amanda, Jessie and Natalie, where they collaboratively offered ideas for how support services could be made more suitable and accessible for young women.

This interactive feature can also be disadvantageous, as people who disagree with the majority may feel uncomfortable expressing a different view. People may also be uncomfortable sharing personal and sensitive information within the context of a focus group. Focus groups can be extremely intensive and time-consuming to

transcribe and do not allow for quantification and generalisation of the information as quantitative surveys do (Wilkinson, 1998b).

Initially, it was planned that focus groups would be used to gather all of the stories. I had hoped to use focus groups to provide a forum for the women where they could speak freely with other women in similar situations; “‘raising their consciousness’ through sharing experience” (Wilkinson, 1998b, p. 115), and where their status as ‘legitimate’ mothers would be taken for granted. Further, I had wanted to use focus groups to bring women together (Campbell & Wasco, 2000), creating the possibility for connection and the building of networks (Rice & Ezzy, 1999) between women, thus meeting a primary aim of feminist research - making the process of research as important and useful as the outcome (Campbell & Wasco, 2000).

However, focus groups were not always possible for a number of reasons. Like Wilkinson (1998b), I discovered that finding and bringing the women together was difficult and time-consuming. The day before the first focus group (with four young mothers) was scheduled to take place, I went in person to confirm that the women would be coming. I was told that two women would be away for the next two days. One other woman, Helen, was unable to attend the focus group due to study commitments, so we did an individual interview several days later. In the interests of getting the remaining woman, Jane’s, story, I went back the next day and interviewed her. Another woman, Charlotte, opted for an individual interview, stating that she was “not a group person”. Michaela and Karen both lived some distance away, making focus groups unsuitable, so individual interviews were carried out via Skype and telephone.

Individual in-depth interviews

Rice and Ezzy (1999, p. 53) believe that “a good interview [should be] like a good conversation. One person talks, while the other listens, responds and encourages”. Interviewing can entail a 30 minute discussion, multiple two-hour interviews or even as many as 25 interviews (Rice & Ezzy, 1999). In-depth interviews are more

able to offer insight into the complexity of individual people's beliefs, practices, understandings, experiences and behaviours than are focus groups. Some people may feel uncomfortable talking about issues in a group setting but will do so in an individual interview (Rice & Ezzy, 1999), which was evident in Charlotte's earlier comment about not being a "group person".

Like focus groups, individual interviews also involve the co-construction of meaning; between the interviewee and the interviewer. Interviewers are not neutral and distant, but actively listen and encourage the other person to talk about the topic at hand. Rice and Ezzy (1999, p. 53) state that "the influence of the interviewer on the production of the interview narrative cannot be ignored. The interviewer is a co-participant in the discourse". During the interviews, I co-participated with the women, by agreeing, seeking clarification and offering occasional comments about my own experiences as a young mother. This approach to interviewing may be criticised as deliberately biasing the interview, however, this critique is based on the idea that avoiding bias is possible, that interviewers are unaware of this biasing effect and that there is only one 'true' or 'correct' answer or story (Rice & Ezzy, 1999).

People often find taking part in interviews rewarding, and the questions asked can prompt them to ponder issues that they may not have before (Rice & Ezzy, 1999). When I asked Helen if her relationship had changed with her family after the birth of her daughter, she replied that she "hadn't really thought about it", hinting that my question prompted her to reflect on her relationship with her family, which she had not done previously.

Interviews can be easier to manage than focus groups, however, there is also more potential for the researcher to exert power, control and influence over participants. I believe that my own background as a young mother, my 'insider status', gave the women a sense that I understood some of the issues young mothers face, which may have contributed to a more egalitarian research environment. However, with the younger women, I was aware that my age (I was a decade older than many of them) put me in a position of authority.

The interview schedule

The interview schedule (see Appendix Five) was semi-structured and covered general themes to allow for conversational flexibility and flow. Questions were open-ended so as to encourage the women to respond in their own words and on their own terms (Rice & Ezzy, 1999). A semi-structured interview schedule was thought to be appropriate so that spontaneous questioning could occur and to allow for new themes to arise, free from the constraints of a rigid structure (Cosgrove & McHugh, 2000).

Recording

All of the focus groups and interviews were tape-recorded, because of the degree of accuracy and detail that tape-recording provides, compared with memory or note-taking. I wanted to be able to concentrate fully on the women's stories: taking notes may have been distracting for them, would not have allowed me to maintain eye-contact and I would have been unable to record the women's stories in their entirety. In an attempt to avoid the "pain and anguish" (Rice & Ezzy, 1999, p. 64) of losing an interview due to recorder failure, I used both a tape-recorder and an MP3 player to record most of the focus groups and interviews. As Murphy's Law would have it, on one of the few occasions that I neglected to also bring an MP3 player, there occurred a large power failure, and I had to make a mad dash to a nearby shop to buy batteries for the tape-recorder! I was fortunate to have been able to carry out almost all of the focus groups and interviews in locations free of background noise, which made transcribing relatively simple.

PART THREE: ETHICAL ISSUES

This research was approved by the Department of Psychology Research and Ethics Committee at the University of Waikato. Ethical guidelines for this research were consistent with the *Code of Ethics of the New Zealand Psychological Society Inc.*

Preventing harm

I tried at all times to prevent the women from harm and discomfort and took the following steps to do so:

- My research in no way involved any concealment of information or deception. I was open about my aims and reasons for doing the research, about my own experience as a young mother and how this had guided my research topic. I stressed to the women that the information gathered was their own and that they were free to access it at any time.
- I informed the women of their right to withdraw from the research at any stage, for any reason, without any consequence, before I had finished collecting all the information. The women were informed of this right in written form in the information sheet and were also informed verbally before the focus groups and interviews took place.
- The women were informed of their right to refuse to answer any or all questions for any reason. The women were informed of this right in written form in the information sheet as well as verbally before the interviews and focus groups took place.
- I considered that there was a possibility that the highly personal nature of the topics under discussion during the focus groups and interviews could raise some issues for the women that they may have wished to speak about further. Therefore, the names and phone numbers of two organisations that provided counselling services were given in the information sheets. I also communicated this verbally prior to the start of the focus groups and interviews.

On hierarchy and reflexivity

I attempted to reduce the power that I may have had over the women in the ways described earlier and by integrating reflexivity into the research process. This involved being open about my background as a young mother, making clear my reasons for doing the research – that I was interested in *their* stories – my hope that the research would prompt people to view young mothers differently, and my use of feminist qualitative methods. I further incorporated reflexivity into the research process by keeping a journal, in which I recorded my thoughts, reactions and ideas about the focus groups and interviews, my developing thesis and what I believed worked well, what did not and ideas for improvement.

Gaining the women's consent

Before commencing the focus groups and interviews, I gave the women an information sheet (they had also been provided with an information sheet prior to choosing to participate in the research), reiterated what the research was about, what I hoped to achieve and read aloud their rights as participants in my research (see pages 122-123 and 125-126 of Appendix Two). I asked them if they understood their rights, if they consented to me audio-taping our discussion and if they had any further questions regarding what I had talked about. After this, I asked the women to fill out a consent form (see Appendix Three), a copy of which I gave to the women and a copy of which I retained, and a voluntary profile sheet (see Appendix Four), of which there were slightly different versions for current and former young mothers. Prior to the interviews, verbal consent was obtained from the two women who were interviewed by telephone and Skype. These women later mailed me their completed consent forms and profile sheets.

Privacy and confidentiality

In order to protect the women's privacy and confidentiality, I assured them that no-one but myself would listen to or have access to the audiotapes. Prior to the focus groups and interviews, I assured the women that pseudonyms would be used

in the thesis write-up and in any future publications. The women were given the option to choose their own pseudonyms, which they all declined. I assured the women that audiotapes and transcripts would be kept secure and would be accessible by no-one other than myself and that information contained on computer was accessible by password only. While details of my research were discussed with my supervisors, I kept names and identifying details to myself. The women were told prior to the focus groups and interviews that, after completion of the research, I would return the audiotapes to them. I did not keep any copies of the audiotapes.

Checking accuracy

I endeavoured to represent the women's stories in a way that was respectful and accurate. To achieve this, transcripts of the focus groups and interviews were sent to the women, with an enclosed letter asking them to read over the transcripts, add or remove any information or make any other changes, then return the transcripts in a self-addressed envelope. Several women made very minor changes, while the rest were satisfied with the transcripts as they were. The women were asked to provide contact details so that I could send them a summary of the main findings from the research.

PART FOUR: ANALYSING THE WOMEN'S STORIES

Transcription

Almost all of the focus groups and interviews were transcribed⁹ in full however, irrelevant information was taken out of one of the focus groups to make analysing the transcript easier.

⁹ The codes for transcription were as follows: initials were used to indicate speakers and laughter was indicated in brackets []. I also used brackets [] to indicate where sections of the tape were inaudible. // was used to indicate where one woman interrupted another during the focus groups, *italics* were used to indicate where emphasis was placed on particular words and commas (,) were

I began the coding process with what Strauss and Corbin (1990) term open coding. This involved reading through the transcripts and noting my thoughts, reactions and possible links between the women's stories and the literature in the margins. After this initial reading, I also summarised what I saw as the main points emerging from the transcripts. I then re-read the transcripts, added to the main points and noted further links with the literature and similarities and differences between the women's stories. Through this process of analysis, main themes emerged from the transcripts.

Conclusion

In this chapter I have discussed issues within feminist qualitative research and provided a theoretical justification for using this approach. I have described how I found the women and have given a brief herstory of each of the women. I have outlined how I gathered the women's stories through focus groups and individual interviews and provided a rationale for my use of these methods. I have discussed how I endeavoured to ensure that this research would be ethical and have also described how I transcribed and analysed the women's stories. In the following chapter, I provide an analysis and discussion of the main themes to emerge from the focus groups and interviews.

used to indicate pauses. Given that discourse analysis was not used to analyse the stories, particulars of speech, such as "um", "ah" and stammers were not transcribed.

CHAPTER FOUR: FINDINGS

This chapter comprises five parts and presents an analysis and discussion of the main themes to emerge from the women's stories. In the first part of this chapter, I discuss young mothers' experiences of living outside the 'traditional' Pākehā family, which include experiencing judgment and stigma, isolation and surveillance. In the second part of this chapter, I discuss the range of strategies employed by the women to challenge, resist, reject and subvert judgment and stigma. The third part of this chapter explores some of the positive aspects of being a young mother and the fourth part provides a discussion of the challenges faced by the women as young mothers. The fifth and final part of this chapter focuses on young mothers' experiences of support services and provides some suggestions for improvements to services.

LIVING OUTSIDE THE NORM

This section focuses on what it means to live outside the dominant heterosexual family unit and discusses the women's experiences of judgment and stigma, their feelings of isolation, not 'fitting in', exclusion and being closely watched by other people.

Dominance of the nuclear family unit

The dominant family ideology in Pākehā culture, similar to that in many Western cultures, is centred on the 'traditional' family, which comprises a married heterosexual couple, who are middle-class, educated, financially secure and older (Johnston & Swanson, 2003; Wilson & Huntington, 2005).

The women in this study were aware that in having children early, before they had completed their education and become financially secure and married (except for

Karen who was married), they existed outside this dominant Pākehā family. This awareness was evident in Amanda and Jessie's comments on their parents' negative reactions to their pregnancies:

...What do they expect, do they expect you to be married and- (Amanda)

35 with a house and a career- (Jessie)

No sex before marriage. (Amanda)

Amanda and Jessie's parents expected them to be married, older, with a house and a career before they had children. However, by questioning their parents' reactions and expectations, Amanda and Jessie are also engaging in questioning this dominant idea of 'suitable' motherhood.

Pākehā culture has been strongly influenced by Judeo-Christian religious ideas (Black, 1997), one of which dictates that motherhood should not occur outside marriage. Amanda's last comment regarding the notion that a woman should remain a virgin until marriage indicates the cultural value afforded to this idea. Jane feels that older religious people are very judgmental of young mothers, because they have done the "wrong thing" in having pre-marital sex. Not surprisingly, both Jane and Natalie felt excluded from church as young mothers:

...I remember going, I used to go to church like, since I can remember until I left home, and then Mum, after I had Satre [daughter], I thought, ...Mum said "you better come to church, just to see how it feels", and I remember never wanting to go back again, cause of being frowned upon, I haven't been back since. (Jane)

I think actually church would be one place, not that I went to church, but being around churchy people, [I] have a bit of an attitude towards religion, in terms that it can be quite close minded, and judgmental and I think there was a time where my ex wanted to go to church, but we weren't married and I just didn't feel comfortable going in without a ring on my finger and, this is when our eldest was a baby, and, so I think I felt excluded, not that I really

wanted to be religious, but he wanted us to be religious and I didn't even feel like I could go along, because I just thought, "I'm gonna be hypocritical sitting here without a wedding band and sitting here with a baby", and they're all about the family. (Natalie)

Jane was negatively judged at church for having (obviously) violated the rule of abstaining from sex before marriage. Natalie was not judged as a *young* mother per se, but as an *unmarried* mother, perhaps if she had had "a ring" on her finger, her being a young mother may not have been seen as problematic. It is unclear if Natalie's partner also felt judged at church without "a ring" on his own finger, or whether he privileged from the notion that "illegitimacy is purely a female transgression" (Mulongo, 2006, p. 32).

Charlotte did not appear affected by religious ideals of marriage and motherhood, yet she was aware that she did not fit with the 'traditional' family in other ways, commenting that, if she could have her time over again:

...I would have gone to school, you know, I would've done life the right way, like people say its meant to be done, you know, you finish school and, you go and get a job...

Charlotte's belief that she should have "done life the right way", the way it is "meant to be done", highlights her awareness of the dominant ideology ruling that a woman should complete her education and gain employment *before* having children, that she should meet "the current governmental objectives of economic growth through higher education and increased female workforce participation" (Wilson & Huntington, 2005, p. 59). By not questioning the way life is "meant to be done", Charlotte appears to view the way she has "done life" - by having children before participating in paid work - as the 'wrong' way. She did not elaborate on whether the "right way" was so because it was morally or socially "right" or because of the material advantages that come from 'doing life' in this way.

Charlotte's comment highlights how paid work exists as a marker of status and value in Pākehā culture, while unpaid work, such as mothering, is not highly valued (Black, 1997). This cultural valuing of paid work is reflected in high Statistics New Zealand figures showing that 71 percent of Pākehā women with dependent children engaged in paid employment outside the home in 2001 (Statistics New Zealand, 2005b). It is also possible that the high number of mothers participating in paid employment is due to economic necessity, rather than cultural valuing alone.

However, women must also contend with the contradictory discourse that says 'good' mothers should care full-time for their children at home. Although not a statistical reality (as the above figures show), this idea remains dominant (Johnston & Swanson, 2003) within Pākehā culture. Six of the 12 women had been or were currently at home full-time with their children. Amanda, Natalie, Michaela and Karen (whose children are now older) were at home full-time with their children when they were little, and Charlotte and Jessie (who have young children) are currently at home full-time. As such, these women have lived or are living this central tenet of 'good' motherhood. However, the appropriateness of full-time motherhood is conditional on being economically supported by a male partner. Young single mothers, such as Amanda, Natalie, Michaela, Jessie and Charlotte, who are or were economically supported by the state are perceived as welfare 'bludgers' (Banks, 2005; Hunt, et al., 2005; Kidger, 2004; McDermott & Graham, 2005) and work avoiders (Wilson & Huntington, 2005). Jessie and Amanda were well aware of these stereotypes of the 'DPB mother', and recalled their experiences with anger:

And that attitude where you're sitting on the DPB to make your money off the government, I hate that...
(Jessie) ...

They think that we sit on our arse, on the benefit, and you don't get a lot of money... (Amanda)

Jessie and Amanda's comments indicate that their mothering (unpaid work) was neither valued nor viewed as work. Jessie and Amanda were angry that some

people perceived them to be “sitting” around (read: ‘lazing’ about), when in fact they were engaged in full-time work (Kirkman, et al., 2001); they were “women who are actually working in raising their children” (Banks, 2005, p. 82). This stereotyping of single mothers who receive welfare as lazy has also been noted by Bullock and colleagues (2001).

It is worth noting here that, while five of the six younger women (five of the total 12 women) were receiving benefits, all of the older women, except Anna, who is studying, were self-supporting, living off their own and/or their partner’s earnings. Karen and Michaela, who have the eldest children, were the only women in full-time paid employment. However, the other women’s children are still relatively young, and, given that women’s labour force participation increases with age (Statistics New Zealand, 2005b), it would be expected that these women will move into paid employment as their children get older. This finding supports Hanna (2001a) and SmithBattle’s (2000a) argument that young mothers usually receive welfare for relatively short time periods and are not automatically condemned to long-term welfare dependency.

Judgment and stigma

All of the women experienced judgment, discrimination and stigma. Being judged by other people has a profound effect on young women’s experience of pregnancy and motherhood, impacting their mothering identities, self-esteem and confidence (Kirkman, et al., 2001; Morehead & Soriano, 2005; Payne, 2005).

As discussed in Chapter Two, judgment and stigma are central to young women’s experience of motherhood and as such, the experience of judgment is a recurrent theme discussed throughout this chapter. Two main themes of judgment will be discussed in this section; being judged as inadequate mothers and having their mothering knowledge and expertise not recognised by others, due to their youth.

Inadequate mothers

Kelly, Violet, Anna, Karen and Jasmine talked about feeling that other people thought they were not capable of being 'good' mothers, an idea discussed widely within the media (Banks, 2007; Kelly, 1996) and the literature on young motherhood (Breheny & Stephens, 2007; Fergusson & Woodward, 1999; Hanna, 2001a; Macleod, 2003, 2001).

Kelly and Violet feel that other people view them as incompetent mothers and that motherhood would be easier if people did not view them as incapable of looking after their children. One of the biggest challenges of being a young mother 14 years ago for Anna was being treated as though she had had "no idea of what parenting entailed", and at times, 25 years ago, Karen believed what some people around her communicated; that she "was going to be a terrible mother".

Other people's perceptions of young women's mothering abilities often contrast with women's own perceptions. Dellman-Jenkins and colleagues (1993) and Kirkman and colleagues (2001) argue that many young women are confident in their mothering abilities, which was the case for Michaela, Jessie and Jasmine. Michaela discussed being confident in her mothering, Jessie talked about having "very staunch" ideas about how she wanted to parent and Jasmine views motherhood as coming "naturally", easier than she had expected. Jasmine's use of the 'natural' discourse, where mothering is instinctive and biological, is similar to that in the general motherhood literature and contrasts with the way she and other young mothers are portrayed in the early motherhood literature as lacking in parenting 'skills' (Macleod, 2001).

Jasmine feels that other people judge how she chooses to parent her son, disagree with her parenting and think that she is "too passive". That people view Jasmine's parenting style as "too passive" in contrast to the contention within the media and literature that young mothers show a "preference for physical punishment" (Hanna, 2001a, p. 457) of their children.

Knowledge and expertise not recognised

Four of the 12 women talked about not being listened to or taken seriously by others because they were young mothers. Natalie recalled her experience with anger:

...I felt I wasn't taken seriously, in situations, like going to the doctor... feeling like doctors wouldn't listen to me or, you know, that I didn't know best about my child, yeah it felt like other people thought they knew better because they were older, so I got a lot of comments from well-meaning older people, who thought because I was so young I didn't know anything and I needed everybody's advice. (Natalie)

Kelly knew that her son had a health issue, but when she told her midwife about it, she felt that she wasn't listened to because she was young. Kelly felt her midwife treated her as though "I didn't know what I was doing".

Amanda felt undermined as a mother at Plunket with her second daughter:

Yeah, they all think you're a young mum you're stupid ay... there were all these older women around me having their first baby... and I'd had my second one, and like when they'd say something, then I'd say "oh well I do blah blah blah and that seems to help", and they'd just look at me, as if to think "what the hell would *you* know?", you know, and that was the last time I went to Plunket...

Being a second-time mother meant that Amanda possessed knowledge and skills that she was happy to share, that could have helped the other women. However, having her expertise disregarded resulted in her decision to not return to Plunket. Anna also felt that her expertise as a mother was neither recognised nor valued by older women:

I'd go to Playcentre and, the other women would be over here at morning break time, where everybody had a cup of tea, and I'd be standing by myself, because they didn't think I had anything valid to

input into the conversation about the children, yet my daughter was the same age as theirs, my son was the same age as theirs, and I did have stuff that I could've talked to them about, about breastfeeding and stuff like that, several times I overheard conversations, where they were stuck in a rut and they didn't know what to do about breastfeeding or something like that, and I was like "oh I know, or I know somebody that can help with that", and I just couldn't say anything, because I knew they wouldn't listen to me, because "what would you know? You're just a kid"...

Like Amanda, Anna would have been happy to share her knowledge and skills to help the other women with challenges they were experiencing, yet did not, because she believed that she would not be taken seriously. Natalie, Amanda and Anna expressed frustration when recalling these experiences; experiences which likely also had a negative impact on their self-esteem and confidence.

Isolation

Three of the older women spoke of their experiences of social isolation when their children were little. Extreme social isolation and loneliness were central to Michaela's experience of motherhood with her first child during the 1980's, having been moved out of home by her father, expelled from school and losing touch with all of her friends prior to having her daughter. Michaela lived alone with her daughter in a bed-sit that was 40 minutes from town and had no transport. She views this isolation and loneliness as the most difficult aspect of motherhood. Anna also felt an enormous sense of isolation as a young mother, having lost touch with her friends and with little family support. Karen also described being isolated as a young mother in the early 1980's. Aside from her husband, Karen had little support and would have valued having a network of other young mothers to socialise with. Given the time period (the early 1980's), it is unlikely that support groups for young mothers were as common as they are now, if they existed at all.

By contrast, the four young women attending the Teen Parent Unit did not appear isolated. They talked about the Unit as being a place where they felt accepted, supported and comfortable as young mothers. The women have access to a wide range of services at the Unit, such as Family Start, which may also help to provide support and combat isolation. Helen, who has recently left the Unit, does not appear to be isolated, although she mentioned that she found it difficult meeting new people because of their reactions when they found out she was a mother, which hints that she may be slightly isolated. That the young women feel supported and included at the Teen Parent Unit speaks to its value, backing de Jonge (2001) and Kidger's (2004) contention about the importance of support networks for young mothers.

"I don't fit in"

Five of the 12 women talked about isolation in terms of feelings of exclusion and a sense of not 'fitting in'. Morehead and Soriano (2005) have noted that young mothers often experience feelings of being excluded by, and not 'fitting in' with, older mothers in child-focused settings, which was also the case for Michaela, Charlotte, Amanda, Karen, Anna and Natalie:

I was excluded from the normal things that mothers got to do which was go to Playcentre or go to mothers groups, nobody invited me into those things and I was too young to insist... (Michaela)

It is likely that Michaela's experience of feeling excluded from "normal" motherhood activities was just that, a feeling, rather than an actual experience of being actively prevented by any person or people. That Michaela was "too young to insist" (that is, to attend these groups without being "invited" by other mothers) that she was included in "normal" motherhood activities indicates that a lack of confidence may also have affected her feelings of exclusion.

Charlotte said that:

...Daycare was a place where I was feeling excluded, cause they all knew I was a single mum,

and then I turned up there and I was pregnant with my third, and it's like, you know, it looks really terrible, and I don't want to be looked at...

Charlotte's third pregnancy "looks really terrible" because people at daycare are aware she is "a single mum". She has 'dared' to get pregnant outside a heterosexual partnership. In stating that her pregnancy "looks really terrible", Charlotte accepts the representation of families headed by single mothers as non-normative (Banks, 2005) and does not claim her right to have children as a single woman, seemingly in agreement that her pregnancy actually *is* "terrible".

Amanda felt that she did not 'fit in' at her daughter's kindergarten, as did Karen and Anna at Playcentre. Natalie loved taking her sons to Playcentre, but also felt that she didn't 'fit in':

...I didn't have a white picket fence and a dog in the back yard...

It is unsurprising that Natalie felt out of place, as Playcentre is a Pākehā cultural institution (as discussed in Chapter Two) that is based on the 'white picket fence' family. Playcentre is centred on two-parent heterosexual families, with wage-earning fathers and at-home mothers (Johnston & Swanson, 2003), who are able to take their children to Playcentre during the day. While Natalie had the requisite two children, she lacked the husband, home and financial security (and dog) that other women at Playcentre appeared to have. Upon reflection, Natalie added that she is unsure how much her own lack of confidence impacted on her feelings of not 'fitting in'.

Jessie's experience of Playcentre differed from Karen, Anna and Natalie's, as she took her son to a Playcentre with a high proportion of single mothers:

...There was a whole stack of us and we organised all the weekends so all the dads had the kids the same weekend... we were all real close...it was really positive for me.

It seems that Jessie's 'young mother' status was unimportant to the other women, perhaps because they too had experienced judgment for being outside the 'norm' as single mothers (Johnston & Swanson, 2003) and were loathe to subject Jessie to discrimination. Kelly takes her son to a crèche that was set up for the children of young parents to support them to attend school. Kelly feels comfortable at this crèche, but believes that she would feel excluded, like Charlotte, if she took her son to another crèche.

Michaela, Charlotte and Natalie's experiences of feeling excluded or as though they did not 'fit in' at child-focused places, and Jessie and Kelly's positive experiences, highlight how socialising with other women in similar situations can provide support networks that can make being a young mother easier. This finding supports the argument that mothers' groups, playgroups and childcare centres should be provided specifically for young mothers (de Jonge, 2001; Kidger, 2004).

Surveillance

Six of the 12 women experienced the sensation of being watched by other people as young mothers. Young mothers' feelings of being under surveillance at support agencies and in public, has also been noted by other authors (de Jonge, 2001; Hanna, 2001a, 2001b; Payne, 2005). Jessie spoke about her feelings of being watched:

I felt that I was being watched heaps more than, maybe even more than I was... I think when you're 18, it's so much worse, the thing is now I can go "I don't care"... but then, you feel like everyone knows your insides, rather than just what you look like on the outside, that's how I felt anyway.

Reflecting upon her experience, Jessie believes that she may have been hyper-aware of being watched by people, indicating that her feelings of surveillance could have been impacted by her lack of confidence. Natalie also hinted that a

lack of confidence meant she was hyper-aware of being watched as a young mother, but, with age, she has learned that:

...While I might think everyone's turning round looking at me, a lot of people are actually too busy worrying about their own stuff anyway, I don't actually stick in their mind as much as they might stick in mine...

Michaela recalls that, as a 15-year-old mother in the 1980's, people stared at her everywhere she went. Jasmine commented that people "look twice" at her and Helen talked about a woman who was "giving me looks". This finding that young pregnant and mothering women experience being stared at and given "looks" in public is similar to that of Payne (2005), who argues that this surveillance impacts how young women experience their pregnancy and mothering.

In the 1990's, when Anna's daughter was young, she was "constantly" visited by CYF¹⁰ workers, who stated that "apparently you went out on the weekend". Anna's comment indicates that she felt not only was she being watched by her community (who would call CYF to tell them Anna had been out), but also that she was under constant surveillance from CYF. Anna's comment also speaks to the differences in behaviour expected of younger and older mothers; as one could safely assume that older mothers are able to go out socially on the weekends without recrimination (Cate Curtis, personal communication, 18 January 2008).

In contrast to her earlier comment about being stared at wherever she went, Michaela also felt that she was ignored by the people in her community. Similarly, Anna's comment about being 'left out' or ignored at Playcentre was also in contrast to her feelings of being watched. Therefore, Michaela and Anna's comments suggest that young mothers may experience extremes of scrutiny: being watched *and* ignored or excluded.

¹⁰ CYF is an acronym for Child, Youth and Family. CYF is a service of the MSD which is responsible for the protection of young people. CYF has the legal power to intervene to protect children who are being abused or neglected by their caregivers (Child, Youth and Family, n.d.).

A STORY OF RESISTANCE

While all the women were affected by judgment and stigma, they did not passively accept it. This section focuses on the strengths that young mothers possess and discusses the variety of strategies they use to challenge, resist, reject and subvert judgment and stigma. Resistance strategies discussed include claiming a voice, avoiding people and places, direct confrontation, claiming a right to education, distinguishing between selves and others, resisting exclusion, resisting shame and active parenting in public.

Claiming a voice

The act of taking part in this research can be framed as an attempt by young mothers to challenge, resist and subvert dominant negative discourses of early motherhood, by claiming their right to have a voice and tell their stories. This is echoed by Molongo (2006, p. 41), who states of the young women in her own research; “the act of telling their stories was in itself an act of resistance to their representation as inadequate mothers; proving to the world that they were worthy and capable mothers.” Natalie and Amanda told me that they appreciated what I was trying to achieve with this research and Helen said that she participated in my research in order to tell the “real” story of young motherhood, one that differed from stereotypical narratives. My intention for this research was to amplify the oft-silenced voices of young mothers, and I was delighted to have it recognised as such by the women.

Avoiding people and places

Avoidance was a resistance strategy used by three of the 12 women (Jane, Jessie and Natalie). Jane’s earlier comment touched on how her experience of feeling excluded at church meant that she did not return. While Jane’s refusal to return to church does little to challenge the church’s negative view of early (unmarried) motherhood, it can also be framed as resistance, for, by avoiding church, Jane is resisting a situation that constructs her as immoral (Mulongo, 2006).

Jessie used avoidance in response to her experience of being ignored by a saleswoman at a children's clothes shop when with her son, which Jessie felt was because she was a young mother. Jessie never returned to the shop, challenging this woman's treatment of her by using her consumer power to boycott the business.

Molongo (2006) found that some young mothers deal with stigma by avoiding certain places where they will be judged. Similarly, Natalie used avoidance as a strategy to resist judgment in public places:

...I didn't like going places where my children might behave in a way that everyone would do that whole "ahhh" [judging looks] thing at me, I just couldn't be bothered with it, I chose to go places I felt accepted and I felt comfortable.

At first reading, Natalie's statement indicates that, in avoiding situations where she would be judged, she became excluded. However, this statement can also be framed as resistance, where Natalie rejected situations, people and places, *choosing* to accept only those situations, people and places that were accepting of *her*, such as her friends.

Direct confrontation

Kelly and Charlotte used direct confrontation as a strategy to resist judgment in public places:

...When I was pregnant, I remember this old couple looking at me and pointing, and so I just sat there and waved, you know, and then there was this lady that when I was in the supermarket and my girlfriend was holding Jade [son] while I was doing the shopping and stuff, and this lady was looking at Grace [girlfriend] holding Jade with this really disgusted look. And so I said, out loud, I said "it's quite funny, she should get her facts straight, considering Jade's mine not yours, you should be

giving me the dirty looks”. But that’s okay cause, at least I’m not shamed to be like “hey I know what you’re doing and I don’t care”, but it still makes you uncomfortable. (Kelly)

In the first part of Kelly’s comment, she refuses to accept being stared and pointed at and uses waving as a peaceful and even humorous way of communicating to this couple that she is aware of what they are doing and that she is not ashamed to be pregnant. In the second part of Kelly’s statement, by stating that the child held by her friend is in fact *her* son, Kelly refuses to be ashamed to be a young mother. However, while direct confrontation is an effective strategy Kelly uses to resist other people’s judgment of her, she is still negatively affected by it.

Charlotte uses a more forceful method of direct confrontation to challenge people who stare at her in public places:

...When I go into a shop with two kids and I’m pregnant and people stare at me, I quite often turn around and ask them what the fuck they’re looking at, cause, you know, that’s just people judging...

While this method of resistance works for Charlotte, indeed, it may be the only strategy she sees as available to her, it could also have the unintentional negative effect of reinforcing the idea of young mothers as those who behave in anti-social ways, such as swearing at people in public.

The use of direct confrontation is an effective method of resisting judgment in public places, however, it is dependent on young women having the confidence to confront people. A lack of confidence can be an issue for some young mothers (Morehead & Soriano, 2005), as it was for Natalie, Anna, Karen and Jessie, and as such, direct confrontation may not have been a method easily available to them.

Claiming a right to education

Anna lived in a small farming community and was still attending school when she got pregnant at 16. Although Anna was pregnant in the early 1990’s, the way her

school community reacted was reminiscent of 19th and early 20th century treatment of young mothers:

...They didn't want me in the school, they said that I was a bad influence on the other girls that were going to the school and they did not want me there... they even took out a petition to have me removed from the school, and they had a big Board of Trustees meeting.

However, unlike other pregnant young women, who would disappear from her school and later be seen pushing a child in a pram, Anna, with the help of her father and school principal, refused to be denied her right to education:

...The school at that time, had a house on the grounds, which they generally rented to teachers, and what they did is they actually, did up the house, so that it could be an alternative learning environment... I was the first pregnant girl to ever stay at ***** High School and go through my School Cert and achieve my School Cert.

Anna's experience of claiming her right to education resulted in a belief that she had a right to be wherever she chose to be, a belief she has carried with her throughout her life.

Distinguishing between selves and others

McDermott and Graham (2005) and Molongo (2006) have found that some young mothers resist negative stereotypes by making a distinction between themselves as 'good' mothers and other young mothers as fitting negative stereotypes. Amanda also used this resistance strategy when differentiating between the way she used to wrap her daughter up against the cold and another mother who did not:

I remember waiting at the money machine one day... and there was this lady there and she was holding her baby, probably about four weeks older than Kate [daughter], and this baby had a stretch and grow with no feet in it, nothing on its feet,

nothing on its hands, no blanket, no hat, just a stretch and grow, and I'm thinking "you stupid bitch, your baby's gonna *freeze*"... when you see people like that, it gives us a bad name, the single young mothers, and they might look at those ladies and think "look at her, single white trash" and then look at us and we're just moseying along minding our own business, with our babies wrapped up and go "oh look, there's *another* one"...

Amanda agrees that some women fit the stereotype of young mothers who do not provide adequately for their children (in this case, by failing to dress their babies properly). In this example, Amanda distances herself from this stereotype, resisting it by representing herself as a 'good' mother for dressing her baby warmly, while the other woman is a 'bad' mother for not dressing her baby adequately.

Resisting exclusion

Charlotte, Violet, Kelly and Anna refused to accept being excluded from places or situations by claiming their right to be out in public, wherever they wanted to go, with their children:

...I push my way in anyway... I make myself known...make people know I'm there... I always have so, yeah I just carry on, yeah I do. (Charlotte)

In making herself 'known', Charlotte is actively challenging those who would exclude or ignore her. Similarly, Violet and Kelly agreed that, even though they find it difficult being stared at in public places when out with their children, they refuse to be excluded and go out anyway.

As a young mother, Anna found that she was consistently not invited to Tupperware or Avon parties by the women in her small farming community. Anna made the decision that the best way to be included by the women in her community was to become the local 'Avon lady', so the women would have no

choice but to include her. Becoming the ‘Avon lady’ is a remarkable feat for a 16-year-old woman, a feat which must have taken enormous courage.

Resisting shame

Kelly’s earlier comment outlines how she refused to be ashamed to be both pregnant and a young mother. Michaela also refused to be ashamed of her pregnancy, as was expected by the people in the small middle-class community where she had lived her whole life:

...It was still the era that, you were supposed to be ashamed of yourself and then you were supposed to have either an abortion or adopt the baby out... I told my PE teacher I was pregnant and then the PE teacher sent me to the counsellor and then the counsellor eventually sent me to the principal, and I think they expected me to be ashamed of myself, and I was actually quite pleased with myself, I was having a baby, I was looking forward to having a baby, it’s what I wanted, and, I think they expected that I should be a little bit more ashamed, that I should be sorry that I’d done it...

However, Michaela believes that her refusal to see her pregnancy as shameful came at a cost; which was having the people in her community withhold support and ignore her. The mere fact that she was pregnant as a 15-year-old may also have impacted her community’s refusal to support Michaela.

Active parenting in public

Like the other women, Jessie found being in public places, such as shops, difficult, and felt she was being closely watched, especially when her son had a tantrum. However, she challenged this surveillance by refusing to let it affect her parenting, dealing with the situation the way she would at home.

This section has shown how young women refuse to be the passive recipients of other people’s judgment, by using a range of creative resistance and subversion

strategies. Discussing the ways that young mothers traverse and transcend negative stereotypes ruptures their frequent depiction as passive victims (Kelly, 1997) and firmly situates them as young women with agency. These stories are testament to young mothers' strength; stories which need to feature more prominently within discussions of early motherhood.

POSITIVE ASPECTS

This section discusses some of the positive aspects of early motherhood, as outlined by the women. Positive aspects of early motherhood identified by the women include the transformative nature of motherhood, changed relationships, flexibility in parenting, the ability to 'keep up' with children and early freedom.

The transformative nature of motherhood

Motherhood is a transformative event in young women's lives, and many take this opportunity to turn their lives around. Pregnancy and motherhood can motivate young women to cease harmful behaviours, such as drug and alcohol use (Arai, 2003; Hunt, et al., 2005; Payne, 2005; Quinlivan & Evans, 2002; Rains, et al., 1998; SmithBattle, 2000b), which was the case for Michaela:

...It [motherhood] saved my life in a way, it pulled me up sharply and made me think about what I was doing and about, my responsibilities to others and, like I was doing a lot of drinking and starting to get into drugs and I was miserable, and it gave me a purpose, it gave me a sense of purpose, it gave me an idea of who I wanted to be because I didn't know who I was, and now suddenly I was gonna be this mother person and that was something very clearly a role that I could be, so it gave me a sense of who I was, and I adored my daughter, from the moment she was born, she was just the most beautiful thing in the world and I just, loved her, she was a very hard baby, she just never slept, she was premature as well, so she never really slept very much and ate

an awful lot and it was hard work but, I just loved her.

Finding out she was pregnant forced Jasmine to confront her drug addiction that could have ended in her premature death. Both Jasmine and her family see that her son saved her life. Jasmine had been living a life of alcohol and drug abuse before becoming pregnant at 14, and had been admitted to hospital for not eating or drinking for days as a result of drug use. While she was enrolled in school, Jasmine's addiction meant that she could not keep normal school hours, which eventually resulted in her expulsion. Jasmine's relationship with her mother and stepfather was tumultuous, as she was abusive towards them, and in Jasmine's own words, she was "off the rails". Jasmine told her family that she was pregnant very soon after she found out, and, while her mother was initially upset, she quickly saw the pregnancy as a way of saving Jasmine's life. None of Jasmine's friends agreed with her having a baby, telling her to terminate the pregnancy, and many turned their backs on her. Early on in her pregnancy, Jasmine went away for approximately a month and a half to detoxify from drugs, by the end of which time she had "come back to reality". Jasmine's son was born when she was 15, and since then, Jasmine has returned to school and her relationship with her family has improved markedly. It is difficult to see that Jasmine's becoming a mother is anything but positive.

Pregnancy also signalled a change in Violet's life, prompting her to make choices to lead a healthier life:

...I just decided myself that I didn't want to be around people that were, well, drinking and doing drugs and things like that, and, it's not good for me or him [son], so I chose to stop being friends with them.

Kelly agreed with Violet (during the focus group), saying that having her son had also motivated her to cease drug use and return to school in the quest for a "better" life. Jane believes that she would not have returned to school and may even have been in prison if she had not had her daughter.

Helen, Violet and Anna, who were already attending school when they became pregnant, continued with their education. To what extent impending motherhood featured in their decision to continue schooling was unclear. Motherhood prompted Jasmine, Jane and Kelly to return to school, which fits with literature suggesting that pregnancy and impending motherhood can motivate some young women to return to or persist with education (Collins, n.d., Kelly, 1997; Schultz, 2001; Spear, 2001). Natalie and Anna are currently undertaking tertiary education, while Michaela has already completed tertiary education. Jane and Kelly have completed some tertiary education alongside their secondary education. This finding lends support to Seamark and Lings' (2004) contention that it may be more useful to examine young mothers' educational status later in life, rather than at the time of pregnancy.

Helen was a self-confessed 'drifter' before she had her daughter, seeing her as a "huge motivation" in her life and Jessie believes that motherhood has positively changed the person she is. Natalie, Amanda, Anna and Charlotte did not describe their children as motivating factors in their lives. However, Charlotte stated of her relationship with her parents:

...I could say I get on better with them because, I've had kids you know, and they know where I am and that I'm safe, cause I have to be safe for my kids...

In this way, becoming a mother has motivated Charlotte to live a safer life.

Changed relationships

Five of the 12 women said that their relationships with their families had improved after having their children. Jane did not have a good relationship with her family, but since having her daughter, her relationship with her parents and brother has improved markedly, a relationship Jane now describes as "close". Violet's turbulent relationship with her parents and siblings has improved hugely, even in the short time (seven weeks) she has been a mother and her family "absolutely adore him [son]". Kirkman and colleagues (2001, p. 287) state that

young women's babies can be "a source of pride and pleasure to the extended family as well as a means of bringing the family closer together", which appears to be the case in Violet's situation.

Kelly's relationship with her family has also changed for the better, and she feels that they respect her more now that she is a mother and has changed her lifestyle. Helen's relationship with her family was "pretty good" before she had her daughter, but she views her relationship with them as better, more "open and honest" than it was. As was already mentioned, Jasmine's relationship with her family improved hugely after the birth of her son, while Charlotte's family relationship has improved marginally.

Motherhood does not lead to improved family relationships for all young mothers (SmithBattle, 2000b). Michaela had been through a huge upheaval when her mother sent her to live with her father when she was ten years old, and she has not had much of a relationship with her mother since then. Michaela's relationship with her father did not improve after she had her daughter, and she does not see her father very often now either. Having her son did not improve Jessie's relationship with her father; as stated earlier, he has not spoken to her since. Amanda and Natalie's family relationships did not change after their children were born and Anna's relationship with her father worsened; she "was basically cut loose". Karen spoke of a 'changed' family relationship after her daughter was born, in the sense that she felt stronger about the choice she had made to get married and become a mother.

For five women, motherhood meant improved family relationships, while six women experienced no change, and for one woman, motherhood signalled a worsening of family relationships. Overall, therefore, it can be said that, for the women in this study, early motherhood meant that family relationships were generally better or remained unchanged.

Flexibility in parenting

Reflecting back upon their experiences, the older women considered that, as young mothers, they had had more flexible parenting styles than older mothers, which they viewed as positive. Casting her mind back to how it was for her and other young mothers when her first daughter was little, Karen recalls that:

...We [Karen and other young mothers] were very open, we weren't really fixed in our ideas, we knew that we really wanted our babies but we were really into the idea of that being a really good time, it wasn't like a job, you didn't look at it like it, you know how you get some older mums who, sort of study billions of books before they have babies and have very set views about, how they're gonna bring up these children according to whatever psychologist they've attached to, and their opinions, well we were open, you know, so we looked at all different things and whatever seemed to work on the day was what we did, we didn't have really formed opinions, or I didn't.

Anna also views her flexibility as a young mother as a positive aspect of her experience:

...Being young, I wasn't set in my ways about parenting or anything like that, so I was open to new attitudes, and perspectives on parenting and looking at new ways of parenting and new initiatives that were coming out...

Amanda believes that older mothers are “more text book” in their approach to parenting, that “they want to do everything by the book”. Michaela also believes that young mothers are flexible in their parenting and have “instinctive” parenting styles. This finding is supported by Abel and colleagues (2001), who also found that younger mothers were more instinctive in their child-rearing than older mothers. It was not possible to find this discussed elsewhere in the literature.

This Pākehā cultural idea of “text book” motherhood drawn on by the women emerged from the early 20th century “‘scientific’ system of infant management”

(Kedgley, 1996, p. 46) created by Truby King and his Plunket Society, and today is reflected in Pākehā child-rearing norms that involve heavy reliance upon professional advice (Abel, et al., 2001). Karen, Anna, Amanda and Michaela's comments indicate that younger mothers may be advantaged by having more freedom than older mothers from the pressures of 'shoulds' and 'should nots' of motherhood in Pākehā culture.

None of the younger women mentioned flexibility in parenting as an advantage of early motherhood. This may be because the older women have had time to reflect upon their experiences of motherhood, while the younger women have not yet.

Ability to 'keep up' with children

Four of the 12 women remarked that they saw their high energy levels as a positive aspect of early motherhood, allowing them the energy to 'keep up' with their children, a theme also found by Payne (2005). Jane sees her youth and energy as a "major positive" of early motherhood:

...You're able to experience life with them, you're still young and you can still run around with them, you don't really feel like, "oh I can't do that", like, I can jump on the tramp with my daughter and not have to worry about breaking a bone or something...

Helen and Kelly also stated that being able to 'keep up' with their children is a positive aspect of being a young mother. However, Kelly also believes that older mothers are advantaged by having more life experience, which she considers valuable in raising children. Natalie and Kelly both commented that some older mothers had expressed envy of their youth, saying that they wished they had had their own children younger.

Early freedom

Kirkman and colleagues (2001) found that young mothers viewed early motherhood as also meaning earlier future freedom from the duties of motherhood. Three of the 12 women in the present study mentioned this as an advantage of early motherhood. Natalie and Amanda expressed happiness that they will still be young enough when their children grow up and leave home to socialise, travel overseas and have careers. Michaela is very close to realising what early freedom means:

...In five years time, my son is going to be 20 and my daughter will be 23, and so I'm looking forward to that time with excitement, because I'm going to be still in my 30's, but free, free of my children, for the first time in my life, and I can't remember a time as an adult that I haven't been a mother, it just fills me with excitement, the idea that I can travel and really get my career started...

At a time when many other women of her age group will be either having children or will have young children, Michaela will have a long working life ahead of her, uninterrupted by pregnancy and childrearing. Getting her "career started" also means that Michaela will have the income to support overseas travel, a pipe-dream for many women with young children.

CHALLENGES

This section discusses some of the challenges that young mothers face. Major challenges identified by the women include changing plans and dreams, money, not having enough energy, having too little support, judgment and stigma and dealing with difficult ex-partners.

Changing plans and dreams

Having a child earlier than expected can mean that young women must change the plans and aspirations they had for their lives (Seamark & Lings, 2004), which was the case for Charlotte:

...I didn't want to have kids until I was at least 25, you know, I actually wanted to get, a qualification, I didn't want to be like both my parents, and, just be drug addicts, or, alcoholics, or, I wanted to do something, but, I can do that in five years, you know, I can still do that, and, maybe my life will be better because of it, I don't know...

Charlotte wants a better life for herself than that of her parents, but becoming a mother before she expected means she needs to put plans, such as getting a qualification, on hold, which must be challenging to come to terms with. However, Charlotte has not discounted the idea of getting a qualification and she is considering entering training when her children are older, like the women in Seamark and Lings' (2004) study. Charlotte's comment regarding how her life may be better for having her children suggests that she remains hopeful, even in the face of these challenges.

Becoming a mother earlier than anticipated has also meant changing plans for Helen:

...I think another sort of big thing for me was that I've wanted to travel, I've always wanted to travel. And, sort of now, I mean, you know everyone's like "you can still do all that, you know, it just means you have to do it a bit later", which is cool but, you sort of still sometimes think about it... So that was kind of hard getting used to the fact that I wouldn't be able to do some things...

Jessie feels that having children early means that her biggest goal of buying a house is delayed, although she remains positive that she will still achieve her goal. Becoming a mother earlier than anticipated also meant that Jessie needed to adjust

her plans for a career as a heavy machine operator, as it is not child-friendly. Jessie is currently looking at career options that are conducive to her mothering.

While Charlotte, Helen and Jessie are adapting to new plans, Natalie feels that, from talking with older mothers when she was younger, it is easier for younger women to change their plans than it is for older women, which also speaks to the flexibility that many young mothers possess:

[It was] Easier to change my lifestyle, from what I can gather, being 40 and having, you know if that was gonna be my first child at 40, then I would've had 25 years of doing whatever I wanted to do, whereas when I was 18, you know, 17, it was just like "oh well", you know, a change... I hadn't even started my own life yet, so there was nothing to give up, for me, really, it was all gaining, from my perspective... Like, if you wait till you're that age, I think, and then, say you're used to having, you're married, you're used to having two incomes, you're paying a mortgage, and then what happens? You have a baby and then you can't afford to stay home and so you have to go back to work, and just all these other things come into it... I didn't *know* what it was like to have or not have money, because I hadn't started yet...

While Natalie was undertaking nursing training when she got pregnant, she did not have hard-and-fast plans for her future before children, unlike Charlotte, Helen and Jessie, and thus, this may have impacted the ease with which Natalie adjusted to motherhood. Attending university was a goal Anna always aspired to, an aspiration she delayed in order to provide financially for her children, but never gave up on. Anna is now realising this goal and is currently studying towards a Bachelor's degree. Amanda, Michaela, Jasmine, Jane, Kelly and Violet did not talk about needing to change their plans due to motherhood, and for Karen, becoming a mother and having a family of her own was one of her main goals.

For Charlotte, Helen and Jessie, early motherhood has meant delaying or adjusting long-held plans and goals, which must be a difficult task. However, they are doing this with a flexibility and resilience that is admirable.

Money

Financial hardship

Financial hardship was a key concern for the younger women in particular, who were on benefits, either the DPB or Family Assistance. While not on a benefit, Charlotte and her partner live on a very low income and financial hardship is central to her experience of motherhood:

Everything's a challenge, buying a vehicle, you know, paying off your bills, being able to survive, you know, purchasing nappies and you know, milk formula and being able to pay the rent and, you know, power bills and, all that sort of thing, it's like, you know, you don't earn enough money, like especially when you're single, like you know, you break up with your partner, you do *not* have enough money to survive on the DPB to pay for everything that you need for kids, let alone yourself...

That “everything's a challenge” indicates the enormity of struggling to make ends meet with insufficient money; that it impinges on every aspect of Charlotte's life. Having so little money also means that Charlotte cannot pay a babysitter so that she can go out socially, and thus, Charlotte's financial situation limits her ability to have time out from her children and socialise with other people.

Reflecting back on when their children were little, Amanda and Natalie recalled how difficult it was to survive on the DPB. This is unsurprising, for as Todd (2007, p. 8) points out that, because the DPB is set below poverty level, “a family whose only income is a welfare benefit **will** live in poverty”. Reflecting on their experiences, Amanda remembered that she could not get new clothes or have the phone connected and Natalie recalled her humiliation when she asked Work and Income for help with food:

...I was just so embarrassed, I was so embarrassed to go there and go “I am such a failure as a mother, that I can't even feed my kids and I need your help”... and he [Work and Income worker] really treated me like shit for needing to go...

Given Todd's (2007) earlier statement that the DPB is set below poverty level, that Natalie experienced food poverty is understandable, yet she felt punished by the man at Work and Income for 'failing' to make ends meet. Natalie experienced first-hand the unequal power relations that exist between DPB claimants and Work and Income case managers (Banks, 2005). Michaela also experienced financial hardship when her daughter was a baby, which meant that she lived in sub-standard housing, which was "bloody miserable".

Penalties for paid work

Collins (n.d.) and Rains and colleagues (1998) argue that welfare policies can result in young women being financially penalised for participating in paid work, as childcare costs, deductions from benefits and other work-related costs can result in women working at a loss. Helen stated that:

...I tried working for a while, just to get a bit of extra cash, and it was just too difficult, because I couldn't get a babysitter each week and I was only on about, I was getting paid ten dollars, oh no, 12 dollars an hour. You know, and to pay a babysitter is like, five to, I don't know, ten bucks an hour anyways...

While Helen wanted to work, the cost of childcare being such a large proportion of her earnings, not to mention the added costs of transport to work and the stress of finding childcare, meant that participating in paid employment was not conducive to her mothering. Kelly also talked about the stress of trying to find paid work that would fit in with her family and school commitments:

...I could earn, what is it, 60 dollars after tax...it works out to be about 60 dollars extra you can have, while still on the DPB, which they won't take out of your benefit, but I can't get a job that's just gonna give me small hours and where am I gonna put my son...

Helen and Kelly's decision not to participate in paid work echoes the young mothers in Collins (n.d.) and Rains and colleagues' (1998) studies, who decided that it was more responsible to receive welfare than to work at unreliable and poorly paid jobs. Receiving welfare means that young women have regular and dependable incomes and do not have to contend with unreliable childcare arrangements and transport issues.

Making ends meet

There have been calls to increase welfare payments above poverty level to take single mothers and their children out of poverty (Todd, 2007), to support women with young children while they engage in unpaid work (additional to their mothering) such as study, that will enable them to obtain well-paying sustainable employment in the future (de Jonge, 2001). De Jonge (2001) found that young mothers believed that increasing welfare benefits by around £15 per week (approximately NZD \$45) would make a big difference in enabling them to make ends meet. Inspired by de Jonge (2001), I asked the young women how much extra money from the DPB or Family Assistance each week would make a difference in their lives. Similarly, the young women required very small amounts to get by, which "demonstrates that these women did not expect to live a luxurious life on benefits, but would just like to be able to make ends meet" (de Jonge, 2001, p. 54). Helen said:

...What I'd really like to do is after all the bills have gone out, and, you know, food's been paid for and everything, is have a little bit extra to put away and save it, you know, say ten bucks a week. And then, I don't know, ten bucks a week for her [daughter] to put into a savings account for her, and, because of how little you get, you don't get to do that... maybe just that little bit extra, 20, 30 bucks a week.

Kelly considers that an extra \$60 each week would enable her to make ends meet and have some "back-up" money for emergencies. She talked about how that at the end of the week after paying her bills, she is left with \$10, and some days, wonders what she will feed her son. When unexpected costs arise, such as needing

to visit the doctor, Kelly pays with money reserved for her own food, which means her diet is frequently insufficient. While Violet is living with her family, she will soon be paying her entire weekly Family Assistance payment of \$80 to her family for rent. She considers that an extra \$50 per week would enable her to provide for her son. As already stated, while she was not receiving a benefit at the time of interview, Charlotte and her family are living on a very low income. Charlotte believes that an extra \$100 each week would enable her to make ends meet, to buy nappies or clothes for her children. Charlotte does not receive any financial support from her family, whereas the other women all receive some level of support. It is thought that this may explain the difference in amounts of money required by Charlotte and the other women.

As the above statements illustrate, the women's experiences of poverty impact on all aspects of their lives and their struggles to make ends meet refutes the notion of the "DPB as a 'lifestyle'" (Banks, 2005, p. 44), for who would choose a 'lifestyle' of poverty?

Not enough energy

In contrast to Jane's earlier comment that young mothers' high energy levels are advantageous, she is also constantly physically and emotionally tired and does not have enough time for herself. Jane's experience of exhaustion is fairly consistent with that reported for many mothers (with young children) of all ages within Western cultures (Unger, 2001). Jasmine also finds her lack of energy a major challenge:

...It's just being tired all the time, and not really having, the energy to be able to play with him [son] all the time and, to do things that, needs to be done, I don't always have the energy...

Jasmine attends school five days a week and is a single mother. Jasmine finds it "quite hard to interact" with her son, which she feels is because she returned to school so soon after having her son, and because her son is in crèche all day. Jasmine believes that if she had delayed her return to school, and was able to have

spent more time with her son during the day, she may have ‘bonded’ more with him.

Jasmine’s comment raises an important point in relation to Teen Parent Units. Policies differ between Units, but in Hamilton, young women are ‘encouraged’ to return to school part-time after four weeks and are required to return after six weeks. Young women are ‘encouraged’ to have their babies in class with them (if they are ‘settled’) for around ten to 12 weeks, but if their babies are ‘unsettled’ they ‘need’ to be put into crèche (Sue Ford, personal communication, 26 November 2007). As Jasmine remarked, being required to return to school so quickly after giving birth may negatively impact mother-baby bonding and may also increase stress for the young mother. Increased stress can potentially impact breast milk production and breastfeeding (Renfrew, Fisher & Conroy, 1990), and further, having a young baby in crèche will disallow demand breastfeeding. This policy may need to be reviewed to make more provision for young women to spend time with their babies.

Unlike Jane, Jasmine, Kelly, Helen and Violet, who are well supported by family, friends and the Teen Parent Unit, Charlotte is largely unsupported in parenting by her partner, family and friends. Her mother, who lives more than an hour away, requires that Charlotte transport the children to and from her house and also pays her for childcare, which “doesn’t really work out being worth it”. Charlotte’s partner’s parents do not observe her rules, which confuses the children, making it harder for Charlotte to deal with them when they come home. Even if she could afford to pay a babysitter, Charlotte and her sister’s experience of being abused by babysitters as youngsters mean that she is unable to trust babysitters with her own children. As Charlotte said, “it’s just me, myself and I”.

While Karen was supported by her husband, she found the lack of other support challenging, and was unaware whether there were any support services available when she had her daughter 25 years ago. Michaela was also unsupported as a young mother, and feels that support from older people for her “as a person rather than as a mother” would have made her experience easier, as she was confident in

her mothering, but needed emotional support. This supports Shanok and Miller's (2007) argument that older people can play an important role in supporting and guiding young mothers.

Judgment and stigma

As discussed throughout this chapter, experiencing judgment and stigma is a reality in young mothers' lives, and as Collins (n.d., p. 16) states, "stigma does not prevent young women becoming mothers. Rather, it diminishes those who are". All of the women in this study believed that people's judgment made the already challenging job of motherhood more difficult. As Jane stated,

It [judgment] makes it more stressful as a young parent... it makes the challenges a little harder...

Dealing with difficult ex-partners

Jasmine has separated from her ex-partner, and while she is receiving some support from him with childcare, she said that he is "psychotic" now that she has left him. Because Jasmine left her ex-partner, he does not contribute toward the costs of bringing up her son and threatens to take her to court (presumably to obtain a parenting order for day to day care of their son) if she applies for Child Support.

Kelly also finds dealing with her ex-partner challenging. He does not buy nappies and milk formula as he had promised and he also does not visit their son at the times he and Kelly have arranged. Kelly is now at the point where she does not want him to see their son, as his unreliability is disrupting the routine she has established for herself and her son.

Dealing with difficult ex-partners puts strain on Jasmine and Kelly, at a time when they should be able to focus solely on raising their children and completing their education. Their ex-partners' refusal to financially contribute to the raising of

their children further disadvantages Jasmine and Kelly financially, adding to their stress.

WOMEN'S EXPERIENCES OF SERVICES

I felt that gaining insight into the women's use and views of support services for young mothers could yield important information explaining why young women do not use services and might provide suggestions for how services could better meet their needs. Support services available for young mothers discussed here include Work and Income, Plunket and Family Start. Teen Parent Units are also briefly discussed, as they have been throughout this chapter.

For the older women, there were not the same support services available as there are now. Indeed, New Zealand's first Teen Parent Unit was only founded in 1994 (New Zealand Education Gazette, 2003). However, with the benefit of hindsight, the older women may have reflected upon how they could have been better supported as young mothers (de Jonge, 2001).

Non-usage

Jessie did not use any services because she believed they would be judgmental of her as a young mother. That young mothers do not use services for fear of being negatively judged by service providers has also been noted within the literature (de Jonge, 2001; Hanna, 2001a, 2001b; Wilson & Huntington, 2005). Jessie's belief that service providers would be judgmental stemmed from her experience of learning she was pregnant:

When I found out I was pregnant, my doctor comes over and she goes, she just told me in the hallway, she was like "oh you're pregnant", and it was just devastating... and then she goes to me "oh well it's too late for an abortion now"...

That the doctor informed Jessie of the "devastating" news that she was pregnant in the hallway indicates that she did not respect Jessie enough to tell her in a private

setting. Further, the doctor's assumption that Jessie would want an abortion suggests a pre-conceived belief that young women always want to terminate their pregnancies. This doctor's response is contrary to that advised by Payne (2005, p. 119), who argues that health professionals have an "important responsibility to provide reassurance and guidance, equipping them [young women] with material, support services and time to explore the options available".

Qualitative literature has found that many young women do not use services because they fear that they will be seen as incapable mothers (Payne, 2005), a reason why Anna and Natalie did not use services:

...I was advised by CYPS¹¹ to go to Barnardos,¹² so that I could get some time out, and of course I was just so hell bent on proving that I could be this great mother, that I never took it up, and that was so silly of me not to have taken it up, cause it would have given me some space and some time... but it wasn't put to me in a way that I could understand that, it was put to me in the way of "you're not coping"...and that just got my back up even more, was somebody telling me I wasn't taking care of my child properly. (Anna)

Although she felt she needed support after her marriage ended and she was on her own with two young sons, Natalie said:

...It was very very hard, and I think, because I had wanted to be one of the teen mums that did it different, you know, and wanted to be the one that was actually married and everyone would go "oh look at you, you actually made it work, well done", you know, and I wanted to be that one, and then when I wasn't that one, it was quite devastating...I didn't want to walk in there and go "yes I am a single mum who's not coping, help me", I didn't want to be in that victim mode, I didn't see myself like that...

¹¹ CYPS (Children and Young Persons Service) is now known as CYF (described in F10).

¹² Barnardos is a not-for-profit child-focused organisation which provides a range of services to improve the lives of children and works to ensure that they receive the education, care and support they require (Barnardos, n.d.).

Natalie's comment about wanting to be "one of the teen mums that did it different" indicates that she was aware of and affected by the stereotype of young mothers as unmarried and in violation of Pākehā family norms. Further, Natalie invokes the idea that single mothers cannot 'cope' and need help. Natalie's comments support de Jonge's (2001, p. 55) contention that depression can be hard to detect in young mothers because they "may be trying to show the outside world that they are coping well, in spite of their youth".

Some young mothers are afraid to ask for help because they fear their children may be taken from them (de Jonge, 2001; Kelly, 1997; Payne, 2005). This was a fear for Anna, justified by frequent visits from CYF workers:

...There's this fear, and constant pressure that you're gonna have your child taken from you... I felt like if I did say "oh my god they're driving me nuts", that they'd take my kids away from me.

Anna's comment and de Jonge (2001), Kelly (1997) and Payne's (2005) findings have implications for service providers; namely, that they must communicate to the young women they work with that they will not take their children from them.

Work and Income

As Amanda, Jessie and Natalie's earlier comments indicate, accessing Work and Income can be a negative and humiliating experience. Most of the women had a low opinion of Work and Income. Jessie found going to Work and Income "so intimidating" and their "gross incompetence" infuriated her. She talked about how a lack of communication in the organisation meant that her benefit was not paid into her bank account, which was extremely stressful for her. Natalie believes that she was not made aware of her entitlements as a single mother, Kelly feels that Work and Income staff "don't care" and Jane finds them "frustrating".

Natalie believes that Work and Income case managers need to be trained to higher standards. For some young mothers, Work and Income may be the only service

they access. Perhaps if case managers possessed high-level social work and/or counselling skills, they may be able to support young mothers more effectively. However, this suggestion is problematic when one considers that Work and Income case managers retain the power to terminate benefits (Neville Robertson, personal communication, 21 January 2008).

Plunket

Except for Jessie, all of the women used Plunket, if only a few times. Only Helen talked about Plunket being helpful, with regards to information about when and what to feed her daughter. The rest of the women's opinions of Plunket ranged from a lack of respect for the service providers to downright scorn. Charlotte views Plunket nurses as "very slack", and Jane believes that they do not keep in contact enough. Kelly views the Plunket nurses as "nice" but "useless", as they have not shown up at scheduled appointments. Kelly also believes that Plunket nurses do not keep in contact enough and has not used the service for about six months, preferring to take her son to the doctor for check-ups. Anna's experience of Plunket as a 16-year-old mother was extremely negative:

...My worst experience was with Plunket, before my daughter was six weeks old, being in a room, being asked to undress my daughter, my daughter was weighed, I was asked to dress my daughter and while I was dressing my daughter her grandmother, which was my partner's mother, was being asked, "does she sleep well? Does she eat well?", and she was answering the questions, and they had their backs to me, like I did not even exist...

While she still occasionally uses Plunket with her youngest child, Anna usually uses the doctor for checkups, as her experience has resulted in a dislike and mistrust of Plunket, and she does not believe their negative attitudes toward young mothers have changed. Karen used Plunket a few times as a young mother, but viewed the advice that she received as "stupid", and the few times she followed their advice, the results were "horrendous". She believes that they are "far too old in their opinions, too judgmental".

Charlotte, Jane and Kelly's comments about the lack of contact by and reliability of Plunket workers indicate that they may need to increase their communication with the young women they are there to support. While Michaela, Anna and Karen's first experiences of Plunket occurred some years ago, Anna's comment indicates that Plunket may need to adapt its culture and services in order to be useful to and accepting of young mothers.

Family Start

Family Start is a home-based, early-intervention, preventative service for families who face challenges, which recognises that all families have strengths and aims to build upon these strengths. Young mothers and their families have been identified as a group that may prosper with the support of Family Start (Ministry of Social Development, n.d.).

Michaela, Karen, Natalie, Amanda and Jessie did not use Family Start, as it was not in existence when their children were little. While Helen did not mention that she had used the service, she would have had some contact with it, as a Family Start worker regularly visits the Teen Parent Unit. At the time of interview, Kelly, Violet, Jane, Jasmine, Charlotte and Anna all used Family Start. In contrast to their opinions toward Plunket, Family Start was highly valued by the women:

Family Start... have just been absolutely brilliant, they are wonderful, wonderful people, really really huge help if you're frustrated with your child and you don't know where else to turn, you pick up the phone and you ring one of those ladies, and they're just so calm and peaceful and patient, and can help you with whatever... (Anna)

Kelly, Violet, Jane and Jasmine all use Family Start at the Teen Parent Unit, where a worker is in attendance four days a week. The women have found her very supportive and helpful:

Family Start's great, we love our Rita [Family Start worker]... she's great ... like if we need her, like if its important she's right there and if we need her and the door's open we just walk in and see her. They're real supportive. (Kelly)

Charlotte has home visits from a Family Start worker and finds her helpful with accessing other services, such as Work and Income and budgeting services. Charlotte has a rapport with her Family Start worker, who has recently been moved into a different 'care team'. Charlotte and the Family Start worker are both unhappy about this, and Charlotte said that if she has to "meet somebody else all over again" that she will stop using the service. As a result of her life experiences, Charlotte does not trust people easily. She has turned away workers from two community mental health agencies, stating, "I don't like to talk to strangers about my problems". She told me during our interview that she trusted me to keep her identity confidential in the research; a trust I have earned over the years I have known Charlotte. Payne (2005, p. 121) states that midwives need to "earn and sustain a trusting relationship" with the young women they care for, a statement equally applicable to other service providers such as Family Start. As an organisation, Family Start owes it to the young mothers it serves to ensure that 'care workers' remain stable in their and their families' lives.

Helen valued that many services came to the women at the Teen Parent Unit, and believed that many young mothers would not use services otherwise. This has implications for service providers, and may be one reason why Family Start is used and valued by young women. Payne (2005) argues that young women should be supported by midwives with home visits, an argument that applies to other service providers. Home visits mean that young women do not need to overcome practical issues such as transport to services, as many young mothers do not have a driver's license, let alone a car.

Suggestions

Targeted services

De Jonge (2001) and Kidger (2004) advocate support groups or services targeted specifically at young mothers, to allow for support and the sharing of experiences. Michaela believes that spending time with other young mothers would have made her experience of motherhood easier. Karen said that she sees young mothers attending support groups and playgroups with other young mothers, and also believes that would have helped make her own experience easier. The benefit of targeted services for young mothers is highlighted by Helen, who attended antenatal classes for young pregnant women:

... It was good to be there with people who were in the same position. I wouldn't want to go in with people who were older and would be with their husbands...

The young women attending the Teen Parent Unit said that they would not be going to school if they had to attend 'mainstream' school. This, and Michaela, Karen and Helen's comments support arguments that services should be targeted specifically at young mothers.

Media advocacy

Anna, Amanda and Natalie expressed anger at media portrayals of young parents as poor or abusive parents. Anna put forward the inventive idea of a public awareness media campaign that could change people's views toward young parents. Using the media in this way is termed media advocacy and "is a tactic for community groups to communicate their own story in their own words to promote social change" (Wallack, 1994, p. 421). Hearing young mothers speak about how it feels to be judged unfairly, what it is like living on a very low income and the difficulties they face in participating in paid work, for example, could have a far-reaching impact. Not only could this change individual opinions toward young

mothers, but it could also pressure decision-makers to create fairer policies (Wallack, 1994) for young mothers, such as increasing the DPB above poverty level or making participating in paid work easier.

A media campaign using the following statement from Helen could prompt the public to examine and change their ideas of young women's experiences of motherhood:

It's a lot harder, there's a lot more to think about. But you don't realise how good it's going to be either... I look at her [daughter] sometimes and you just can't believe that you could feel so much for one person...

It is likely though, that some people would be concerned that conveying positive images of young mothers could glamorise early motherhood and thus encourage it (Kelly, 1997). However, Anna's proposal to use media advocacy to educate the public provides a very useful suggestion for effecting far-reaching change to better support young mothers.

Legal advice

Helen believes that young women should have access to free legal advice at the Teen Parent Unit. She talked of a young mother she knew who was going through a custody battle with her child's father, for whom the stress became so great that she left the Unit. Being fully aware of her legal rights and having a supportive lawyer may have helped to reduce the stress for this young woman, making it easier for her to continue attending school.

Having access to free legal advice at the Teen Parent Unit could be useful for Jasmine, whose ex-partner is threatening to take her to court if she applies for Child Support. Making access to free legal advice easier could be very useful for young mothers, not only with regards to their legal rights within the Family Court (regarding issues such as contact and day to day care of children), but also with issues relating to housing, tenancy and other contracts and their rights as

consumers of health and disability services (as stated in the *Code of Rights under the Health and Disability Commissioners Act 1994*). Jessie's experience of being informed of her pregnancy in the hallway was in violation of, at least, the first right in the *Code*, which states that people have the right "to be treated with respect" (Health & Disability Commissioner, 2007, p. 1). Jessie may not have been aware of her rights and having easy access to legal advice may have provided her with information on how to make a complaint, if she wished to, about her treatment by the doctor.

In New Zealand, people who are not able to afford it have access to free legal advice and representation through the Legal Services Agency¹³. However, these services rely on young mothers seeking them out. In light of Helen's contention, outlined earlier, that many young women would not use services if they did not come to the Teen Parent Unit, making access to legal advice easier by bringing it to the women reduces the need for them to overcome personal issues, such as a lack of confidence, and practical issues, such as transport. Increasing access to legal advice and representation for young mothers in this way is an issue for consideration by those working with them.

Conclusion

In this chapter I have shown how having a family that differs from that which is ideologically dominant can mean young mothers face significant stigma and judgment from other people, which can lead to isolation and feelings of exclusion and not fitting in. I also highlighted how young mothers experience motherhood being watched by other people. I have shown how the women in this study dealt with judgment and stigma by employing various resistance strategies, which is important in challenging their portrayal as passive victims. However, some strategies are dependent on young women being confident enough to use them, and young mothers are still negatively affected by other people's discrimination.

¹³ The Legal Services Agency (LSA) is a government organisation that assists people with legal matters. The LSA funds Legal Aid, which pays legal fees for people with a legal problem who cannot afford a lawyer. The LSA also funds community law centres, which provide legal advice, education and representation (Legal Services Agency, 2006).

In showing some of the positive aspects of early motherhood for the women in this study, I have challenged the representation of early motherhood as problematic. Indeed, most of the women considered that they would have been worse off had they not become mothers. I have discussed some of the challenges faced by the women as young mothers and finally, I have explored the women's perceptions of services for young parents and presented their ideas on how young mothers might be better supported. The following chapter discusses key conclusions to be drawn from this study and outlines limitations and possible directions for future research.

CHAPTER FIVE: CONCLUSION

This research explored the experiences of 12 Pākehā mothers: six current young mothers and six former young mothers. A feminist qualitative method was used to gather the women's own stories, in their own words. Focusing on the experiences of young mothers creates a space where their voices, stories and knowledge are accepted as legitimate and allows other people some insight into the realities of their lives.

A critical review of the literature on early motherhood revealed a deficit focus, where early motherhood was depicted as a poor 'life choice', young mothers as inadequate parents, their children as slower to meet developmental milestones and at risk of neglect and abuse. However, a growing body of (mainly feminist) literature questions these ideas, arguing that young mothers are constructed as problematic because they threaten economic security and undermine the 'traditional' family. This literature emphasised the low socio-economic position of many young women prior to motherhood, highlighted how depicting early motherhood as causing poverty individualises poverty and masks structural inequalities, and suggested that the representation of young mothers as a continuing burden on the state is inaccurate. When young mothers' voices are amplified through qualitative literature, the stories told are complex and vastly different to those told by 'outsiders' (academics, policy makers, those who are not young mothers).

My first aim was to explore Pākehā cultural constructions of early pregnancy and motherhood. This task was made difficult by the lack of literature focusing explicitly on young Pākehā mothers, which points toward the position that Pākehā hold as ethnically unmarked, normed and invisible within academic literature (Spoonley, 1993). Young mothers are constructed as problematic within Pākehā culture because they do not conform to the ideologically dominant 'traditional' family in Pākehā culture – married, middle-class, educated, financially secure and older (Johnston & Swanson, 2003; Wilson & Huntington, 2005). Existing outside

this 'traditional' family was something of which the women were acutely aware: it was discussed in terms of being excluded from places such as church and treated as if they did not fit within childcare settings. Many of the women's stories exposed feelings of isolation and loneliness, and for some of the older women, this isolation was extreme.

The women's stories suggest that Pākehā cultural ideas of early motherhood are constructed partly in relation to religion. Pākehā culture continues to be influenced by Judeo-Christian ideas (Black, 1997) of marriage, virginity and appropriate motherhood, which was evident by one-third of the women discussing an awareness of violating religious rule by having sex before marriage. This was illustrated by Natalie and Jane's experience of feeling unwelcome at church as young mothers, because they had plainly violated the religious ideal of women remaining virgins until marriage.

The women's stories also suggest that Pākehā cultural notions of early childbearing are constructed in relation to economics and workplace productivity. Similar to women in many Western cultures, today's life trajectory for Pākehā women involves workforce participation and achieving economic independence prior to motherhood. Young mothers follow an alternative path to adulthood, which is constructed as problematic within Pākehā culture because they have not completed their education and gained employment before motherhood, resulting in concerns that they will require long-term financial support by the state. However, that five of the six younger women in this study were completing their education and five of the six older women were financially self-supporting suggests that this construction of young mothers may have limited utility.

While Pākehā cultural constructions of early motherhood are largely negative, New Zealand society does not write young mothers off entirely. The younger mothers who had attended or did attend a Teen Parent Unit all remarked that they felt much was done to support them. The existence of support services, such as Family Start, Teen Parent Units (and their adjoining crèches) and welfare benefits for young mothers, suggests that New Zealanders believe young mothers should

be financially supported if they need to be and that they *can* make a positive future for themselves.

The extent to which the women understood themselves to be living ‘cultured’ lives did not appear to be great. While Michaela believed that in another culture or country, her status as a young mother may not have been seen as problematic, the other women did not discuss their experiences as young mothers in relation to culture. It is likely that this is symptomatic of the invisibility and norming of Pākehā culture and ethnicity and the resultant unawareness many Pākehā have of their own culture (Spoonley, 1993).

My next goal was to explore the positive aspects and challenges of being a young mother, for the women who participated in this study. The women’s stories left no doubt that pregnancy and motherhood positively transformed their lives. This was discussed in terms of gaining motivation and a purpose in life, taking responsibility for changing their lives and dramatically increasing their safety-conscious behaviours. Being responsible meant ceasing drug and alcohol use, ending negative friendships and continuing with or returning to school. For those women who engaged in destructive activities prior to pregnancy and motherhood - Jasmine, Violet, Kelly, Michaela and Jane - early motherhood appeared to be particularly adaptive, fitting with existing literature (Quinlivan, 2004; SmithBattle, 2000a, 2000b).

Pākehā cultural ideas of ‘good’ motherhood put a lot of pressure on mothers to ‘do motherhood’ the ‘right’ way (that is, to parent in a particular way). Young mothers appear to be flexible and instinctive in their parenting styles, which was illustrated by Jasmine’s experience of motherhood as coming “naturally”, and have a certain freedom from pressure to ‘do motherhood’ the ‘right’ way. The older women viewed their flexibility as young mothers as a very positive aspect of early motherhood. The high energy levels that young mothers possessed as a result of their youth were discussed as a positive aspect of early motherhood, allowing them to ‘keep up’ with their children. There is no doubt that a benefit of

early motherhood is earlier freedom from childcare duties to pursue careers, overseas travel and other goals.

Early motherhood brings with it challenges. Three women spoke of the challenges they faced in incorporating unanticipated early motherhood into the plans and goals they had had for their lives. Two of the younger women spoke of their physical and emotional exhaustion and lack of time for themselves, which was compounded by school and other commitments. Three women mentioned a lack of support as a major challenge of being a young mother. Given the link between levels of support and maternal well-being (de Jonge, 2001; Kidger, 2004), providing young mothers with the support they require is a fundamentally important task. Two young women spoke of the challenges and added stress they faced in dealing with difficult ex-partners.

Financial hardship and poverty was a tremendous challenge faced by the younger women in particular, which had far-reaching effects on all areas of their lives, and in Charlotte's case, contributed to her social isolation. The younger women discussed their experiences of encountering financial penalties for taking part in paid work while receiving welfare. This suggests that New Zealand's welfare policies should be adapted to make participating in paid work easier for young (and older) single mothers claiming the DPB. The women's stories exposed just how difficult it is subsisting on an income that is below poverty level. The younger women saw that minimal increases in benefits would make a huge difference in enabling them to provide for their families while they were educating (upskilling) themselves to secure future employment. Young women and their children deserve more than a life of mere subsistence, and as such, the DPB must be increased above poverty level (Todd, 2007). That all of the older women (except Anna, who was completing tertiary education) were financially self-supporting suggests that these financial challenges are not insurmountable and that early motherhood does not condemn young women to eternal poverty (Ermisch, 2003; Grindstaff, 1988; SmithBattle, 2000a).

Being on the receiving end of judgment and stigma was a real and fundamental challenge young mothers had to contend with, fitting with existing literature (Kelly, 1997, 1996; Morehead & Soriano, 2005; Payne, 2005). This was discussed in terms of being judged as lazy welfare ‘bludgers’, poor parents and having their mothering knowledge and expertise disregarded by health professionals and other (older) mothers. Young mothers have valuable knowledge and skills and when these are discounted it impacts their self-esteem and confidence, which can contribute to their exclusion and isolation. Further, the women spoke about how being unfairly judged by other people not only undermines them as people and as mothers, but adds to the stresses and challenges of motherhood.

While it is important to discuss the judgment and stigma young mothers face, as this is their daily reality, it is also necessary to explore the ways that they resist, reject, challenge and subvert the judgmental and negative stereotypes assigned to them, which was the focus of my third aim. Making clear the ways that young mothers transcend negative discourses positions them as strong women, challenging their passive representation within literature (Kelly, 1997). The women showed courage, strength, resilience, creativity and humour in the face of harsh judgment. The capacity of individual women to resist and challenge judgment appeared to be related to both their personal characteristics and the levels of confidence they possessed.

Participating in this research was viewed by some women as a way to claim a voice, an opportunity seldom presented to young mothers within the vast literature on early childbearing. As long as one group (read: academics) speaks (unmasked) on behalf of another group (read: young mothers), young mothers will continue to be marginalised within research and policy. More space needs to be made for the voices of young mothers to be heard within academic literature, policy and other debates.

Payne (2005) argues that young women experience their pregnancies in public; being watched by others. Young mothers also experience motherhood in public and under surveillance, and as such, their resistance strategies revolve around

judgment in public places. The young mothers in this study talked about claiming their space in public by resisting exclusion and shame and by parenting the way they would at home. For some women, dealing with judgment meant avoiding public places. In many cases, using avoidance as a strategy to resist negative judgment has little impact on the people or organisation avoided. However, as illustrated by Jessie, by refusing to support businesses where they are judged, young mothers have the potential to make a real financial impact on organisations. Using direct confrontation to resist judgment in public, while dependent on young women's confidence levels, conveys a very clear message to other people that their judgment is not accepted and could even prompt people to examine the way they behave toward young mothers. That Anna claimed her right to education is admirable; that people even attempted to deny her this right (and that Michaela was expelled) is shameful. Thankfully, attitudes toward the entitlement of young mothers to education have changed considerably. Ultimately, for all of the women in this study, underlying their various resistance strategies was an absolute refusal to accept that their children were something to be ashamed of.

While not a primary focus of this research, I was interested in how the women believed they could be or could have been better supported as young mothers. To do this, I explored the women's perceptions and experiences of the services available for young parents. Not surprisingly, the women did not use services where they believed they would be negatively judged for being who they were. This suggests that service providers need to have accepting attitudes towards young mothers, to communicate to young mothers that needing assistance does not mean that they are incapable mothers and that their children will be taken away from them. Five women spoke of the humiliation, intimidation and frustration they felt when dealing with Work and Income. Until welfare policy moves beyond negative perceptions of single (young) mothers (Banks, 2005), it can be expected that young mothers' experience of Work and Income will be variable. The seven women who used Family Start spoke of it as being helpful and valuable. Part of its value may lie in that it is home-based, which removes barriers to use created by transport issues. The Teen Parent Unit was highly valued by the five young women who attended it or had done so recently. The

Unit functioned as a source of support for the women, who were well linked into services which they may have not used if they did not attend the Unit. All of the women in this study were supportive of services targeted specifically at young mothers, such as Teen Parent Units. A media campaign to improve public attitudes toward young parents was offered as a way to better support young mothers, as was providing free legal advice at Teen Parent Units, to increase young women's knowledge of their legal rights pertaining to a range of matters. In sum, as levels of support appear to determine how young women experience motherhood, it is vital that service providers do what they can to make services attractive and easy to access for young mothers.

Limitations and possibilities for future research

This research has opened up various avenues for future investigation on the issue of early motherhood, particularly within a New Zealand context. There is a need for research that focuses on the long-term economic outcomes for young mothers in New Zealand to explore the idea that early childbearing results in negative long-term financial outcomes for women. Even if information about the incomes of all of the women in this study had been gathered, a comparison between the incomes of former young mothers and New Zealand women in general would have held little weight due to the small sample size. Future research therefore, could focus on the financial situations of a large group of women who had been young mothers to explore how having a child at a young age may impact the financial situations of women later in life.

At the time of interview, five of the six young women were attending, or had until very recently, attended a Teen Parent Unit, which meant that they were well linked in to various support services. Therefore, this may have presented a more positive picture of early motherhood than is the reality for young mothers like Charlotte, who are not as well linked in to support services. Further, these five young women had very good family support, which would also have helped to combat possible social isolation. It must also be noted that all of the women were living in urban areas at the time of interview, which could have implications for

access to and use of services. Future research could focus on the experiences of young mothers who do not attend Teen Parent Units and who do not access services and explore the ways in which they negotiate supports in their lives.

While research has focused on the educational, developmental and psychosocial outcomes for the children of young mothers (Fergusson & Woodward, 1999; Geronimus, et al., 1994; Hermmann, et al., 1998; Jaffee, et al., 2001; Moore, et al., 1997; Moore & Snyder, 1991), it was not possible to find any qualitative literature focusing on young people's experiences of being born to and growing up with a young mother. Therefore, future research could explore what it means for young people to grow up with a young mother, which would make a much-needed contribution to the body of literature on early childbearing.

This research focused on the experiences of young mothers, as they are so often omitted from academic debates. However, future research could also explore the attitudes and experiences of those people who provide support services for young mothers. During this research, I dealt with various young parent service providers. While I was impressed with the range of services available for young mothers, I was dismayed by the attitudes of some service providers, such as one woman who ran a coffee group for young parents, who referred to the young mothers as "the kids". I found her use of this term patronising and disempowering, a label which ignored that, by raising children, the young women were certainly *not* "kids". Exploring the attitudes and experiences of service providers could prompt them to examine their own attitudes towards early childbearing and young mothers and could also provide ways to make services more accessible for young mothers. The contribution of those who work closely with young mothers would add valuable insight into debates around early childbearing.

In conclusion, it is my hope that this thesis has captured the women's stories in a respectful manner, where their lives are shown in all their complexity and where their status as legitimate mothers has been taken for granted. I hope that this thesis will urge people to examine their attitudes toward young mothers and presents a challenge to stereotypical negative discourses.

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**APPENDIX ONE: RECRUITMENT POSTERS FOR
YOUNG AND FORMER YOUNG MOTHERS**

Are you a teen mother??

If you are a Pākehā/New Zealand European
teen mother,

I would love to talk with you about:

- Your experiences of being a mother
- The positive aspects and challenges of being a mother
- Your plans for your and your family's futures

**Take an information sheet below to read
more...**

Hannah Banks

Phone (home): 07 856 9049

Mobile: 021 239 2930 (feel free to text me)

Email: hb22@waikato.ac.nz

Are you a former teen mother??

If you are a Pākehā/New Zealand European former teen mother,
I would love to talk with you about:

- Your experiences of being a teen mother
- What the positive aspects and challenges of being a teen mother were for you
- What your and your children's lives are like now
- What ways, if any, you could have been better supported as a teen mother

Take an information sheet below to read more...

Hannah Banks

Phone (home): 07 856 9049

Mobile: 021 239 2930 (feel free to text me)

Email: hb22@waikato.ac.nz

**APPENDIX TWO: INFORMATION SHEETS FOR
YOUNG AND FORMER YOUNG MOTHERS**

Department of Psychology
Faculty of Arts and Social Sciences
Te Kura Kete Aronui
University of Waikato
Private Bag 3105
Hamilton, New Zealand

Telephone: 021-239-2930
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<http://www.waikato.ac.nz/wfass/subjects/psychology/>



The
University
of Waikato
*Te Whare Wānanga
o Waikato*

An exploration of the experiences of Pākehā teen mothers in New Zealand

My name is Hannah Banks and I'm a Masters student doing a thesis in Community Psychology at the University of Waikato.

New Zealand is reported to have the third highest rate of teen pregnancy among developed nations. Teen pregnancy and motherhood are often portrayed in a negative light in the media and in academic research, and the voices and stories of teen mothers are often absent. The aim of my research is to explore the experiences of Pākehā teen mothers. My decision to focus on Pākehā teen mothers is because I want to explore how Pākehā culture influences the way teen pregnancy and motherhood is regarded by young Pākehā women and by Pākehā society in general.

I hope that my research will encourage people to view teen mothers differently, to celebrate the job these women do in raising their children, and to explore new ways that they can be supported to be the mothers they want to be.

WHAT DOES IT MEAN TO BE A PARTICIPANT IN THIS RESEARCH?

You will be involved in a focus group, which is a discussion between you, I and 2-3 other teen mothers that will last between one and two hours. Our discussion will be tape-recorded, and we will meet at a time that suits all of us. Any tape-recorded material will be kept secure and confidential and will be offered to you or destroyed after the research is finished.

Copies of transcripts from the focus groups will be sent to you for your comments, including any changes you want made or any information you want taken out.

WHAT ARE MY RIGHTS AS A PARTICIPANT IN THIS RESEARCH?

If you choose to be a participant in this research, you have rights that protect your personal safety. These rights are:

- The right to refuse to answer any particular question(s)
- The right to ask any further questions about the research that come to mind during your participation in the research
- The right to withdraw any information that you have provided at any time before I have finished collecting all the information
- The right to withdraw from the research at any time without question before I have finished collecting all the information
- The right to access any information about yourself that I have collected
- The right to complain if you feel your trust has been abused. Please feel free to contact Dr Robert Isler (Convenor of Psychology Research and Ethics Committee) for any ethical issues in this study or if there are any ethical issues in this study you feel need to be raised. Dr Robert Isler can be contacted by phone 07 838 4466 ext. 8401, or email r.isler@waikato.ac.nz.

WHAT WILL WE TALK ABOUT?

I am interested in finding out about your experiences of being a teen mother. This is your chance to talk about the ‘good bits’ and the ‘bad bits’ of being a teen mother with other women who may have similar experiences. The kinds of things we will be talking about are:

- Your life before you became a mother
- Your experiences of being a teen mother
- Your plans for you and your families’ future
- The ways, if any, that you could be better supported as a mother

There are no ‘right’ or ‘wrong’ answers – I am interested in hearing about your experiences as you want to tell them.

If our discussion brings up any issues that you would like to discuss further, counselling services are available at Family Start (Phone 07 848 0008) or Birthright (Phone 07 838 0572).

WHAT WILL THE INFORMATION BE USED FOR?

I am doing a Masters in Community Psychology at the University of Waikato and the focus groups will provide the basis of the write-up for my thesis. When I finish my thesis in April 2008, I may have opportunities to publish my findings in academic journals and books. Anything we talk about will be kept confidential and a pseudonym (false name) will be used in the Masters thesis and any future publications so that you remain anonymous.

SO YOU WANT TO BE INVOLVED?

If you want to be involved, you can phone me on 07 856 9049, text me on 021 239 2930, or email me at hb22@waikato.ac.nz so we can arrange a time. Please feel free to ask me any more questions you may have about the research.

I look forward to hearing from you!

Hannah Banks

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<http://www.waikato.ac.nz/wfass/subjects/psychology/>



The
University
of Waikato
*Te Whare Wānanga
o Waikato*

An exploration of the experiences of Pākehā teen mothers in New Zealand

My name is Hannah Banks and I'm a Masters student doing a thesis in Community Psychology at the University of Waikato.

New Zealand is reported to have the third highest rate of teen pregnancy among developed nations. Teen pregnancy and motherhood are often portrayed in a negative light in the media and in academic research, and the voices and stories of teen mothers are often absent. The aim of my research is to explore the experiences of Pākehā teen mothers. My decision to focus on Pākehā teen mothers is because I want to explore how Pākehā culture influences the way teen pregnancy and motherhood is regarded by young Pākehā women and by Pākehā society in general. I am a former teen mother, which is where my interest in this topic stems from.

I hope that my research will encourage people to view teen mothers differently, to celebrate the job these women do in raising their children, and to explore new ways that they can be supported to be the mothers they want to be.

WHAT DOES IT MEAN TO BE A PARTICIPANT IN THIS RESEARCH?

You will be involved in a focus group, which is a discussion between you, I and 2-3 other former teen mothers that will last between one and two hours. Our discussion will be tape-recorded, and we will meet at a time that suits all of us. Any tape-recorded material will be kept secure and confidential and will be offered to you or destroyed after the research is finished.

Copies of transcripts from the focus groups will be sent to you for your comments, including any changes you want made or any information you want taken out.

WHAT ARE MY RIGHTS AS A PARTICIPANT IN THIS RESEARCH?

If you choose to be a participant in this research, you have rights that protect your personal safety. These rights are:

- The right to refuse to answer any particular question(s)
- The right to ask any further questions about the research that come to mind during your participation in the research
- The right to withdraw any information that you have provided at any time before I have finished collecting all the information
- The right to withdraw from the research at any time without question before I have finished collecting all the information
- The right to access any information about yourself that I have collected
- The right to complain if you feel your trust has been abused. Please feel free to contact Dr Robert Isler (Convenor of Psychology Research and Ethics Committee) for any ethical issues in this study or if there are any ethical issues in this study you feel need to be raised. Dr Robert Isler can be contacted by phone 07 838 4466 ext. 8401, or email r.isler@waikato.ac.nz.

WHAT WILL WE TALK ABOUT?

I am interested in finding out about your experiences of being a teen mother. This is your chance to talk about the ‘good bits’ and the ‘bad bits’ of being a teen mother with other women who may have similar experiences. The kinds of things we will be talking about are:

- Your life before you became a mother
- Your experiences of being a teen mother
- What your and your children’s lives are like now
- The ways, if any, that you could have been better supported as a teen mother

There are no ‘right’ or ‘wrong’ answers – I am interested in hearing about your experiences as you want to tell them.

If our discussion brings up any issues that you would like to discuss further, counselling services are available at Family Start (Phone 07 848 0008) or Birthright (Phone 07 838 0572).

WHAT WILL THE INFORMATION BE USED FOR?

I am doing a Masters in Community Psychology at the University of Waikato and the focus groups will provide the basis of the write-up for my thesis. When I finish my thesis in April 2008, I may have opportunities to publish my findings in academic journals and books. Anything we talk about will be kept confidential and a pseudonym (false name) will be used in the Masters thesis and any future publications so that you remain anonymous.

SO YOU WANT TO BE INVOLVED?

If you want to be involved, you can phone me on 07 856 9049, text me on 021 239 2930, or email me at hb22@waikato.ac.nz so we can arrange a time. Please feel free to ask me any more questions you may have about the research.

I look forward to hearing from you!

Hannah Banks

**APPENDIX THREE: CONSENT FORM FOR
PARTICIPANTS**

University of Waikato
Psychology Department
CONSENT FORM

PARTICIPANT'S COPY

Research Project: An exploration of the experiences of Pākehā teen mothers in New Zealand

Name of Researcher: Hannah Banks

Name of Supervisor (if applicable): Dr Cate Curtis, Dr Neville Robertson

I have received an information sheet about this research project or the researcher has explained the study to me. I have had the chance to ask any questions and discuss my participation with other people. Any questions have been answered to my satisfaction.

I agree to participate in this research project and I understand that I may withdraw at any time. If I have any concerns about this project, I may contact the convenor of the Research and Ethics Committee (Dr Robert Isler, phone: 838 4466 ext. 8401, e-mail r.isler@waikato.ac.nz)

Participant's Name: _____ Signature: _____ Date: _____

University of Waikato
Psychology Department
CONSENT FORM

RESEARCHER'S COPY

Research Project: An exploration of the experiences of Pākehā teen mothers in New Zealand

Name of Researcher: Hannah Banks

Name of Supervisor (if applicable): Dr Cate Curtis, Dr Neville Robertson

I have received an information sheet about this research project or the researcher has explained the study to me. I have had the chance to ask any questions and discuss my participation with other people. Any questions have been answered to my satisfaction.

I agree to participate in this research project and I understand that I may withdraw at any time. If I have any concerns about this project, I may contact the convenor of the Research and Ethics Committee.

Participant's Name: _____ Signature: _____ Date: _____

**APPENDIX FOUR: PROFILE SHEETS FOR YOUNG
AND FORMER YOUNG MOTHERS**



Profile sheet

An exploration of the experiences of Pākehā teen mothers in New Zealand

Filling in this questionnaire is **voluntary**. Any information given will be treated as **confidential**. Your responses provide background information that will add to what we discuss in the focus groups.

1. What is your age?

2. What is the age and sex of your child/children?

3. Who do you live with (for example, your child/children, partner, other family members, flatmates)?

4. Are you:
 Paying a mortgage on your own home
 Renting your home
 Flatting with others
 Boarding
 Living with family
 Other (please specify)

5. What is your main source of income?

6. Do you attend school?

- 6a. If not, when did you leave school (for example, Year 11)?

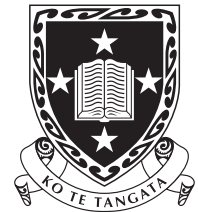
6b. What education or job qualification(s), if any, have you obtained since leaving school?

7. Do you work in any paid employment? _____

7a. If so, please give details (occupation, how many hours per week, approximate gross income).

8. If you would like to receive a summary outlining the main findings of the research, please write your details below.

Thank you for taking part in this study. It is most appreciated.



Profile sheet

An exploration of the experiences of Pākehā teen mothers in New Zealand

Filling in this questionnaire is **voluntary**. Any information given will be treated as **confidential**. Your responses provide background information that will add to what we discuss in the focus groups.

1. What is your age? _____

2. What is the age and sex of your child/children?

3. Who do you live with (for example, your child/children, partner, other family members, flatmates)?

4. Are you:

<input type="checkbox"/>	Paying a mortgage on your own home
<input type="checkbox"/>	Renting your home
<input type="checkbox"/>	Flatting with others
<input type="checkbox"/>	Boarding
<input type="checkbox"/>	Living with family
<input type="checkbox"/>	Other (please specify)

5. What is your main source of income? _____

6. When did you leave school (for example, fifth form, Year 11)?

6a. What education or job qualification(s), if any, have you obtained since leaving school?

7. Do you work in any paid employment? _____

7a. If so, please give details (occupation, how many hours per week, approximate gross income).

8. If you would like to receive a summary outlining the main findings of the research, please write your details below.

Thank you for taking part in this study. It is most appreciated.

APPENDIX FIVE: INTERVIEW SCHEDULE FOR FOCUS GROUPS AND INTERVIEWS

Focus group schedule: An exploration of the experiences of Pākehā teen mothers in New Zealand

1. What was your life like before you had your child/ren? How was your relationship with your family? Has your relationship with your family changed since the birth of your child/ren?
2. How did your family react when you told them you were pregnant? How did your friends react?
3. What have been/are the positive aspects or advantages of being a young mother?
4. What have been/are the challenges of being a young mother?
5. In which situations or places do you feel uncomfortable as a young mother? Do you feel excluded in any situations or from any places as a young mother? In which situations or places do you feel comfortable as a young mother?
6. Have you used any support services that are available for teen parents (for example, teen parent coffee groups)? If not, why? If yes, how did you find them? Were they helpful? Are there any ways that they could they be improved?
7. What support networks do you have in your life (for example, friends, family, church groups)?
8. Is there anything that could make being a mother easier for you? Are there any ways that you could be better supported as a mother?
9. How do you think other people/society sees you?
10. If you had your time over again, what, if anything, would you do differently?
11. How has being a mother matched what you thought it would be?
12. What are your plans for your and your family's futures?
13. Where do you see yourself in five years time?

