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"Being Stuck": Understanding the health-related and everyday lived experiences of young mothers in Rexdale, Ontario through a social determinants framework

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A thesis submitted in partial fulfillment of the requirements for the degree in Master of Science
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"Being Stuck":
Understanding the health-related and everyday lived experiences of young mothers in
Rexdale, Ontario through a social determinants framework

(Thesis format: Monograph)

by

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Graduate Program in Health and Rehabilitation Sciences

A thesis submitted in partial fulfillment
of the requirements for the degree of
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Abstract

The purpose of this study was to gain an understanding of the ways the health-related and everyday lived experiences of young mothers are shaped by various social determinants, and in the context of their neighbourhood. Using a critical qualitative methodology, five mothers between the ages of 17 to 19 were interviewed from Rexdale, a neighbourhood in the City of Toronto characterized by a number of social risk factors (e.g., high rates of visible minorities, unemployment, and teen mothers). In-depth thematic analysis led to the emergence of four themes: 1) Living in Rexdale: Representations and realities; 2) Leaving Rexdale and wanting something better; 3) Being stuck: Between desire and constraint and; 4) Isolation and support. The results demonstrate the complex ways in which determinants such as gender, class, violence and stigmatizing representations of teen mothers intersect to shape the health-related and everyday lived experiences of young mothers in Rexdale.

Keywords

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1   Introduction

1.1   Teen pregnancy as a social problem

In January 2013, the Globe and Mail announced that the national rate of teen pregnancy (defined as pregnancy for women aged 15 to 19) rose from 27.9 to 28.2 per 1,000 teens, between 2006 to 2010. While this increase seems slight, four provinces were reported as having a staggering increase (Bielski, 2013, January 29). Teen pregnancy rates jumped approximately 40 per cent in New Brunswick, 36 per cent in Newfoundland, 17 per cent in Nova Scotia, and 15 per cent in Manitoba (Bielski, 2013, January 29). Within Ontario, in 2006, based on data from 36 public health units, the highest teen pregnancy rate was 60.8, and the lowest rate was 9.5 per 1,000 women (Ministry of Health and Long-term Care, 2009). However, prior to the release of these statistics, teen pregnancy rates in Canada have been on the decline over the last 25 years, with the availability of contraceptives and increased awareness of the risks of unprotected sex credited as major contributors to this decline. Canada's rates of teen pregnancies between 1996 and 2006 declined 36.9%, as compared with a 25% decrease in the United States, a 4.75% fall in England and a 19.1% increase in Sweden (Statistics Canada, 2008).

Despite these declines, the publication of increasing rates of teen pregnancy frames it as an urgent social and health problem that must be immediately addressed. The revival of teen pregnancy as a social problem has reignited the issue of teen pregnancy as a public health concern. Public health interventions tend to focus on the risks of serious health consequences for babies born to mothers in their teens (e.g., low birth weights, premature birth, sudden infant death syndrome)(Gibbs, Wendt, Peters & Hogue, 2012; Malamitsi-Puchner & Boutsikou, 2006; Roth, Hendrickson, Schilling & Stowell, 1998). There are also health concerns for the teenage mother (e.g., higher risk of postpartum depression, eclampsia, anaemia) (Boath, Henshaw & Bradley, 2013; Gibbs, Wendt, Peters & Hogue, 2012).From a public health perspective, the initiatives to address teen pregnancy include strategies targeted towards individual behaviours and pregnancy prevention; healthy sexuality education and counselling; the provision of low cost birth control supplies; confidential and free sexual health clinic services and; building community partnerships with schools, hospitals, and community-based organizations to deliver

healthy sexuality and reproductive health programs and services (Ministry of Health and Long-term Care, 2009).

Recently, public service announcements and policy proposals have demonstrated the moral panic associated with teen pregnancy, and how giving birth too soon has come to be constructed as a personal and socioeconomic burden. For example, the mayor of New York City implemented a teen pregnancy prevention campaign presented as a public service announcement. The campaigns are primarily composed of fear-mongering and guilt-inducing posters that include pictures of upset and crying babies with slogans such as, "Dad, you'll be paying to support me for the next 20 years", "Honestly Mom...chances are he *won't* stay with you. What happens to me?" and "I'm twice as likely not to graduate high school because you had me as a teen" (New York City Human Resources Administration, 2013). In the United Kingdom, recent policy proposals call for curtailing housing benefits as part of a new strategy to reduce teenage pregnancy (Grice, 2013, July 16). These public service announcements and policy proposals view teenage pregnancy and young parenthood from narrow perspective which frames teenage pregnancy as an irresponsible individual choice and societal burden.

The variable distribution of teen pregnancy rates across the country, and within the province of Ontario, suggests that the phenomenon varies with multiple factors. It has been well established that teen pregnancy is more common among what is defined as disadvantaged teens (e.g., teens who live in low-income neighbourhoods and/or in racialized communities) (Kearney & Lavine, 2009; Luong, 2008; Waddell, Orr, Sackoff & Santelli, 2010).Studies have recognized that there are a number of factors that affect teenage pregnancies, but socioeconomic factors play a significant role; that is, teenage girls are more likely to get pregnant when they have fewer education or employment opportunities to postpone child-bearing (Minnis et al., 2013; Young, Martin, Young & Ting, 2001).As Alex McKay, Research Coordinator at Sex Information and Education Council of Canada, has explained, "young women who feel optimistic about their futures with respect to access to education and career tend not to get pregnant. Young women who are starting to feel discouraged about their employment and education opportunities are more likely to get pregnant. There is a straightforward correlation that persists, wherever in the Western world you go" (Bielski, 2013, January 29). While this quote draws important attention

to socioeconomic status and teen pregnancy, the idea that this is a "straightforward correlation" fails to take into consideration the important role of the neighbourhood in structuring young women's opportunities. Furthermore, this emphasis on pregnancy prevention fails to consider the experiences of teens once they become mothers.

1.2   Rexdale as a "priority "neighbourhood

In this thesis, I focus on the experiences of young mothers who live in a particular neighbourhood in the City of Toronto that has been designated as a "priority" for community and social services. This designation began with a report from the United Way in 2004, *Poverty by Postal Code*, that revealed that poverty had "migrated" from the downtown core to Toronto's inner suburbs- the former cities of Etobicoke, York, East York, North York and Scarborough (United Way, 2004). Furthermore, this report stated that the poor were clustered in areas that were extremely underserved (e.g., lack of social services, dense number of high-rise rentals, poor housing conditions, lack of human resources infrastructure) (United Way, 2004).

The concentration of poverty in specific neighbourhoods was correlated with the up rise of increased reports of gun violence that arose in the city in the summer of 2005(Poisson & Dempsey, 2012, July 15).Later that year, the City of Toronto implemented the "13 priority neighbourhood" strategy, allotting new funding to provide community services and programs that targeted issues related to poverty and youth violence in the neighbourhoods. Included among the thirteen priority areas are the neighbourhoods of: Scarborough Village; Jane-Finch; Flemingdon Park - Victoria Village; Malvern and; Jamestown-Rexdale(United Way, 2004).In addition to high rates of violence, the thirteen neighbourhoods also shared a number of common "social risk" characteristics, including: population loss; high number of at-risk populations (i.e., visible minorities, recent immigrants, lone-parent families); high proportion of low-income families (i.e., below the city average of $46,240) and; high unemployment rates(City of Toronto, 2008). Among the health-related risk factors that defined these neighbourhoods as a priority and as in need, were teen pregnancy rates. For example, in the neighbourhood of Jamestown-Rexdale, the teen pregnancy rate is 37.11 per 1,000 women between the ages of 15 to 19. This is in contrast to the City of Toronto's teen pregnancy rate of 27.76 per 1,000 young women (Toronto Community Health Profiles, 2010).

Although the implementation of the "priority neighbourhood" strategy led to the development of a greater number of programs and services to the areas, the initial allocated funding to support the "priority neighbourhood" strategy, approximately $85 million, was laid out as "one-time" investment funding that came to an end in 2012 (Poisson & Dempsey, 2012, July 15). As a consequence, most of the programs disappeared soon after their implementation due to a lack of continual funding. This has resulted in temporary reliance on these programs and disappointment for neighbourhood residents who no longer are able to benefit from these services.

1.3   Purpose and significance of study

Using a social determinants of health framework, the primary goal of this study was to gain a greater understanding of the health-related and everyday lived experiences of young mothers in Rexdale, with a specific focus on: physical and social neighbourhood characteristics; the young women's everyday experiences in the neighbourhood; their distinct gendered, racialized and socioeconomic social locations and; the stigma they may experience associated with prevailing negative discourses on teenage motherhood. Given the stigma that is attached to teen motherhood, and the construction of Rexdale as a priority neighbourhood based on a number of "social risk" factors, including the relatively high proportion of teen mothers, focusing on the health-related experiences of young mothers in Rexdale provided a rich opportunity to examine the dynamics of inequality and how they affect young mothers in the context of their daily lives. The selection of Rexdale as the neighbourhood for this study was also a personal choice. As a Rexdale neighbourhood resident for 14 years, I was unaware of the labelling of the neighbourhood as a "priority" until I came to study at The University of Western Ontario in 2007. At that time, I came to understand and experience for the first time, what I learned in my first-year "Social Determinants of Health" class, to be called "inequality". I reflect in greater detail on my personal experiences of inequality in the *Methodology* chapter.

The mixture of my personal experiences of inequality, my experience living in Rexdale, and my learning that Rexdale was a "priority neighbourhood" based on socioeconomic and social risks, (such as relatively high proportion of young mothers) led to the development of this study. I chose to focus on the health-related experiences of young mothers because I wanted to study the stigma associated with being a young mother, along with the stereotype associated with living in

Rexdale as a "priority neighbourhood". Unlike health promotion or public health efforts that aim to prevent teenage pregnancy, or that focus on the health of the children born to young mothers, my study focuses on the experiences of the young mothers themselves. I also did not want to take a "pregnancy prevention" approach that questions why or how the young women became pregnant. Instead, I wanted to understand the ways their everyday lived experiences were shaped by the neighbourhood in which they lived, using asocial determinants of health framework.

1.4   Outline of thesis

In Chapter 2, I draw on literature from various fields, including health sciences, geography, sociology and women's studies in order to situate my research question and objectives. The thesis begins with a review of the literature on the social determinants of health that are most relevant to the objectives of this study. These include socioeconomic status, race, gender and neighbourhood, including neighbourhood violence. I also review the literature that looks at the ways in which these determinants intersect to shape health, and how the negative social construction of teenage motherhood informs the specific social locations of young mothers. As this study aims to understand the experiences of young mothers in relation to their neighbourhood, I will also review literature that focuses on the importance of occupancy of places for youths.

This *Literature Review* is followed by the *Methodology* chapter, where I outline my critical stance and qualitative approach, discuss the appropriateness of a critical qualitative study methodology for the objectives of this study, and outline the specific methods I used for data collection and analysis. In the subsequent *Results* chapter, I present the themes that emerged most prominently from data analysis, including the intricate ways that particular aspects of the neighbourhood permeate the young mothers' everyday lived experiences. In the *Discussion* chapter, I consider these themes in relation to the literature reviewed in Chapter Two. In particular, I explore how the study findings contribute to the literature by presenting how the young women's experiences are shaped by gender relations in the neighbourhood, and the stigma associated with both teen motherhood and living in Rexdale. As well, I explore the various ways in which these young women expressed their frustrations of "being stuck" in Rexdale. The thesis concludes with recommendations for future research, practice and policy.

2 Literature Review

The purpose of this chapter is to provide an overview of the existing literature related to how neighbourhoods affect and shape the health-related and everyday lived experiences of young mothers. This chapter will begin with reviewing literature on the framework that guides this study: the social determinants of health (SDH). Particular attention will be paid to the SDH that most strongly shape the health and lived experiences of young mothers in this study: socioeconomic status (SES), "race", gender and the ways in which these determinants intersect. The discussion of these determinants of health will be followed by examining the literature on how physical and social characteristics of neighbourhoods influence the health and well-being of their residents. As this study examined the experiences of young mothers in particular, who occupy dual roles of "youth" and "mother", this review includes research that has considered the relationship between youths and their occupancy of particular places, such as shopping malls. Finally, this chapter will conclude with a review of the literature that examines the lived experiences of young mothers, and the stigmatizing discourses and challenges that shape their everyday lives. The literature and studies cited in this chapter have been selected from various fields, including the health sciences, geography, sociology and women's studies.

2.1 Social determinants of health

The current study is guided by a broad understanding of health that is informed by a SDH framework. The SDH are the economic and social conditions that shape the health of individuals and communities, and determine the extent to which a person possesses the physical, social, and personal resources to satisfy their basic needs, and cope with their environment (Raphael, 2008). Social determinants include gender, age, ethnicity, race and geographical location (Public Health Agency of Canada, 2003; WHO 2008) and resources such as income, availability and quality of education, food, housing, employment, working conditions, and health and social services (Raphael, 2008). By focusing on the resources necessary for good health, a SDH framework directs attention to economic and social policies as means of improving health through the organization and distribution of economic and social resources (Raphael, 2008). As my study has been guided by a SDH framework, I focus on literature on the most central determinants of

health that pertain to the neighbourhood and group being studied: SES; "race"; gender and; neighbourhood.

2.1.1   Socioeconomic status and health

Various studies have confirmed that health follows a social gradient: the higher one's social position, the better the health (Adler et al., 1994; Marmot, 2006; Raphael, 2004). The robust nature of the social gradient of health suggests that inequalities in population health status are related to inequalities in social status (Kosteniuk & Dickinson, 2003). Whether employing income, class, deprivation or education as indicators of social status, research shows repeatedly that those who are worse off socio-economically have worse health as measured by morbidity and mortality (Marmot, 2006). Self-rated health has also been found to follow a social gradient. Orpana and Lemyre (2004) used the 1994-1995 National Population Health Survey to study whether exposure to psychosocial stressors may be a mediating mechanism of the social gradient in health. The results from their study showed a clear gradient in poor self-rated health with decreasing SES, which the authors attributed to higher rates of exposure to stressors across several domains, as compared to their higher SES counterparts.

There are numerous studies in the literature that have shown that many of the economic and social resources required for health and well-being are not dispersed equally across the population. For example, Curry-Stevens (2003) discussed the distribution of market incomes of Canadian families between 1980 and 2000. During this time period, the percentage of rich annual incomes ($100,000-149,000) and very rich (>$150,000) increased by 38.8% and 95.5%, respectively, even amidst a recession, while the percentage of working poor ($5,000-19,999) and struggling ($20,000-29,999) increased by 23% and 6.9%, respectively. At the same time, the percentage of middle class families ($30,000-59,999) decreased by 17% (Curry-Stevens, 2003). The income gap is even wider for racialized groups. For example, during the past quarter century, the earnings gap between recent immigrant workers and Canadian-born workers widened significantly. In 1980, recent immigrant men who had some employment income earned 85 cents for each dollar received by Canadian-born men. By 2005, the ratio had dropped to 63 cents. The corresponding numbers for recent immigrant women were 85 cents and 56 cents, respectively (Statistics Canada, 2008).

The relationship between SES and racialized groups is also evident in Toronto, Ontario. The United Way of Toronto released a report in 2004, titled *Poverty by Postal Code.* The report focused on the ways poverty had become concentrated in certain neighbourhoods in the City of Toronto, particularly the city's suburban boundaries. What the study found was that highly concentrated poverty was associated with stressors, such as high levels of unemployment, low education levels and residential overcrowding. Toronto's most poverty ridden neighbourhoods were also more like to have a higher number of families living under the low-income cut off, and were more likely to be visible minorities and new immigrants (United Way, 2004)

2.1.2   "Race" as a determinant of health

There are pronounced health inequalities between racialized groups and the dominant group (i.e., Caucasians). In this study, I will not refer to "race" as a biological indicator of difference between groups. Instead, the term racialized will refer to cultural groups that are "marked" as inferior by the dominant group (i.e., Caucasian, European) and systematically afforded fewer opportunities and resources through built-in and systematic racism within social institutions (e.g., health systems) (Wallis, & Kwok, 2008). In this sense, racism is understood to operate not only at individual levels, but also at institutional and structural levels (Smedley & Smedley, 2005). This means that the relationship between "race" and health also includes a consideration of how stereotypes, attitudes, and expectations about race affect patients and providers; geographic inequities in the availability and accessibility of resources; and institutional and systemic issues, such as policies and practices (Mayberry, Nicewander, Qin & Ballard, 2006).

Smedley, Jeffries, Adelman and Cheng (2008) discuss the relationship between race, racism and health in the United States. These authors state that there are large racial and ethnic inequities in health in the United States, including African Americans, Native Americans and Pacific Islanders living shorter lives and having poorer health outcomes (e.g., worse life expectancy, higher rates of infant mortality and coronary artery disease) than Caucasians and Asian Americans. With specific reference to African Americans, African American men die on average 5.1 years sooner than Caucasian men while African American women die 4.3 year sooner than Caucasian women. Even after controlling for socioeconomic gradients (e.g., income, education), racial and ethnic health differences persist. For example, African American mothers with college

degrees have infant mortality rates that are higher than Caucasian mothers with less than a high school education (Smedley et al., 2008). This finding implies that race has distinct effects on the health of populations, even after controlling for SES. Furthermore, Braveman (2012) shows that, among both African Americans and Caucasians, preterm birth rates decline with higher maternal educational attainment or income. However, at each socioeconomic level, an African American-Caucasian disparity persists, with the greatest disparity found among women with higher education/income and the least disparity among women with lowest education/income.

Researchers have also examined the relationship between racism and health, and how this relationship affects a population's ability to practice healthy lifestyles. Ochieng (2013) focused on the effects of social exclusion, racism and ethnic identity as barriers to African Caribbean men and women's ability to practice health lifestyles in the United Kingdom. In this qualitative study, in-depth interviews were conducted with 18 participants and it was found that, "principles of healthy lifestyles were largely not relevant to their lived experiences because they failed to take into account their experiences of racism, social exclusion, ethnic identity, values and beliefs" (Ochieng, 2013). The participants felt that principles of leading healthy lifestyles were based on perceived Eurocentric approaches that omitted a consideration of the social exclusion experienced by their African Caribbean community. This study points to the importance in centralizing systemic processes of discrimination, marginalization and racism in relation to the perceived healthy "choices" that individuals of visible ethnic minority communities are able to make. The complexity of the relationship between the factors of race, socioeconomic well-being and marginalization is further complicated when incorporating the importance of gender as a SDH.

2.1.3   Gender as a determinant of health

Gender refers to an array of societally-determined roles, personality traits, attitudes, behaviours, values, relative power and influence that are differentially and systematically ascribed to men and women (Doyal, 2001; Public Health Agency of Canada, 2003; Spitzer, 2005). This is in contrast to sex, which is defined as biological differences (Health Canada, 2003). Gender as a determinant of health also includes a consideration of gendered norms which refer to the socially mediated roles and expectations typically ascribed to women and men that change over time,

place, and stage in life (Benoit et al., 2009). For example, the ability to bear a child is, fundamentally, a function of biology (sex), while expectations about the imperative to bear children, the nature of parenting, and the status associated with being a mother are more closely linked to gender roles and expectations (Phillips, 2005).

Gender as a SDH allows for an examination of how gendered norms shape experiences of health and illness, what health care problems come to the attention of researchers and get investigated, what health services are made available through the public purse, and the norms and values that influence patient care (Benoit et al, 2009). Acknowledging the role of gender in health research also allows for a critical investigation of variations in how women and men differentially experience and recount particular aspects of their health and how these accounts are related to other socio-structural forces, such as SES and race (Hankivsky & Christoffersen, 2008). For example, poverty is a gendered phenomenon. Poverty rates in Canada for women are higher than for men in every age group, a phenomenon referred to as the "feminization of poverty" (Reid, 2007). Furthermore, lone-parent families headed by women in Canada have the highest incidence and depth of poverty for all family types. Poverty experienced by women often occurs as a consequence of complex interplay of factors including their roles as mothers, homemakers, and caregivers (Reid, 2007). This is an important point to examine in my study because young mothers are likely to occupy roles as homemakers and caregivers, along with being students or trying to complete their studies, which affect their socioeconomic well-being. Luong (2008)'s report on life after becoming a teen mother speaks to the significant socioeconomic challenges that young mothers are more likely to experience. For example, young mothers are more likely to be economically disadvantaged throughout their lives than women who delayed childbearing; less likely to complete their education and; more likely to receive welfare, and for a longer period of time (Luong, 2008).

Gender and SES interact to produce particular health outcomes. In one Canadian study, Bryant, Leaver and Dunn (2009) examined how income, gender, community engagement and social support, and the presence of behavioural risk factors interacted to influence health as measured by logistic regression across twenty-seven variables. The results of this study highlight the importance of gender, particularly among women of working age (ages 18 and older) as a unique

predictor of unmet healthcare need. That is, women were more likely than men to report an unmet health need in each and every multivariate model. With specific reference to social support, unmet healthcare need was more likely to be reported for women with no one to call on for help, without a group association, with no close relationships, and without one to turn to for advice. The authors hypothesized that an explanation of the gender difference in unmet needs for some of the women may be that working full-time outside the home and providing unpaid care to their families may impede the ability of women to seek care for themselves, thereby explaining both their poorer self-rated health status compared to men as well as their greater report of unmet healthcare needs (Bryant, Leaver & Dunn, 2009). The dual role that women occupy as workers and caregivers compromises their health, and demonstrates the complex ways that gender intersects with other SDH to shape health.

2.1.4   Neighbourhood as a determinant of health

The SDH of health also include environment as an integral component that influences the health of populations (Wilkinson & Marmot, 2003). In this section, I will review the literature that explores the interrelationship between physical and social characteristics of neighbourhoods, and their effects on health of populations. Following this, I will pay particular attention to studies about neighbourhoods with high levels of violence (e.g., gang violence, gun violence, street-level harassment) and how that shapes the health and lived experiences of its residents, with particular focus on women and mothers in those neighbourhoods. This section will also review research on the meanings attached to youths' occupancy of particular places in neighbourhoods, including shopping malls.

2.1.4.1   Neighbourhood characteristics and health

Previous studies that have looked at neighbourhood characteristics have defined neighbourhood in various ways. Neighbourhood is sometimes also used as a synonym for community; however, the term community usually represents a broader and more diffuse area not necessarily restricted by geographical boundaries (Chappell & Funk, 2004). In contrast to "community", neighbourhoods are seen to be more spatially restricted and being an area within which people can engage in neighbouring, a set of informal, face-to-face interactions based on residential proximity (Davies & Herbert, 1993). Brower (1996) defines "neighbourhood area" as a group of

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home areas that share a commonly defined residential area that often has a name. Numerous quantitative and qualitative studies have also defined 'neighbourhood' by postal code or census divisions (Collins, Hayes & Oliver, 2009; Ellaway, Benzeval, Green, Leyland & Macintyre, 2012; Hou & Myles, 2005; Ross, Tremblay & Graham, 2004).

Neighbourhood characteristics are intricately related to other SDH, such as socioeconomic status. A recent study conducted by Chetty, Hendren, Line and Saez (2013) shows that where one grows up matters and that geography plays a major role in an individual's ability to be upwardly mobile socioeconomically speaking. This study's findings show that, in the United States, moving up the income ladder happens less often if one were to live in the Southeast and industrial Midwest, especially in areas such as Atlanta, Charlotte, Memphis, Raleigh, Indianapolis, Cincinnati and Columbus(Chetty, Hendren, Line &Saez, 2013). This is in contrast to other areas of the United States where individuals had higher rates of upward mobility if they lived in New York, Boston, Salt Lake City, Pittsburgh, Seattle and areas of California and Minnesota (Chetty, Hendren, Line &Saez, 2013).

The authors of this study, described as one of the most detailed reports of income mobility in the United States, stated that low-income neighbourhoods were often characterized by rows of houses and low-slung apartments, with occasional strip malls and lacking in good-paying jobs. For example, in Atlanta, the difficulty in moving up the income ladder is most strongly attributed to concentrated poverty, extensive traffic and a weak public-transit system that makes it difficult to get to job opportunities (Chetty, Hendren, Line &Saez, 2013). In addition, two-parent households had a higher likelihood of being upwardly mobile. Furthermore, the researchers found that upward economic mobility tended to be higher in metropolitan areas where poor families were more dispersed among mixed-income neighbourhoods, rather than clustered in primarily low-income neighbourhoods. The results from this landmark study confidently demonstrate that the characteristics of different regions and neighbourhoods are a major determinant that shape individuals' abilities to move up the income ladder (Chetty, Hendren, Line & Saez, 2013).

Neighbourhood characteristics also include aspects of the physical environment which have an impact on health. Characteristics of the physical environment that have been shown to have an impact on health include levels of exposure to contaminants in the air, water, food and soil (Public Health Agency of Canada, 2003). Characteristics of the built neighbourhood environment (e.g., housing, indoor air quality, design of communities and transportation systems) significantly influence physical and psychological health and well-being (Public Health Agency of Canada, 2003). Various studies have shown that the physical environment influences an individual's self-rated health and health status (Gidlow, Cochrane, Davey, Smith & Fairburn, 2010; Wentzel, Rose, Rockwood, 2001). For example, Gidlow, Cochrane, Davey, Smith and Fairburn (2010) explored the relative importance of the perceived physical and social neighbourhood environment for physical and mental health for adults in a neighbourhood in the United Kingdom. The results were that independent physical environmental factors explained 6.0% of the variability in self-rated physical health, with diversity of land the strongest physical environmental predictor, statistically speaking, with hilliness (i.e., amount of natural space with hills) and traffic hazards having some significance to physical health.

The perception an individual has of their neighbourhood also affects their self-rated health. Wilson et al. (2004) focused on the association between perceptions of neighbourhood physical and social characteristics and specific health outcomes (e.g., self-reported health status, chronic conditions and emotional distress) across various neighbourhoods in Hamilton, Canada. It was found that perceptions of the physical environment were positively and significantly associated with physical and emotional health. People who reported that they dislike aspects of their neighbourhood's physical environment were more likely to report chronic health conditions; those that reported physical likes associated with their neighbourhood were less likely than people who did not enjoy aspects of their neighbourhood's environment, to report fair/poor health or emotional distress (Wilson et al, 2004).

A neighbourhood's income level has been shown to predict the health of its residents. Numerous studies have concluded that, compared to residents of high-income neighbourhoods, residents of low-income neighbourhoods are more likely to rate their health as fair/poor, more likely to be dissatisfied with their neighbourhood as a place to live, and more likely to perceive their

neighbourhood of poor quality (Chappell& Funk, 2004; Collins, Hayes & Oliver, 2009; Hou & Myles, 2005; Macintyre, McKay, Ellaway, 2005). This has been interpreted to mean that residents of lower-income neighbourhoods and SES are more likely than those with high-incomes to reside in physical environments that pose environmental risks, both in their place of residence (e.g., exposure to dampness, chemical contamination, noise, temperature problems and poor sanitation) and in their geographical location (e.g., traffic-related pollution, proximity to pollution sites) (Braubach, 2010). However, those with low-incomes and SES may have fewer options due to their constrained resources, to be able to move into neighbourhoods with better physical neighbourhood characteristics.

Health risks and poor health outcomes are not uniformly distributed geographically, but cluster in particular neighbourhoods or areas that have high proportions of marginalized and racialized groups. One of the ways in which this is done is through residential segregation: racial and ethnic minorities who live in majority-minority communities, on average, suffer from a disproportionate concentration of health risks (e.g.,, environmental degradation, an abundance of unhealthy foods, tobacco and alcohol products) and a relative lack of health-enhancing resources (e.g.,, geographic access to health care providers, full-service grocery stores, safe parks and recreational facilities) (Smedley et. al, 2008). Living under these conditions often results in neighbourhoods that have higher levels of crime and violence, overcrowding, and environmental exposures. Residential segregation reflects a form of structural racism in health, where structural racism refers to systematic patterns in policies and practices that permeate the political, economic, and socio-cultural structures in ways that generate differences in well-being to maintain the existing racial hierarchy (The Aspen Institute, 2004).

Smedley, Jeffries, Adelman and Cheng (2008) examine how residential segregation in the United States affects health both directly and indirectly. The authors suggest that racial segregation in neighbourhoods lead to social exclusion from mainstream resources and socioeconomic opportunity because largely non-Caucasian neighbourhoods tend to have poorer public schools and fewer employment opportunities, all of which have been shown to be important SDH. Braveman (2012) discusses that the worse health on most health measures for African Americans in the United States reflects in part their disproportionate representation in disadvantaged

neighbourhoods, which tend to have worse health based on unfavourable socioeconomic conditions at the individual, household, and neighbourhood levels. Thus, the disproportionate poor health outcomes of African Americans are a result of racial segregation and structural racism, and not a result of biological factors.

Neighbourhood characteristics also include social aspects of the neighbourhood that affect health experiences. A growing body of literature suggests that the quality of social relations in neighbourhoods can affect health (Baum, Ziersch, Zhang & Osborne, 2009; Gidlow, Chochrane, Davey, Smith & Fairburn,2010; Pampalon, Hamel, Koninck & Disant, 2007; Walker & Hiller, 2007). Baum, Ziersch, Zhang and Osborne (2009) found that residents of neighbourhoods who feel a sense of cohesion and shared values, and an overall sense of safety, are more likely to make use of local facilities which contribute to maintaining their health (e.g., safety of parks and open spaces). Furthermore, the authors suggested that having a sense of personal security in one's home and local environment, and not experiencing fear, is health promoting. In contrast, feeling constrained about going outside one's home because of fear for safety, and avoiding interactions with neighbours because of discomfort in the neighbourhood environment, creates a social environment which undermines mental and physical health (Baum, Ziersch, Zhang & Osborne, 2009). The results of this study are similar to those of a Canadian study by Law et al. (2004) which found significant correlations between health and neighbourhood characteristics (e.g., income and social diversity, lack or presence of new immigrants, visible minorities). The results of the study demonstrated that there were clear correlations between the health of residents and neighbourhood characteristics, even after controlling statistically for a wide range of factors such as race, education and personal income.

Although racial segregation has been shown to have negative effects on health, research also suggests that residents may experience positive aspects to living in close proximity to members of their own ethnic group. For example, research has been done on the effect of 'group density' on health. The 'group density' effect refers to members of minority communities living in an area with a higher proportion of their own racial/ethnic group tend to have better self-reported health than those who live in areas with a lower proportion of members of their own racial/ethnic group (Becares, Nazroo & Stafford, 2009).In one community-based, qualitative study in the

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United States, Ochieng (2011) explored the effects of kin, social network and the neighbourhood on well-being. The results demonstrated that the choice of neighbourhood was determined by SES, the need to live in proximity to people of similar ethnicity, and fear of being isolated and lonely. The group of African-Caribbean participants interviewed lived in a neighbourhood that: lacked appropriate health and social care support facilities (e.g., safe play areas for their children); general practitioner (GP) services were overstretched; there was a persistent drug culture; there were few exercise and relaxation facilities; and there were problems with pollution from traffic (Ochieng, 2011). However, when asked if they would move to an area not as concentrated with members of their own ethnic community, participants communicated concerns about experiencing some degree of marginalization from their prospective Caucasian neighbours and loneliness by being cut off from their former community.

The combination of physical aspects, social aspects and neighbourhood SES demonstrates that neighbourhoods influence health-related experiences through indirect, complex and interlinked pathways (Warr, 2007). The influences of neighbourhood characteristics are further complicated when examining the role of neighbourhood violence on health.

2.1.4.2   Neighbourhood violence and health

A neighbourhood characteristic that is equally important to examine in relation to health is high rates of crime and/or violence. With respect to mental health, Wilson-Genderson & Pruchno (2013) studied the effects of neighbourhood violence and perceptions of neighbourhood safety on depressive symptoms of older adults. They surveyed 5688 persons aged 50 to74 who lived in New Jersey and found that older adults who reported higher rates of violence in their neighbourhood and lower perceptions of feeling safe scored higher in their reporting depressive symptoms (Wilson-Genderson & Pruchno, 2013).

A separate study observed the posttraumatic stress disorder (PTSD) experienced in a predominantly African American urban community, and how that has been shaped by the pervasive exposure to violence in the neighbourhood (Goldmann et al., 2011). The objective of the study was to assess the experiences of members of the African American community with traumatic events and posttraumatic stress disorder (PTSD) among 1,306 randomly selected

African American residents of Detroit. The results showed that lifetime prevalence of exposure to at least one traumatic event was 87.2%, with assault making up 51.0%, and that African Americans from Detroit have a relatively high burden of PTSD (e.g., 17.1% of those who experienced a traumatic event met criteria for probable lifetime PTSD) (Goldmann et al., 2011).

Mair, Kaplan and Everson-Rose (2012) explored the relation between feelings of hopelessness and neighbourhood characteristics. In this study, the Chicago Community Adult Health Study was used to investigate whether feelings of hopelessness clustered at the neighbourhood level. The association of hopelessness was correlated with neighbourhood conditions (e.g., physical disorder and decay, perceived violence and disorder, social cohesion) and census-based measures of neighbourhood socioeconomic conditions (e.g., poverty, unemployment, % high school dropouts) between 1980 and 2000. It was found that perceived violence and disorder in the neighbourhood correlated with higher feelings of hopelessness, and individuals' reports of hopelessness reflected physical, socioeconomic, and opportunity characteristics of their neighbourhoods above and beyond their individual characteristics (Mair, Kaplan & Everson-Rose, 2012).

2.1.4.3   Gendered dynamics of neighbourhood violence

The experience of violence is a gendered phenomenon. Benoit, Shumka and Vallance (2010) argue that violence acts as a major determinant of women's health. The authors explain that factors such as age, gender, economic status and geographic location can place some individuals in especially vulnerable positions. Jiwani (2005) explores the hidden forms of violence that young women from racialized immigrant communities in western Canada experience in their everyday lives. The young women from the study experienced different forms of violence including: gendered racism and gendered violence (interpersonal and systematic); sexualisation as the "exotic Other"; hierarchal and horizontal violence (violence between girls of different racial backgrounds; fitting in and; institutionally sanctioned violence). The multiple forms of violence that these young women experienced permeated their lives and resulted in their othering through inferiorization, trivialization, exoticization, and erasure (Jiwani, 2005). Experiences of erasure included having to hide aspects of their cultural identity (e.g., not being too loud when

talking; stereotype of Iranians) in order to buffer the negative experience of inferiorization imposed by their white Canadian classmates.

Research on the gendered nature of neighbourhood violence has included the effects of violence on mothers specifically. For example, Johnson et al. (2009) examined the influence of neighbourhood violence on multiple aspects of mothers' health. The authors sampled 392 Baltimore City mothers of children 5 years and younger who completed a self-administered survey that included questions about perceptions of their safety as well as their personal experiences with neighbourhood violence. The mothers' experiences and perceptions of violence were compared to five diverse health-related determinants and outcomes: self-reported health status, smoking, exercise, average hours of sleep a night, and sleep interruption. The results showed that mothers with high exposure to neighbourhood violence were twice as likely to report poorer health, smoking, never exercising, and poor sleep habits (Johnson et al., 2009).

Perceptions of neighbourhood safety also affect the parenting styles of mothers. Dias and Whitaker (2013) studied Black mothers' perceptions about urban neighbourhood safety and how that affected outdoor play for their preadolescent daughters. The authors used narratives of single low-income Black mothers with preadolescent children in a high-crime neighbourhood in Newark, New Jersey. The data collected from the narratives showed that mothers reported that unpredictable violence (e.g., drug and gang activity of neighbours) and the absence of safe play areas in their neighbourhood led them to keep their daughters indoors. The authors concluded that hostile neighbourhood conditions contributed to children's physical inactivity and put girls at risk for obesity (Dias & Whitaker, 2013). In a similar study by Jones et al. (2005), mothers' perceived neighbourhood violence was examined in relation to maternal monitoring and the moderating role of two sources of social support (co-parents and friends/neighbours) among low-income African American single mothers. It was found that when neighbourhood violence was perceived as high by mothers, they were more likely to depend on social support from co-parents and friends and neighbours, as a form of maternal monitoring.

Similarly, this heightened sense of "monitoring" children has been found among Latina mothers who live in a neighbourhood that they perceive to be violent. Ceballo, Kennedy, Bregman and

Epstein-Ngo (2012) conducted qualitative interviews with 49 low-income Latina mothers to examine how parenting practices are used when facing neighbourhood poverty and the threat of community violence. The mothers in the study relied on three strategies previously identified in the literature: (a) strict monitoring, (b) physical and/or social withdrawal from the neighbourhood, and (c) engagement in positive, enriching activities for children (Ceballo, Kennedy, Bregman& Epstein-Ngo, 2012).

In addition, there has been a steadily increasing number of studies conducted on street-level harassment and how this affects the experience of safety for women. Scholars have defined street harassment in various ways, but the general consensus is that it is an, "unsolicited verbal and/or nonverbal act of a male stranger towards a female, solely on the basis of her sex, in a public space (Laniya, 2005). "Street" may refer to public spaces such as the street, parks, public transportation, and so on. Verbal and nonverbal acts include, "wolf-whistles, leers, winks, grabs, pinches, catcalls and street remarks" (Davis, 1994). The importance in naming this phenomenon as a form of harassment is the consensus that it is, indeed, a form of harassment and not to undermine or trivialize it as mere "remarks" or "hassling" (Laniya, 2005).

The remarks or actions from street harassment towards women may affect their full participation with their environments and society (Bowman, 1993). The act of objectifying women's bodies through street-level harassment is what Carole Sheffield (1987) defines as sexual terrorism involving men's systematic control and domination of the streets and public spaces that women occupy, through the process of exclusion, domination, invasion and oppression by males over public territories. The act of street harassment also engenders spaces and places through men claiming ownership of street space and disengaging women from occupying and engaging with those places. Thus, it is important to gain a better understanding of how women's everyday experiences of harassment translate to their everyday lives, in the multiple places they occupy, including their neighbourhoods.

2.1.4.4   Youths' occupancy of place

Given this study's focus on young mothers' health-related and everyday lived experiences within a particular neighbourhood, it is important to consider how these young women occupy

particular kinds of places. As youths are often considered to be minors in decision-making, their occupancy of certain places may signify a temporary ownership of property to have their legitimacy recognized. Childress (2004) discusses the relationship between American teenagers and the appropriation of space to create territory because they are legally prohibited from property ownership, and so they must appropriate and occupy the places of others in order to claim space.

The concept of territorial claiming has also been studied by others who examined the relationship between young people and violence. For example, Bannister, Kintrea and Pickering (2013) draw on an empirical study of young men and women and territoriality in six neighbourhoods/regions across Britain. The authors found that, although young people fully recognize that participating in violent territorial conflict risks severe injury and criminalization, the rewards of respect, protection and excitement helps to create an understanding of violent territoriality as socio-spatial practice that serves to secure and fuse important aspects of individual, social and place-based identities (Bannister, Kintrea & Pickering, 2013). The findings showed that territoriality is a part of everyday life for young people in those disadvantaged neighbourhoods, and that the concept of territoriality is sometimes rooted in cultural expectations, passed down from older generations, with deep historical roots (Kintrea, Bannister & Pickering, 2010).

An intriguing area in the literature are studies that try to understand the relation between youths and the places they occupy for leisure activity, such as hanging out. Atmodiwirijo (2008) examined adolescents' (aged 11 to 16) use of urban public places for hanging out activities in Jakarta, Indonesia. The study found that adolescents' use various types of places to accommodate their need to hang out with friends. They use places designated as settings for entertainment and socializing as well as places designated for other functions. The results of the study showed that the potential of certain types of urban places (e.g., bus stops, street corners, unplanned places) are an integral part of adolescents' everyday activity spaces as areas to accommodate their need to hang out with friends (Atmodiwirijo, 2008). Such a need helps to understand the utilization of such places for activities beyond their intended functions.

The occupancy of youths in public spaces is especially important to examine when looking at social spaces that youths are most likely to occupy. One of these locations, central in many studies, is the mall. Cotrau (2008) uses religion as an analogy of the importance of malls to youths, where it is a place of ritual congregation during weekends or on Sundays and where youths experience the "holy trinity": pleasure, leisure and consumption. The malls act as powerful agencies of identity construction based on the assumption that consumption is symbolic and that teens in malls consume signs and meanings rather than just commodities (Cotrau, 2008). Matthews, Taylor, Percy-Smith & Limb (2000) add to the idea of identity construction by considering the importance of the shopping mall to youths living in the East Midlands of the United Kingdom. Along with finding that the mall provides a convenient place for hanging out, young people occupy spaces within malls, asserting a right of presence where they assume the mantle of the hybrid of no longer being a child, yet not quite being an adult (Matthews, Taylor, Percy-Smith & Limb, 2000).

Some research has sought to understand the significance of brand shopping and its role in shaping the social locations and identities of youth and young shoppers. Taylor & Cosenza (2002) developed and administered a survey to better understand the mall shopping behaviours and clothing choice of later aged female teens. The study found that for these teen girls, making the right choice for clothing, such as the right brands, is important both from a social affiliation and a social influence position. This enables a deeper understanding of why youths gather in the mall, and the ways in which the desire for and purchase of specific commodities enables youths to construct their identities and gain social status.

2.2   Intersectionality and health

Intersectionality is the interaction between aspects of social difference and identity (e.g., race/ethnicity, class, and gender) and forms of systemic oppression (e.g., racism, classism, sexism) at macro and micro levels in ways which are complex and always at interplay (Hankivsky, 2011). The multiple levels of oppressions operate together to shape experiences of privilege and penalty between and among groups (Collins, 2000).In this sense, an intersectionality framework assumes that individuals can occupy multiple social locations. The term "social location" refers to the multiple "roles" or "statuses" that an individual occupies at

any given time (Benoit et al, 2009). Social location can include an individual's age, sex, gender, ethnicity, health-status, sexual orientation and occupation. For example, in addition to her social roles as "teen" and "mother", teen mothers occupy multiple social locations that are informed by their position on axes of gender, "race" and social class.

As discussed by Smedley and Smedley (2005), intersectional analysis allows for better understanding of the complex ways that forms of oppression related to race, gender, socioeconomic status, geography and other factors shape health, simultaneously. Iyer, Sen and Östlin (2008) review existing research on the intersections between gender and class, and their impacts on health status and access to health care. The authors critically question the findings of studies that analyze gender and class as separable sources of inequality. These authors argue that a number of studies confirm that both gender and class exert an influence on health outcomes, and that the pathways leading to social inequalities in health are complex, and cannot be predicted along a single dimension of social inequality. The authors discuss gender and class inequalities in access to health care, with specific reference to countries that are without nationalized health systems. For example, the authors cite studies that look at women living in low-income communities in regions of Africa and India who often have to resort to self-treatment or informal health providers, and use less resources for themselves in order for the men and children in their families to have greater access and resources to healthcare. The authors conclude by suggesting that intersecting stratification processes significantly alter the impacts of any one dimension of inequality taken on its own (Iyer, Sen & Östlin, 2008).

An intersectionality approach acknowledges that, although there are differences in health experiences between men and women, there are also inequities between different groups of women. For example, Benoit et. al (2009) discuss that membership in a high-SES category is an important predictor of good health among Canadian women, and that women from low-SES backgrounds are more likely to smoke, be overweight, live in unsafe neighbourhoods and maintain greater or sole responsibility for child and/or elder care. In addition, women with high SES may purchase paid, domestic help which is frequently employed by poor females, which illustrates how systems of privilege and oppression interlock. As such, the suggestion is that even within one determinant of health (e.g., gender) there are structures of power that grant

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greater socioeconomic and health advantages to one group (e.g., those with high SES) versus another (e.g., those with low SES). Thus, not all women experience health in the same way.

2.2.1   Intersectionality and teen mothers

In addition to the various SDH reviewed above, the social locations of teen mothers, and thus their experiences of health, are affected by the intersection between SDH (e.g., gender, race, SES) and dominant discourses that depict teen mothers in a negative light. For example, within the medical and health promotion academic literature, teen pregnancy and motherhood have been portrayed as a cause for concern and a social problem (Breheny & Stephens, 2008; Breheny & Stephens, 2010; Macvarish, 2010; SmithBattle, 2003). Teen mothers are typically described as lacking rational and moral agency because they have become mothers at a young age, which the dominant discourse describes as typically a result of their poor individual choices or family deviance (Breheny, 2008). In addition, teen mothers are typically portrayed as 'risky' due to their in-between status as neither child nor adult, and because teenagers are constructed as not having the ability to process knowledge about risk, or act rationally on the basis of this knowledge in their own best interests, rendering their pregnancies as the result of risky behaviour (Macvarish, 2010).

Breheny and Stephens (2010) examined how teenage mothers were constructed in the medical and scientific literature in New Zealand. They found four main discourses that influenced the representation of teen motherhood in the literature: i) the public health discourse, where early motherhood is understood as a disease requiring surveillance and a public health response; ii) an economic discourse, where teenage mothers are positioned as a financial drain on society and early motherhood as a cost to the mothers themselves; iii) an ethnicity discourse where young mothers are classified into ethnic groups explaining differential fertility rates through the resistance of appropriate reproductive technology among minority group members and; iv) the eugenics discourse, which engages metaphors of parenting as a biological priority and highlights the unsuitability of young mothers as parents (Breheny & Stephens, 2010). The combination of these discourses presents the teen mother as: financially dependent, an ethnic minority member who is psychologically, physically and educationally unprepared for parenthood and whose

reproduction produces disadvantage for both the individual and the state (Breheny & Stephens, 2010).

These studies show how "teen" and "mother" are generally seen as incompatible social categories or roles. The concept of teenagers becoming mothers challenges the conventional idea of motherhood and family. In President Bill Clinton's 1996 'State of the Nation' speech, he spoke of lowering teen pregnancy rates in the country as a way to 'restore the family' (Macvarish, 2010). The idea of teen mothers challenges the conventional idea of 'family', in addition to a widespread concern with social disorder because mothers reproduce and rear future generations (Breheny & Stephens, 2010; Lawlor & Shaw, 2004; Macvarish, 2010). The portrayal of teen mothers as unsuitable, and their symbolic representation as a threat to conventional notions of the ideal family, demonstrates how the social construction of teen motherhood is as much about the wrong sort of young women becoming mothers, as it is about mothering too soon (Breheny & Stephens, 2010). The negative construction of teen mothers as the wrong sort of mother disturbs commonly accepted notions of family values, as shown in Clinton's speech, and thus creates anxiety and positions teen mothers as a threat to the social order. The anxiety generated by the symbolic meaning of teen mothers is relevant to my study because it contributes to an understanding of why teen mothers may feel stigmatized, and how the cultural anxiety around the issue of teen mothers contributes to their marginalization.

The consequences of constructing teen mothers as a social threat, includes stigmatization and alienation from others, and shapes the teen mothers' interactions with healthcare providers and members of their communities, and their daily lived experiences (Shanok & Miller, 2007; Chabot, Shoveller & Johnson, 2010). There are a number of qualitative studies that focus on the personal experiences of teen mothers after their pregnancy (Brubaker, 2007; de Jonge, 2001; Middleton, 2011; Rolfe, 2008; Seamark & Lings, 2004). In these studies, the construction of teen pregnancy as a social problem and form of social deviance is reflected in the teens' reported experiences of motherhood. Qualitative studies suggest that teen mothers are aware that others perceive them in a negative light, and that they experience public and familial alienation because of it, as well as negative attitudes directed towards them during their visits to child and health centres (Hanna, 2001; Kirman, Harrison, Hilier & Pyett, 2001; Shanok & Miller, 2007).

As well, Kirkman, Harrison, Hillier and Pyett (2001) examined the phenomenon of teenage motherhood from the perspective of the young women themselves. A narrative methodology was used to understand both the ways in which the young mothers made sense of their lives, and the ways in which they interpreted the canonical narrative of teenage motherhood (i.e., in which they are judged and condemned because they are teen moms). The results showed that teen mothers demonstrated both their awareness of the canonical narrative and drew on this narrative to develop their own contrasting autobiographical narratives, in which they represent themselves as good mothers who are capable of learning the skills of motherhood (Kirman, Harrison, Hilier & Pyett, 2001). Thus, teen mothers, while stigmatized, also exercise agency and control over their lives and decision-making.

Young mothers' exercise of agency and control over their lives is also evident in how they access healthcare services. Brubaker (2007) interviewed 51 poor African American teen mothers to explore how the "social problems" moral discourse on teen pregnancy and feminist critiques of medicalization have detracted attention away from teen's experiences with reproductive health care. The interviews suggest that, before their pregnancies, teens are largely denied access to formal health care services and reproductive information, and once pregnant, like adult women, they alternately embrace and resist specific aspects of medical care (Brubaker, 2007). The finding that the teen mothers choose to embrace and resist certain aspects of medical care parallels what other studies have found, that teen mothers demonstrate rationality in their decisions and choices (Barn & Mantovani, 2007).

Similarly, in other qualitative research studies, teen mothers also discuss their experiences prior to becoming pregnant and how becoming a mother has been a highly restorative process (Middleton, 2011; Seamark & Lings, 2004). For example, for some it gives them the opportunity to move away from their prior disrupted lives, unhappiness in childhood and turmoil during adolescence (Hanna, 2001).In contrast to dominant discourses that frame teenage motherhood as a form of deviance, such studies further suggest that teen mothers do not necessarily view their having a child at a young age as ending their prospects for a positive future. As discussed by Kirkman, Karrison, Hillier and Pyett (2001), teen mothers see themselves as having education and career opportunities which can be reorganized as a positive aspect of having children young

because they will be freed from childrearing responsibilities at a young age as compared to those women who have children at a later age.

Despite the literature that discusses young mothers' abilities to exercise agency and control over their lives, other studies also suggest that experiences of teen mothers reflect challenges associated with parenting and day to day living. Challenges identified by teen mothers include lack of preparation for motherhood, difficult economic situations, public and familial alienation, lower self-esteem and depressive symptoms (de Jonge, 2001; Patel &Sen, 2011; Wahn & Nissen, 2008). The combination of the negative social constructions of teen mothers, and the SDH that affect their health, illustrates the unique social locations of young mothers and how these are a complex product of various intersecting determinants.

2.3 Conclusion

In this chapter, I reviewed the literature in a number of areas that help to situate and inform my research focus on the health-related and everyday lived experiences of young mothers in Rexdale. These areas of research included: the determinants of health that pertain to the study's objectives; the significance of neighbourhood in relation to health; the meanings associated with youths' occupancy of particular places and; the ways in which negative representations of teen motherhood as a social problem further complicate their social locations. In the following chapter, I state my research goal and objectives, provide justification for the methodology chosen, and describe the step-by-step process of data collection and data analysis used in this study.

3 Methodology

3.1 Research Goal and Objectives

Using an ethnographically-informed qualitative approach, the primary goal of this study was to gain a greater understanding of the health-related and everyday lived experiences of young mothers in Rexdale. Consistent with a qualitative approach, in this study, "health" was open for the participants to define based on their own experiences and perceptions of what "health" meant to them. The specific objectives of the study were to explore how the health-related experiences of young mothers were shaped by:

i) physical and social neighbourhood characteristics;

ii) their everyday experiences in the neighbourhood;

iii) their distinct gendered, racialized and socioeconomic social locations and;

iv) the stigma they may experience associated with prevailing negative discourses on teenage motherhood

3.2 A critical qualitative approach

A critical qualitative research methodology was appropriate to address the research goal and objectives. In contrast to quantitative research, qualitative research aims to examine a specific phenomenon in depth, rather than generating results that form general conclusions about a population at large(Silverman, 2010). In this study, I wanted to understand the experiences of young mothers in a specific neighbourhood (i.e., Rexdale) and how their everyday lives are shaped by their neighbourhood, class, gender, race, and by stigmatizing discourses on teen mothers. As with other qualitative research, the purpose of this study was not to generalize the specific findings to reflect the experiences of *all* young mothers, but to shed light on common conceptual themes that may be shared between the participants and myself.

As opposed to most forms of quantitative research, qualitative researchers study things in their natural settings to interpret phenomena in terms of the meanings people bring to them (Denzin& Lincoln, 2008). Qualitative research requires the researcher to situate herself in a setting that

involves an interpretative, naturalistic approach to research (Denzin & Lincoln, 2008). The basis of qualitative research is the interpretive approach in understanding the lived experiences of individuals, communities and society. This differs from the positivist, quantitative research approach that aims to provide explanation by answering the hypothesis and questions guiding the study (Creswell, 2007).Where quantitative research insists on maintaining objectivity and neutrality in the findings, qualitative research understands the subjective nature of human experience as being as important as focusing on quantification, explanation, prediction and control (Patton, 2002).

The qualitative researcher, who comes from a particular class, gender, racial and cultural perspective approaches the world with a set of ideas, a framework (*theory, ontology)* that specifies a set of questions (*epistemology*) that he or she then examines in specific ways (*methodology, analysis*) (Denzin& Lincoln, 2008). The theoretical lenses (e.g., positivist, poststructuralist, feminist, or critical) (Duff, 2002; Merriam, 1998; Yin, 1994) and the methodology (e.g., grounded theory, ethnography, and phenomenology) greatly shape the ways in which the data will be interpreted by the researcher. As such, the qualitative researcher does not strive to be a neutral or an objective observer. Qualitative research, understood as an interpretative process, does not privilege one single ideology or methodological practice over another. That is, the methodology chosen to guide the study is chosen to be most appropriate based on the ontological, epistemological and worldview stance of the researcher; there is no wrong or right choice of methodology. Whereas quantitative research would deem this to be biases of the researcher influencing the findings, qualitative research sees the role of the researcher as the main research tool who works with his or her own paradigmatic assumptions, and the informants, to create the data (Fink, 2000). The requirement of the qualitative researcher is thus to exercise a form of reflexivity to ensure he or she takes into account their own position in the setting and situation of the study (Watt, 2007).

Qualitative research is inherently multi-method in focus (Flick, 1998, p. 229), where the researcher can choose to use different ways to collect data and understand the phenomenon under study. For example, data collection can solely be based on interviews, or can be in combination with participant observation and reflexive journals. With any chosen form of methods used in

qualitative research, the purpose is to use 'thick descriptions' to describe, analyze and interpret the data (Shenton, 2004). The purpose of choosing methods of data collection such as semi-structured interviews and participant observation, is to build an *emic* perspective, which focuses on the people involved in the study, including the meanings and interpretations they give to their daily lives in their natural settings (Guba& Lincoln, 1994).

Triangulation is used by qualitative researchers to check and establish validity in the results by analyzing the research question and data from multiple perspectives (Patton, 2002). By using triangulation of methods, the researcher attempts to gain an in-depth understanding of the phenomenon in question (Onwuegbuzie, Dickinson, Leech & Zoran, 2009). It is important to note that although qualitative research does utilize the approach of maintaining quality of the findings, the purpose of the findings is not to provide an objective or absolute perception of the world, as required by quantitative research. Instead, qualitative research assesses the quality of the findings by considering the trustworthiness and authenticity of the data, and ensuring that the interpretations made by the researcher are grounded in the experiences of the informants, and not solely on the ideological assumptions of the researcher (Morrow, 2005).

In this study, I took a critical stance in order to document and explore how the health-related and everyday lived experiences of the study participants are shaped by their neighbourhood, their social locations as young mothers in Rexdale, and by negative discourses about teenage motherhood. As defined by Kincheloe & McLaren (2005), critical social theory focuses on issues such as: power and justice and the ways that the economy, matters of race, class and gender; ideologies; discourses; education; religion and other social institutions and; cultural dynamics interact to construct a social system. The ontological stance of critical theory views reality, and individuals' experiences of reality, as shaped by social, political, cultural, economic, ethnic and gender values that are crystallized over time (Guba & Lincoln, 1994). In contrast to positivist or constructivist research, critical qualitative research questions taken for granted assumptions and understandings by acknowledging the role of power and social position in determining a perceived 'truth' (Eakin et al., 1996).

For example, a critical stance in health promotion would question the ways in which smoking among young girls is framed and defined as a research problem, and how it comes to be presented as a social problem (Eakin et al., 1996). A critical stance in health promotion would question: who defines this as a problem? And how did it come to be problem? A critical stance would also go above and beyond the acceptance that smoking among young girls is a problem based on epidemiological data. Instead, a critical perspective would explore the cultural and social beliefs associated with why smoking is considered to be a problem, particularly among young girls. For example, the population of young girls represents a group that is the next generation in terms of age, but also reproductive process. Thus, smoking among this population jeopardizes the cultural and social belief of young girls being wholesome, innocent and pure (Eakin et al., 1996).

A critical stance was particularly suited for the research goal and objectives of this study because of the assumption that the experiences of young mothers are embedded within and informed by a social system shaped by the social determinants of health, their neighbourhoods and the social construction of teen pregnancy and teen motherhood. A critical stance allowed for the opportunity to analyze and interpret the young women's experiences in relation to their social locations on various axes of inequality and oppression (e.g., social class, gender, "race") and how these intersecting axes of oppression potentially contribute to their marginalization and stigmatization. In this sense, a critical stance allowed me to inquire against the grain of conventional health promotion research, questioning prevailing assumptions and understandings, and acknowledging the role of power and social positioning in shaping the everyday lived experiences of the young mothers. In contrast to conventional health promotion research that tends to conceptualize social determinants of health as individual-level risk factors, I explored the ways in which these determinants shaped the everyday lived experiences of young mothers within the context of a marginalized neighbourhood, along with the role of prevailing negative discourses about teen motherhood. A critical stance gives way to understanding the dialectical relationship between macro-level and micro-level health problems, where the micro-level of the individual experience can be understood as being shaped by the macro social, political and economic context in which it is situated (Eakin et. al, 1996).

In this study, I chose the ethnographic methods of interviewing and observation. Ethnography reveals structures and interactions in a society and meanings that people give to their action and interactions that shape their behaviour (Bryman, 2001). An ethnographic approach requires that the researcher demarcate a specific field of study for inquiry. In this case, the field of research was the neighbourhood of Rexdale. Once granted entry into the field by key gatekeepers of the community, the researcher tries to create rapport with community members and participants while she immerses herself into the culture studied over an extensive period of time (Bryman, 2001). For this study, I did not require access to the neighbourhood through key gatekeepers. I was already heavily immersed in the neighbourhood because of my residence in Rexdale for the past fourteen years, as discussed in the following section, *Reflexivity*. However, I did re-acquaint myself with familiar places within the neighbourhood through the use of field notes and journal entries as points of reflection and deep observation.

As part of ethnographic methodology, firsthand experiences of the study participants are gathered through various methods (e.g., observations, field notes, interviews) to form descriptive data of the focus of interest (Holloway & Todres, 2003). In this study, field notes were generated based on my observations of the neighbourhood (e.g., parks, malls, buses) at various points in time, in addition to interview notes that were made both before and after the interviews were conducted. As well, semi-structured interviews enabled me to elicit, understand and explore the health-related and everyday lived experiences of the young mothers, while editing the questions as needed to generate rich descriptions.

3.3   Participant Recruitment

Participants were recruited using posters and online advertisements (e.g., Facebook, Kijiji) which included my contact information, the inclusion criteria for the study, methods of data collection, and the focus of the study. The posters and online ads also stated that information provided by the participant would be kept confidential and that the participant would be compensated for her time and reimbursed for travel costs. Printed posters were posted in bus shelters along major intersections of Rexdale and in other locations where young mothers were thought to frequent and socialize, including the local library, mall, grocery store, and the local community centre.

The Kijiji advertisement was posted the same week as the first set of posters was distributed. Online and printed posters contained the same information (see APPENDIX A).

Within the first three weeks of poster handouts and online advertisement, I did not receive any contacts from potential participants. In addition, there were a low number of viewings of the Kijiji advertisement (i.e., less than 30 per week), and posters were often removed from bus shelters, either by the City of Toronto or weather conditions. At this point, I approached the supervisor of a child care centre located next to a local high school to see if it would be possible to advertise the study there. I considered this to be an ideal place to recruit young mothers since this child care centre is specifically for young parents who are attending school full-time. I met with the supervisor of the child care centre during my fourth week of participant recruitment, at which time I did not have any participants, and she agreed to make my posters available to eligible clients from the child care centre.

The five participants recruited learned about the study through various recruitment methods. The first participant received information about the study through a printed poster she had viewed at the library. The second participant was informed by a friend who had viewed a printed poster displayed in a community centre. Two of the participants were informed by their social worker (though it is unclear where the social worker received information about the study). The final participant in this study was informed by the daycare she utilized for her child.

The first point of data collection began when I was contacted by each participant. At this point of contact, I explained the purpose of the study over the phone, and the inclusion criteria. Once the participant confirmed that she met the inclusion criteria, I collected her name, phone number and the location and date of the first interview. I confirmed the time and location with the participant 24 hours prior to the scheduled time to ensure she was still comfortable with participating in the study and that the time and location chosen were still convenient for her.

3.3.1   Study Sample

In order to participate in this study, the participant had to meet the following criteria: i) be between the ages of 15 to 19; ii) have at least one child; iii) be comfortable participating in an

interview in English and; 4) reside in Rexdale. The age range chosen for inclusion was based on the Statistics Canada (2008) definition of teenage pregnancies, a definition which is consistent with most literature on teenage pregnancies and young mothers.

A tabular summary of the study sample is provided below in Table 1. The young women ranged in age from 17 to 19 years and were all of Caribbean descent. Though most of the participants had one child, Natasha had two children. Three of the participants were students at the time of the first interview and the other two had aspirations to return to school in the near future. Two of the young women lived on their own with their child/children, whereas three of the women lived with a family member, either their mother or a brother. None of the young women lived with the baby's father. The length of residency in Rexdale ranged from 5 to 18 years. Both Shanaya and Beatrice were born and raised in Rexdale, whereas the other three participants moved to Rexdale from the Caribbean. In the following paragraphs, I provide a descriptive profile of each study participant in order to provide a meaningful context for her specific experiences, and for the themes that are presented in the *Results* chapter.

Pseudonym	Age	Children	Occupation	Ethnicity	Living Situation	Length of Residence in Rexdale(yrs)
Beatrice	17	1	Student/co-op	Caribbean	With mother	17
Shanaya	18	1	Student	Caribbean	With brother	18
Renee	19	1	Stay at home mom	Caribbean	With mother	7
Natasha	19	2	Stay at home mom	Caribbean	Alone	5
Shanelle	19	1	Student	Caribbean	Alone	6

Table 1. Summary of Participant Information

3.3.2   Participant profiles

At the time of her first interview, **Renee** was 19 years old and lived with her mother and six month old son on Kendall Avenue, a community in its own right because of the dense cluster of high-rise apartment buildings in its location. Renee arrived in Canada seven years earlier from the Caribbean with her mother and her two sisters, one older and one younger. Since having her son, Renee has not returned to high school, but she expressed interest in completing her high

school degree through online courses because her son was not in daycare. When I went to her apartment, I noticed how clean and neat her home was, and how her apartment was the only one in the hall with a welcome mat in front of the door which suggested to me that she felt it was important to keep a clean house. During our first interview, Renee was very soft-spoken and was short with her answers, though she became noticeably more frustrated when she talked about "the guys" who would hang out in front of her building. During our second interview, we went to the mall, and though I expected that she would want to walk around the mall, we sat at the food court for most of the time, which suggested that the food court was an important place for congregation and leisure. Renee was the only study participant who talked about the steady presence of her child's father. She referred to him as her "boyfriend" which left me with the impression that they were in a relationship. The few times she talked about her boyfriend, Renee talked about the baby's father in a generally positive light, and as an important figure in their son's life.

Natasha was 19 years old and had two children. Natasha lived on her own in the east end of the neighbourhood in a high-rise apartment building owned by Toronto Community Housing. The apartment building had bars placed over the first floor windows and all the balconies were boarded up. Like Renee, Natasha was the only one on her floor that had a welcome mat sign in front of her door. When I entered Natasha's apartment, she was tending to her 1 year old daughter and her 4 week old son. She had very few things in her living room, but the things she did have were very nice and well maintained. She had a 40 inch TV which was the major focus of the room, along with a 3-piece leather sofa set. In the right hand corner, she had two strollers parked. I could not get a full glimpse of the kitchen but it looked clean and had a dining table set. While her daughter watched the *Alvin and the Chipmunks* movie, we conducted the interview. Like Renee, Natasha was very shy during the interview, and I had to probe her frequently by asking questions such as, "What do you mean by that?" and "How did that make you feel?" in order to elicit more information from her. For the second interview, Natasha wanted to go to the mall. Since her children were with her, we conducted our interview sitting in the food court. Her older sister sat at the table next to us watching over the children while we continued with the interview. During the second interview, I began to gain an understanding of her increasingly

positive relationships with her mother and sister and how this stood in contrast to her complicated relationship with her children's father.

Shanaya was interested in the study because the daycare where she dropped off her daughter had told her about it. Since Shanaya was a full-time high school student, we had to conduct the first interview at a mall which was located on her route home from school. Although Shanaya did not go to school in Rexdale, she lived in one of the Kendall buildings with her older brother. Her parents lived in the suburbs outside of Toronto. It was of interest to me that her school was in the Jane and Finch area because it is also designated as a priority neighbourhood. Shanaya talked very openly about the stereotypes that defined Rexdale as being a "bad neighbourhood" and the stigma of being a young mother. When I asked her to elaborate on the topic of young mothers in Rexdale, Shanaya was very clear to distinguish herself from the "other mothers" (i.e., welfare moms that used social assistance money to buy themselves nice things). She described herself as being financially responsible and using money for her needs and rarely for her wants. Unlike Natasha and Renee, Shanaya elaborated on every question that I asked her. For the second interview Shanaya chose to go to the mall. When asked, Shanaya explained why she liked to go the stores she did, why she did not go to certain stores, and why she thought certain stores are not located in Rexdale. The most prominent themes that came across were: distinguishing herself from the "other" young mothers; being financially responsible; the stigma with being a young mother; the stereotypes related to Rexdale and; shopping for name brands and goods outside of Rexdale.

The fourth participant interviewed for my study was *Beatrice*. Beatrice was very soft spoken and polite on the phone while showing enthusiasm in participating. I was especially excited about interviewing Beatrice as soon as she told me where she lived. It was in a Toronto Community Housing townhouse complex in the west-end of the neighbourhood, near an area known for its high rates of gun violence. The first interview was conducted in Beatrice's home where she lived with her mom, brother and her one year old son. Like the other interviews, I took a quick look around the living room while Beatrice read over the paperwork. The living room had a lot of stuff but everything was neatly in its place. She had an entertainment system, a large TV, beautiful furniture and artwork on the walls. As compared to Natasha and Renee's homes,

Beatrice's living room looked like it had been "lived in" for a while. I was not surprised when she told me that she had lived in this home for her entire 17 years. When I began the interview and asked her to tell me about herself, Beatrice was the only participant that told me about her personal characteristics (e.g., she likes fashion, she is a funny person). As the interview continued, I could tell the issue of violence in her part of the neighbourhood was very near and dear to her. When Beatrice talked about her friend who was shot and died in the neighbourhood the year before, she was reduced to tears and we paused the interview for a few minutes. However, she was also nostalgic about the good times she has had in the neighbourhood despite the eruption of violent activity over the past few years. As we walked through her neighbourhood for the second interview, Beatrice pointed out important paths and events along the way: where her friend was shot; where they use to have BBQs; pathways that police often patrolled and; the underground parking garage where they would go to smoke. Although Beatrice had a mixture of positive and negative feelings about the neighbourhood, she described a strong urge to want to leave the neighbourhood and be on her own. Beatrice also spoke at lengths about "the guys" in the neighbourhood, including the baby's father. Although the baby's father lived less than 2 kilometres away, according to Beatrice he did not come to see his son very often and was too consumed in the "street life".

Shanelle was the last participant interviewed for this study. We scheduled her first interview at the high school library during her lunch period because that was the only time during the day that she could complete the interview. Shanelle was concerned about her weight and appearance and, unlike the other participants, she persistently asked me for professional advice about diet and exercise. When I met Shanelle, I could tell she was exhausted; she said her son had kept her up the night before because he was teething. I asked her if there was someone that could watch him while she slept and she said she lived on her own. Shanelle explained that she had been mostly living on her own since she came to Canada 6 years ago. Initially, she stayed with her father, siblings and step-mother but because of situations (e.g., eviction), she started to live with her friends and by herself. Living on her own created a deep longing for her mother, who lives in Jamaica, and this distance contributed to Shanelle's sense of loneliness. Shanelle's location of choice for the second interview was the mall closest to the school. Once again, the interview was conducted during her lunch hour. However, this time, Shanelle was accompanied by her best

friend. Although her best friend sat at the table next to us, I could tell she was very intrigued by the discussions emerging from the interview. Shanelle's attitude towards me was also different compared to the first interview. She had shorter and harsher responses of "Yes" or "I don't know". However, her discussions of guys in the neighbourhood were quite rich as she expressed her frustration with the way they always hang out in the entry way of her building and the lack of responsibility they showed when they got a girl pregnant. Her feelings of not having support from the baby's father added to the isolation that she expressed from not having her mother around. Shanelle said her main lines of support were her best friend who lived in the same building and the opportunities she had to speak to her mother on her phone. Shanelle attributed her mother as being the reason why she is a "survivor" through the hardships she has to experience with being alone.

3.3.3   Study Site: Rexdale

Rexdale is a neighbourhood in the North-western region in the City of Toronto, located in the Ward of North Etobicoke. Although Rexdale spans the vast majority of Etobicoke North, in this thesis I specifically refer to the subsector of Rexdale known as Mount Olive-Silverstone-Jamestown because this specific region of Rexdale has been deemed a "priority" neighbourhood. The term "priority" was used by the City of Toronto and the United Way of Greater Toronto to describe thirteen neighbourhoods in order to attract investment for social services and programming from all levels of government and the private sector, starting in 2005. Rexdale has been designated as one of Toronto's thirteen priority neighbourhoods because it has a higher percentage of "social risk factors" as compared to the City of Toronto as a whole. These social risk factors include the presence of visible minorities (Rexdale 85.3%, Toronto 46.9%); lone parent families (Rexdale24.6%, Toronto 20.3%); unemployment rate (Rexdale 17.6%; Toronto 16.6%) and; low-income families (Rexdale 23.4%, Toronto 19.4%)(City of Toronto, 2008).The City of Toronto considers these indicators (i.e., visible minorities, low-income and unemployment) as risk factors for being a "priority" neighbourhood.

With regard to health statistics, compared to the City of Toronto as a whole, Rexdale has higher rates of diabetes, high blood pressure, low birth-weight, teen births, teen pregnancies, chlamydia and gonorrhoea rates. In addition, compared to Toronto, Rexdale has lower rates of women

receiving mammogram screening, pap smears, and men who received screening for colorectal cancer (Toronto Community Health Profiles, 2010).

My field notes journal entries have been a vital component in laying out the social geography of the neighbourhood. The northern tip of Rexdale is the bordering line between Toronto, Vaughan and Brampton. Through the north tip runs Kendall Avenue (a pseudonym), where three of the study participants resided. The demographics of Kendall Avenue change as you move from North to South, particularly in relation to race and housing ownership. For example, the buildings closest to the city border are condominium buildings which are owned by their residents. The families that typically live there are South Asian and European seniors that have lived in the neighbourhood for many decades. As you move south down Kendall Avenue, you reach a cluster of high-rise apartment buildings. These buildings are what Renee referred to as "living on Kendall". The apartments available in this cluster of five high-rise buildings are only available as rentals. Most of the families that live in these high-rise buildings are African, Caribbean or Tamil. These buildings have a notorious reputation in Rexdale for being in deteriorating conditions (e.g., cockroach infestations, no air conditioning, broken elevators).

The demographics and dynamics change once again when entering a small street that diverges off of Kendall Avenue called Outlook Court (a pseudonym). Here are condominium buildings that are owned, not rented. The racialized groups that reside her are mostly South Asians, and there has been a large influx of Middle Eastern (e.g., Syrian) families over the past five years. Opposite to Outlook Court is a smaller street called Stoney Plain Drive (a pseudonym) where there are townhouse complexes, much like the ones that Beatrice lived in, which are typically occupied by African and Caribbean families. These townhouses belong to Toronto Community Housing and the areas surrounding these townhouses are often patrolled by security officers. The inner pathways in the complexes are often painted with graffiti. As you continue to go down Stoney Plain Drive, away from the Toronto Community Housing complex, there are an increasing number of single-detached family homes that are occupied largely by South Asian and older European families that have lived in the area for many years. In general, a pattern is observed throughout Rexdale: apartment and community housing rentals are typically occupied

by African and Caribbean families, whereas private, owned homes are typically owned by families from South Asia, the Middle East and Europe.

3.4   Ethical Considerations

This study was approved by the Non-Medical Research Ethics Board of The University of Western Ontario (Appendix C). A letter of information was provided to each participant (Appendix B). The letter of information included a description of the study purpose; inclusion criteria; the types of interviews that would be conducted; the potential risks, discomforts and benefits of participating; how the information would be used and; the participants' rights. Along with the letter of information, each study participant read and signed a consent form (Appendix D) which indicated their consent to participate in the study. On the consent form, participants were provided with the option not to have the interview audio-recorded; however none of the participants chose this option. Along with the letter of information, a resource sheet (Appendix E) was provided as a referral source in case the participant experienced any distress or discomfort from their participation in the interviews. To my knowledge, none of the participants experienced discomfort from their participation, and none expressed their discomfort with me. The participants also had the option to receive a summary of the study results. If they chose this option on the consent form, they also completed a contact information form (Appendix I).

As part of the requirements outlined by the Non-Medical Research Ethics Board, I submitted a justification for why the young mothers aged 15-17 did not require parental consent to participate in the study. The justification to pardon parental consent was accepted and the participants were able to sign the consent form without a secondary signature from a parent/guardian.

In order to maintain confidentiality, pseudonyms were assigned to each participant. In addition, any name of a location, street, or person from Rexdale was also assigned a pseudonym in order to ensure that data could not be tracked to any participant. Only the thesis supervisor and I had access to these master lists.

3.5 Data Collection Methods

This study included four methods of data collection: (i) semi-structured interviews; (ii) walking interviews; (iii) field notes journals and; (iv) demographic survey. The purpose of utilizing different methods was to gather and triangulate data from different sources, thus strengthening the validity of the emerging themes. Each of these data collection methods is described below.

3.5.1 Interview 1: Semi-structured interviews

The participants had the option of either contacting me through e-mail (Appendix G) or telephone (Appendix H), at which time I described the purpose of the study, inclusion criteria and methods of data collection through the interviews. At that time, the participant indicated their interest in the study and we chose the location, time and date for the first interview.

Prior to beginning the first interviews, I reviewed the letter of information with each study participant, including the study objectives and their rights as study participants. I also gave each of the young women an opportunity to ask any additional questions before signing the consent form. After the consent form had been signed, the participants filled out a demographic survey (Appendix F). Questions from the survey included, "How old are you?", "What is the highest level of education you have attained?" and "What are your living arrangements?" Once the participant had completed the demographic survey, any questions she had were addressed, and the interview was initiated.

The interview was conducted in a location that was most comfortable and convenient to the study participant. This provided me an opportunity to build rapport with the participant in a relaxed environment. A semi-structured interview guide was used to conduct the interviews and included a specific set of questions that related to the study objectives (Appendix J).For example, questions included: **"**What is it like to live in Rexdale?" and "How do you think living in Rexdale affects your health?" In keeping with the inductive nature of qualitative data collection and analysis, the interview guide was used in a flexible manner so that I could follow the lead of the participants during the interviews. For example, I would often prompt participants to say more by asking general follow up questions such as, "Tell me more about that" or "Could you give an example of this?", "How did that make you feel?" When there were instances where the

participant was not able to answer a question from the interview guide, I reworded the question, or asked them a similar question at a later point in the interview. Using this process, interviews were guided by the participants' concerns and experiences and were also targeted towards the objectives of the study.

There were also questions from the interview guide that did not elicit much response or rich data from the participants. One of these questions was, "How do you think your health differs as a young mother as compared to your friends who are not moms?" I asked this question in the first interview with the first two participants; however, both participants had difficulties understanding and answering the question. This gave me the opportunity to edit the interview guide and remove questions that were difficult for the participants to answer and which did not generate rich descriptions.

Interviews were audio-recorded using a digital recorder. The duration of the semi-structured interviews ranged from 45 to 65 minutes. At the end of the interview, I thanked the participant for her time and presented $20 for reimbursement and two public transportation tokens. Before concluding the first interview, I explained the purpose of the walking interview to the participant. Each participant was asked to choose a place to go to in Rexdale. We then scheduled a tentative time, date and location for the second interview.

3.5.2   Interview 2: Walking Interview

In contrast to a semi-structured interview that is typically conducted in one location, the second interview was a walking-interview. Walking-interviews, commonly referred to as "go-along" interviews, are a qualitative interviewing technique that provide a method for exploring and understanding peoples' experiences of their local residential context (Carpiano, 2008). Walking-interviews are conducted by researchers accompanying participants on outings in the participants' familiar environments, such as their neighbourhood. The researcher is, "walked through" participants' lived experiences of the neighbourhood and, by asking questions and observing, the researcher is able to examine the participants' experiences, interpretations, and practices within the context of their neighbourhood (Carpiano, 2008)

Prior to conducting the second walking interview, I contacted the participant 24 hours preceding the arranged time and date, in order to ensure the participant would like to continue with the study, and if the date and time chosen were still convenient for her. Four of the five participants chose to go to the local mall for their walking interviews, while the fifth participant chose to take me on a walk through the specific area of Rexdale where she lived.

There was no official interview guide for the walking interview. The questions were based on the interview data I had transcribed from the first interview, and focused on areas that I felt required greater clarification and elaboration. The walking interview was also an opportunity to introduce questions that were not asked during the first interview. In addition, I asked each participant to elaborate on the place she had chosen for the walking interview and how the place related to her experiences of health and the neighbourhood. Questions included, "Why did you choose this location?", "How often do you come here?", "Who do you come here with?", and "Why do you like coming here?"

Similar to the semi-structured interviews, the duration of the walking interviews ranged from approximately 45 to 70 minutes and were recorded using a digital voice recorder. At the end of the second interview, I thanked the participant for her time and presented the amount allocated for reimbursement for the second interview ($20) and two public transportation tokens.

3.5.3   Journals

As part of the data collection process, I kept two journals with two forms of field notes: an *interview notes journal* for notes before and after the interviews, and a *field notes journal* where I recorded my own thoughts and experiences in the neighbourhood on separate occasions. These sets of notes were very useful as supplementary forms of data and helped inform many of the insights gleaned during my two interviews with each of the young women. The interview notes were documented in a hand-written journal. Prior to beginning each interview, I made sure to familiarize myself with the environment in which the interview was going to be conducted by arriving fifteen minutes early. This gave me an opportunity to make note of where this location was in relation to nearby malls, schools, and other resources, and the condition of the

environment (e.g., cleanliness, parking area, potholes in front of the building). The same process was conducted for the walking interviews.

The interview notes journal also included my notes immediately after the interviews. Here, I made sure to note the participant's body language and comfort level during the interview; questions that I would like to follow up with during the next interview; interview setting; how the participant interacted with the interviewing environment; common phrases that were used by the participants; questions from the interview guide that participants especially elaborated on and; questions from the interview guide that participants had difficulties answering. For the interview notes journal, there are ten entries based on ten interviews conducted with five participants. Each entry in the hand-written journal was approximately two pages, which translated to approximately one page in a typed document. The following excerpt gives an example of the level of detail and background context that the interview notes provided:

> ... I sat on the couch and looked around the living room. Her one year old daughter was playing on the living room carpet. In one corner of the living room she has 2 strollers parked, one was a toddler stroller and the other one was a heavy duty stroller that was much larger. A few toys were scattered on the ground. However, the place was clean and the clutter of toys was not obvious. Two things stuck out to me though; the furniture and the TV. The TV was a flat screen, about 45-50 inches. She had on the *Alvin and the Chipmunks* movie for her daughter. The furniture stuck out to me because she had leather sofas and a leather footrest, along with a complete dining table set in the kitchen. Although the space was small, the items were updated and new. It didn't match my perception of what a Toronto Community Housing apartment should look like. I was expecting sparse items in the living room, no TV, broken down, used items *(Natasha, Interview notes)*

In addition to interview notes, a separate journal was kept to make note of my experiences and field observations within the neighbourhood. As the data analysis process unfolded, the process of keeping note of my thoughts in the field notes journal helped me to build a meaningful context

for the interviews, and to make note of how my experiences in the neighbourhood aligned and/or contrasted with what the young mothers discussed. The purpose of the field notes journal was to document day to day experiences I encountered during the time period of the study, along with self-reflexive statements of my experiences living in and returning to Rexdale. This reflexivity was important because I grew up in the neighbourhood of study and lived there for fourteen years, and I had to learn to pay attention to and observe familiar surroundings with researcher's eyes. For example, entries in the field notes journal included my interactions with community members, my experiences of taking public transportation between Rexdale and other neighbourhoods, and observations I made of particular places in the neighbourhood (e.g., parks, malls). These observations and experiences were hand written in the field notes journal between May 2012 and May 2013. The written field notes were then typed into my laptop computer. In total, there were thirty seven entries which generated twenty-one pages of typed notes. The following excerpt from these notes provides an example of the kind of data I generated through this method:

> I got a lot of stares by seniors, adults and even teenagers when I went out for a run. But I wasn't sure if it was because of my apparel, or the fact that they saw someone running and exercising outside. I think if I was back in high school, I would think it was a little odd. I know that the few times I have seen someone jogging in the neighbourhood (maybe 2-3 times) I have been excited. I would think, oh my gosh, someone is exercising! But perhaps that might be one of the reasons that so many people may not feel comfortable going for a run outside, the stares. If the stares made me uncomfortable, I know I definitely wouldn't want to go for a run outside (*Field notes, June 6, 2012*)

The combination of the interview notes and field notes reflect an integral component of ethnographically-informed methodology, which includes field observation and immersion in the community. Whereas the interview notes gave me the opportunity to gather information about the locations of the interviews and the interviewees, the observational field notes entries documented my experience re-immersing myself in the neighbourhood I grew up in, and encouraged me to make observations out of genuine curiosity rather than taken-for-granted

assumptions. As will be demonstrated in the *Results* chapter, the field notes and interview notes triangulated with the interview data in many ways, to shape and inform the themes that emerged from the experiences of the young mothers who participated in the study.

3.5.4   Reflexivity

As defined by Finlay (2002), reflexivity is an explicit, self-aware meta-analysis of the research process, involving the continual evaluation of participant and researcher responses, intersubjective dynamics, and the research process itself. As such, the process of reflexivity is not a discrete step but is woven throughout the various stages of the study, including data collection and data analysis. Reflexivity helps show how the research findings are a joint product of the participants, the researcher and their relationship (Finlay, 2002). Simultaneously, reflexivity speaks to the claim of integrity and trustworthiness in qualitative research, and so it is vital for the researcher to find ways to analyze how subjective and intersubjective elements influence their findings (Finlay, 2002).

The field notes journal entries were an integral component of the reflexive exercise I used throughout this study. The field notes journal not only gave me an opportunity to reflect on my experiences in the neighbourhood prior to beginning the study, but also to note my own assumptions about the neighbourhood and young mothers in Rexdale. In this study, the point of reflexivity was not to bracket off my prior assumptions, but rather to become critically aware of them and how they shaped the analysis and interpretation of the findings and thus to remain open to alternative interpretations. For example, my prior assumptions regarding the stereotypes of Rexdale were that only people, like myself- who have had the opportunity to move out of Rexdale- are able to see the ways in which the neighbourhood is stereotypically viewed by others outside of Rexdale. However, after interviewing the young mothers in the study, I was able to see that even those who live in the neighbourhood are fully aware of the stigmatizing representations of Rexdale, and how such representations affect their everyday experiences of, and interactions with, the neighbourhood. It is the process of reflexivity that initially brought me to the research topic chosen for this study, and also informed the themes derived from the field notes and interviews that address the study objectives.

3.5.4.1   Reflexive statement

I first realized what it was that I wanted to make the focus of my Master's study when I approached my potential (and current) thesis supervisor. I wanted to find a research topic that fit the realm of social determinants of health, and that was something I felt passionately about. During our first meeting, I shared my experiences of growing up in Rexdale along with my move from Rexdale to The University of Western Ontario, and it was this discussion that helped me develop the final topic of research that I would eventually pursue.

It is perhaps appropriate to begin with when I first came to The University of Western Ontario and realized that not everyone arrived at university on equal playing grounds. Unlike many of my classmates, I did not have the designer bags, the personal tutors, or parents who were doctors, dentists or lawyers. The student population was mostly composed of Caucasian and East Asian students, which was not the norm in Rexdale. The first realization that perhaps I was going to be different from the The University of Western Ontario crowd came on Summer Academic Orientation day, in June 2007. This was the first day I would visit the campus to receive my Western 1 card and to participate in an orientation to the Health Sciences program. Being put into small groups of 8-10 students lead by student and faculty leaders, I realized I was the only "visible minority" in the room. Minority was not a term I was familiar with because if you lived in Rexdale, you were either from South Asia, the Middle East, Africa or from the Caribbean. So feeling like a minority was a strange realization for me, which would only be amplified once the school year started in September 2007.

One of the most vivid memories I have of experiencing inequality among my colleagues was during my medical service-learning field trip to Costa Rica in 2008. As part of a reflection activity among the volunteers, we were asked to stand in a straight line, side-by-side. The facilitator would ask us to either take a step backward or forward if and when the statement she said out loud pertained to us. We stepped back when asked questions such as, "My parents had less than a high school education" and "I grew up in a neighbourhood with violence". We were asked to step forward if we could answer "yes" to, "My parents have a trust fund for me" and "I played on sports teams and/or took private music lessons growing up". At the end of the activity,

I realized I was further back than a lot of my colleagues, and I came to the realization that inequality did not just mean not having material resources, but also missed opportunities.

Even though I did not *look* like a lot of the people around me at Western, it did not take long to realize that sometimes I could not even *relate to* people around me. The discussions of going on numerous family vacations, not having to work part-time jobs in retail or the food industry, parents who worked middle-high incomes jobs; these were topics of discussion that left me in a feeling of being out of place and not able to relate, but also with a sense of fascination and something to strive towards. This experience of class positioning and lack of socioeconomic privilege was also evident when I would take the Greyhound bus back and forth between Western and Rexdale. I would sit on the bus returning to London and feel like I had just stepped into a different world within a matter of two to three hours, a world with different kinds of people and different kind of places (e.g., broken down high-rise apartment buildings in Rexdale, shops and boutiques in downtown London).

These feelings associated with moving back and forth between these two social worlds repeated over the four years of my undergraduate degree, to the point where I found myself rejecting Rexdale and my experiences of having grown up there, and I began to dread having to go home during the weekends because I did not feel like I belonged in Rexdale anymore. I wanted to be in the Western bubble where I felt like I was, or at least could aspire to be, a better person with better prospects than I ever would have living in Rexdale. I felt that I could jump into a higher social class by being in the space of the Western bubble rather than in the space of Rexdale. I distanced myself from friends that did not move away from Rexdale to pursue higher education, instead solidifying relations with new friends from Western. I would never want to walk through the malls in Rexdale, feeling like I was too good for what they could offer and instead, came to associate myself with higher end shopping malls out of the neighbourhood, such as Yorkdale Mall.

It was not until I shared these feelings with my potential thesis supervisor that I realized these experiences related to the umbrella term of social determinants of health. My discomfort with going back and forth between Rexdale and The University of Western Ontario were different

experiences of social class, and the feeling of being a racialized 'minority'. In Rexdale, the feeling of being a 'minority' was never an issue because, as discussed earlier, the neighbourhood is mostly composed of 'visible minorities'. It was difficult to see yourself differently when everyone else in the neighbourhood looked like you. It was only when I moved to a new environment, The University of Western Ontario, where I began to see myself as a minority, not only in relation to my newfound status as a "visible minority", but also in reference to social class. In Rexdale, it was the norm to come from a family where both parents worked in manual labour jobs because English was not their primary language and they were not educated past a high school diploma. This was the reality and everyday lived experience of SDH for me, a realization I did not make until I moved to a completely different social environment with a distinct set of social norms.

However, it was not my own experience that I wanted to examine in relation to living in Rexdale. I wanted to focus my research on a group in Rexdale that was seen as a public health priority. With teen pregnancy rates much higher than the City of Toronto, this led to my reasoning to focus on the health-related experiences of young mothers in Rexdale and to examine how these experiences are shaped by class, gender and race in context of this "priority" neighbourhood. Although I could never relate to the experiences of being a young mother, I assumed that the young mothers' every day and health-related experiences would in some way be shaped by the neighbourhood in which they live in, Rexdale, a common theme that I could relate to and that lead me to develop this project.

3.6   Data Analysis

In this study, I used different levels of coding to organize the collected interview data into themes (Hahn, 2008; Strauss and Corbin, 1998). The first level of data analysis began with opening coding. Open coding, also known as Level 1 or line-by-line coding, was used to organize raw interview data transcribed from the ten interviews. This was done by assigning abbreviated codes to each line of the transcript to summarize common phrases and passages and to assign a descriptive label for each category (Hancock & Algozzine, 2006). For example, if a specific quote from the transcript was "I have fewer friends now", the Level 1 code for this line

would be "Fewer friends". The purpose of open coding is to stay as close to the raw data as possible, and to create codes that can be used to group similar data.

Open coding was followed by Level 2 coding, also known as categorical coding (Hahn, 2008) or axial coding (Creswell, 1998). The purpose of axial coding is to make conceptual connections between a category and its subcategories (Creswell, 1998). During this stage, Level 1 codes generated for all the interviews were organized into broader, more conceptual categories. For example, Level 1codes that included talk about friends were organized into a more general Level 2 code labelled "friends". Each participant's Level 1 codes were highlighted in a specific colour. For example, Renee's responses were highlighted in green whereas Natasha's responses were highlighted in pink. This method of colour coding provided a way to visualize the relative importance of themes and codes for each participant.

The final level of coding was Level 3 coding, also known as thematic coding (Hahn, 2008) or selective coding (Creswell, 1998). The purpose of selective coding is to identify a story line and to write a story that integrates the categories in the axial coding stage (Creswell, 1998). In this study, this phase allowed for emerging themes related to issues of gender, neighbourhood and class to become apparent. For example, Level 2 codes of family and friends were put under a Level 3 code called "relationships". This level of coding required me to step back from the line-by-line and categorical coding that had previously been done, and look for emerging themes from each participant in order to identify a story line. For example, after re-reading Renee's interviews, I noticed that she emphasized wanting to leave Rexdale and being annoyed by the guys in her building and the neighbourhood. I compiled a list of the most prominent themes for each participant and looked for ways in which these themes intersected or diverged. This final stage of data analysis required the greatest level of iterative processing, as I moved back and forth between the individual codes and categories and reviewing the raw interview data in order to re-examine the larger stories being told in the interviews.

Thematic coding is also the stage of coding that involved triangulation from my field notes and interview notes to construct the story line of the results and provide background context to the interviews. The interview and field notes were only coded at Level 3 because they were shorter

entries than the interviews, and most often only involved one general theme rather than multiple issues. During this stage of the data analysis process, I read my journal entries to see how they related to the emerging themes from the interviews. For example, one of the themes presented in the *Results* chapter is "representations of Rexdale". In the interviews the young mothers discussed the stereotypes of Rexdale and how that affected their everyday lived experiences in the neighbourhood. My field notes intersected with this theme based on my observations of the ways in which Rexdale is portrayed in the media, along with my own experiences growing up and living in the neighbourhood. The iterative process of moving back and forth between the field notes based on my own observations, and the raw data from the interviews conducted with the young mothers helped to identify parallels in our experiences and enabled me to interpret how Rexdale, as both a physical and social place, shaped the everyday lived experiences of the young mothers in this study.

The interview notes in combination with the demographic surveys helped create the description of the study sample and the participant profiles which provide important context for each participant's lived experiences. For example, the demographic survey provided information such as who the young mothers lived with. This key piece of background information spoke to the possible supports that the young women may have in their household, or lack of (e.g., Renee who lived with her mother, as compared to Natasha who lived on her own with two children). The interview notes supplemented this information by providing rich descriptions of the environments the young mothers lived in (e.g., Beatrice's home looked "lived in", Natasha's home had very few things). As such, my field notes and interview notes have been an integral component to the iterative process of analyzing the raw data and forming the themes presented in the following chapter. Such analysis and interpretation is also consistent with ethnographic data analysis, which involves sifting and sorting through data to detect patterns and interpret thematic categorizations, searching for inconsistencies and contradictions, and generating conclusions about what is happening and why (Thorne, 2000).

3.7   Quality Criteria

The task of assessing the quality of qualitative research has proven to be difficult. As Finlay (2002) highlights, "in order to apply any set of quality criteria, they must be responsive to qualitative research ideals and goals" (Finlay, 2002, p.5). Qualitative research criteria must, therefore, "acknowledge that trust and truth are fragile… [while engaging] with the messiness and complexity of data interpretation in ways that…reflect the lives of…participants" (Savin-Baden and Fisher, 2002, p.191). This task is further complicated when each qualitative study is guided by its own paradigmatic and epistemological stance. As such, no two qualitative ideologies can interpret the same data in the same way. Nonetheless, Guba and Lincoln (1985) outline four criteria for 'naturalistic' research that can be applied to qualitative research across different paradigms and perspectives: credibility, transferability, dependability and confirmability. In this study, I chose to focus on the two quality criteria that best suited my methodological approach: credibility and confirmability.

3.7.1   Credibility

Lincoln and Guba (1985) argue that ensuring credibility is one of most important factors in establishing trustworthiness. In qualitative research, the credibility of the research findings refers to confidence in the 'truth' of the findings. In order to assess this criterion, I evaluated the appropriateness of the research methods during the design of the research, engaged in iterative questioning during the data collection stage, and subjected my interpretations of the data to peer scrutiny (Shenton, 2004). Each of these strategies is described below.

Semi-structured interviews were chosen as a method of data collection because of its suitability for the goal of iterative and inductive data gathering and analysis in this project. Iterative questioning refers to the researcher returning to matters previously raised by an informant and extracting related data through rephrased questions (Shenton, 2004). This provides the researcher with the ability to detect contradictions and provide possible explanations for the discrepancies. For example, in the *Results* chapter I point to the contradictions in the ways in which the young mothers talk about the stereotypes and perceptions of Rexdale, versus the realities that they experience.

The utilization of semi-structured interviews was also appropriate for the research goal because it gave me an opportunity to collect in-depth information relating to the experiences and everyday lives of the young mothers. Semi-structured interviews allowed for the participants and I to engage in a dialogue that was led, but not constricted by, the interview guide. The walking-interview method was also appropriate because of the study's objectives to understand the experiences of the young mothers in the context of their specific neighbourhood.

Peer scrutiny of this project was conducted during multiple meetings with my thesis supervisor and two additional thesis committee advisors. These meetings gave me the opportunity to receive guidance from experts regarding my selection of methodology and suitability of data collection methods, and to test my interpretations of the data. To date, I have met with the committee six times during the course of the study. In addition, I have had numerous meetings with my thesis supervisor where we have reviewed the codes from the interviews. The meetings with my supervisor and thesis committee advisors helped to ensure that the themes presented are grounded in the participants' experiences.

3.7.2   Confirmability

The criterion of confirmability refers to the researcher being aware of her motivations and interests in the research study, and to reflect the ways in which they influence the research findings collected from the participants (Guba& Lincoln, 1985). With qualitative research, a valuable strategy for the researcher to maintain confirmability of the results is to keep his/her experiences and thoughts in a reflexive journal during the process of the study. I utilized this strategy extensively because of my own extensive experiences in the neighbourhood that constituted my study site. During the thematic coding process, I drew on my reflexive journal entries not to prioritize my experiences as central themes, but rather to provide points of parallel for the reader to understand the ways in which the participants' experiences and my experiences intersect, and to provide background context to the neighbourhood.

While informed by my experiences in the field, I have stayed 'true' to the participants' experiences by ensuring that the Level 3 thematic coding was grounded in the Level 1 and 2 codes; this is demonstrated through the quotes that support my interpretive statements and

conclusions. Furthermore, I have analyzed the data by first immersing myself in the interviews from the participants, before returning to my field notes and interview notes. The voices of the participants take priority in the themes presented in the *Results* chapter, whereas my field notes, interview notes and reflexivity supplemented the participants' experiences and acted as a resource for interpretation and data source for triangulation.

As discussed earlier, this study was guided by a *critical,* qualitative methodological approach. Critical research focuses on the importance of the research in increasing consciousness about issues of power and oppression, and the potential of the research to create change (Guba & Lincoln, 1994). For critical research, consequential validity assesses the success with which research achieves its goals of social and political change (Patton, 2002). This means to increase consciousness and identifying sources of inequality and representing the perspectives of those who have been silenced or disempowered (Morrow, 2005). I feel that, through the design of the research study, and through the process of data collection and analysis, the research findings provide an understanding of the ways that the young women's experiences are shaped by multiples axes of oppression. These themes of power and agency will be discussed in the following *Results* chapter, and I will elaborate on ways that the findings can inform policy changes in the *Discussion* chapter.

3.8   Conclusion

In this chapter, I have outlined the goal of this study which focused on understanding the health-related and everyday lived experiences of young mothers in Rexdale. The purpose of this chapter was to provide a rationale for and detailed description of the methodological approach that was used to address the research goal and objectives, and to provide a detailed account of the methods and strategies that were used to collect and analyze the data. As I have detailed in this chapter, a critical qualitative approach was a suitable methodology to understand how the young mothers' experiences were shaped in relation to the social determinants of health, their neighbourhood, and the negative social construction of teenage motherhood. Within this general orientation, ethnographically-informed qualitative methods were used, including semi-structured interviews, walking interviews, and two forms of note keeping (interview notes and field notes).

The combination of primary data gained from the interviews, field observation and interview notes enabled me to form interpretations and themes that provide a complex picture of how the everyday lived experiences of the young mothers in this study are shaped by numerous factors, including the characteristics and social interactions in the neighbourhood. In the following *Results* chapter, I present these main findings and themes.

4 Results

Through the process of data analysis outlined in the previous chapter, I identified four themes: 1) Living in Rexdale: Representations and realities; 2) Leaving Rexdale and wanting something better; 3) Being stuck: Between desire and constraint and; 4) Isolation and support. Each of these themes is presented below.

In the first theme, I present data to illustrate how the young women experienced and negotiated the negative representations about the neighbourhood and about young mothers, and their everyday lived experience of violence and street-level harassment in the neighbourhood. Their experiences of stigma and violence work in contrast with the young mothers' experiences of Rexdale as a place of comfort and familiarity, to shape their everyday lived experiences in the neighbourhood. The second theme describes the participants' desires to leave Rexdale and their newfound aspirations since becoming mothers. These aspirations include envisioning a new future for themselves which includes completing high school, going to college, better job opportunities and moving out of Rexdale. However, these goals and aspirations are complicated by the intricate ways in which they express feelings of being stuck, as I illustrate in the third theme. The feeling of being stuck is expressed through their talk about the malls and the guys in the neighbourhood. Finally, I discuss how the young women express feeling isolated, both physically in their homes and emotionally by lacking support, and I identify a number of supports that the young women also identified in their in the community and in their lives.

There are a number of tensions within each of these themes, which are important to draw attention to because they illuminate the complexities of the young women's experiences that are central to this study. For example, while the young mothers dismissed negative stereotypes of Rexdale that emanate from outside the neighbourhood (e.g., news stories about violence in Rexdale), they also revealed in their interviews their experiences of everyday street-level harassment and gun violence that warrant those stereotypes to be true. Such tensions are repeated throughout the themes, and are suggestive of the complex forces that contextualize and shape the young women's experiences.

The themes presented in this chapter will primarily focus on the excerpts from the participants' semi-structured and walking interviews. As well, I have inserted my own reflexive entries to highlight the instances where the multiple sources of data triangulated, and to add depth and understanding to the emergent themes.

4.1 Living in Rexdale: Representations and Realities

A central component of this study was to examine the experiences of the young mothers in relation to the neighbourhood they live in. When asked about their experiences in Rexdale, they discussed their neighbourhood in relation to the physical boundaries and entities within it, and in terms of their social relations within the neighbourhood. As well, they demonstrated an awareness of how they thought Rexdale was perceived by others and how that perception shaped their own views of their neighbourhood. As such, the young mothers' experiences of living in Rexdale included both their knowledge of the representations of Rexdale, and their own everyday realities living in the neighbourhood. Representations and realities emerge most dominantly through the participants' discussions of the stereotypes they felt were associated with the neighbourhood, the stigma of being a young mother in Rexdale, and through their talk about Rexdale as a place of both violence, and comfort and familiarity. I will discuss each of these subthemes below.

4.1.1 Resisting the Stigma of Being a Young Mother in Rexdale

The stigmas associated with being a young mother were talked about in relation to living in Rexdale. In my first interview with Shanaya, who has lived in Rexdale all her life, I asked her to talk about some of the things she liked about the neighbourhood. She responded by talking about the negative stereotypes about the neighbourhood, specifically referring to the "supposedly" high prevalence of young mothers. As discussed earlier in the *Methodology* chapter, Rexdale has been constructed as a "priority neighbourhood" through the use of statistics, including a higher rate of teen pregnancies as compared to the City of Toronto. However, as evident from Shanaya's explanation below, the experience of being a young mom in Rexdale involves being categorized as a particular type of mother. In the following quote, Shanaya made sure to distinguish herself as not being one of *those* young Rexdale mothers who get pregnant in order to receive social assistance, and instead distinguished herself as "better than that":

R= I guess, *supposedly*, people say that there's a lot of them [teen moms in Rexdale], whatever, and they only do it for welfare money and all the stories [...] I guess the way people look at, like, like, because people look at it, "Oh, another Rexdale mom", you know.

I= Do you feel like you get those looks?

R= I guess so, but I don't really like, look at that cause I know I'm better than that (*Shanaya, Interview 1*)

Shanaya's reflections on the negative perceptions others have about young mothers in the neighbourhood parallel my reflexive entries in my field notes journal about similar judgments that I and others have made about pregnant girls and young mothers. When I attended high school in Rexdale, my assumptions about young mothers included the idea that they chose to become pregnant in order to receive benefits from the government, an idea that Shanaya clearly resists:

It's a little hard to believe that just a few years ago when I went to [high school], these are the same young women that I would look at and think, "what are they doing with their lives?" I remember a very clear instant when I was in my grade 11 parenting class, and one of the girls in the school that was pregnant came into the classroom, pulled out a bowl, filled it with mashed potatoes and just sat at the back of the class. She sat there and ate for an entire class period, even though she wasn't in our class. I remember thinking, "she has it so easy, what a cop out of not wanting to finish school". I'm sure the stereotypes I had of young mothers are the same kind that the young women in this study are perhaps trying to distance themselves from (*Field notes, November 17, 2012*).

Shanaya also talked about an experience she had with her social worker who questioned her ability to mother properly. I asked Shanaya what programs she thought were beneficial for young mothers in the neighbourhood, and programs or services that have been a source of support for her. Shanaya cited the support she received from nurses who visited her home to help her adjust

to becoming a new mother. However, her reactions to having an assigned social worker were mixed. She was particularly frustrated with a specific experience that she had with her social worker who assumed that Shanaya had caused a rash on her daughter's chin:

> So I'm like, so I thought they thought like, can I not do this by myself? Like I have my parents, can I not do this with my parents? Do I need somebody else, like you know [...] Umm, they came to my house and my daughter had, what was it? Something...there was something on her skin, and they asked me if I burnt her? I was like excuse me? Is that what you come to my house and tell me, like you know? *(Shanaya, Interview 1)*

In addition to resisting outsiders' perceptions of them as irresponsible mothers, one of the young women identified her friends as sources of frustration. Natasha explained her frustration with a friend who assumed the "freedom" Natasha had, living on her own. Natasha refuted this misconception by emphasizing the responsibilities she has as a mother of two children, and by noting how her freedom has been taken away since having children. Natasha resists the notion that, as a young mother who lives on her own she does not exercise responsibility, validating herself as a responsible and dedicated parent:

> Like for example, I have this friend right, she says that oh how [I] ... have life easy. I'm like what are you talking about? ... And I'm like oh, first of all, I have two kids...and it pisses me off that she thinks we have it easy just because we live on our own but it's not like that, there's a lot of responsibilities to it...So it pisses me off sometimes that she thinks it's easy but it's not gonna be easy. She calls it *freedom.* Your freedom is actually *going* to be deducted when you have the kid, cause then you have to be responsible for this kid. (*Natasha, Interview 2*)

4.1.2   Negotiating Negative Representations of Rexdale

In addition to the stereotypes related to being a young mother in Rexdale, some of the young mothers spoke a great deal about the negative stereotypes associated with Rexdale as a neighbourhood characterized by high rates of gun violence and criminal activity. Shanaya's

explicit awareness of the stereotypes reflects an accumulation of what she has heard in the media (i.e., news), along with her own personal experiences of growing up in Rexdale. Shanaya's discussion of the stereotypes of the neighbourhood reflects an interesting tension between the perception of Rexdale by outsiders, and the everyday lived realities as experienced by the young mothers in this study. On the one hand, she pointed to the media "picking on" certain areas and portraying them in a negative light, hinting towards inaccuracies and biases in how neighbourhoods are portrayed. At the same time, she reinforced these popular media portrayals when she talked about growing up in Rexdale and always "seeing" and "hearing" things that reinforce what the media shows:

> I= ...What are some stereotypes of Rexdale?
> R= Umm, a lot of gun violence, umm, a lot of young moms like myself,
> umm...nothing that you would like to hear, you know? [...]
> I= Ok. And where have you heard these stereotypes from? [...]
> R= [laughs]. Umm, so I guess sometimes you hear it on the news, you always
> hear like, there so much crime going on in the world, and they like pick on certain
> areas, or when you go outside, sometimes you see certain things...But when I was
> small you can always tell something, police is always there, you see all these
> things outside, you know... it just makes me feel like umm, like can people act a
> little bit better? Because [Rexdale] doesn't really have to be a bad place, unless
> things like that happen (*Shanaya, Interview 1*)

I have noted on many occasions in my field notes, my own experiences negotiating these negative stereotypes of Rexdale. For example, during the period of recruiting participants, there was a shooting in Rexdale that left two young men dead. The media gave extensive coverage to the issue as an unfortunate event that happened in an area well known for its gun violence over the years. The selective broadcast of gun violence in Rexdale depicted the entire neighbourhood as being violence-prone.

The stereotype that Rexdale is a dangerous neighbourhood has also permeated my own experiences at The University of Western Ontario, where my colleagues are often surprised and

fascinated when I tell them that I am from Rexdale. This shows the extent of outsiders' negative perceptions of the neighbourhood and the kinds of people who live in it:

> After being at The University of Western Ontario for so many years and trying to fit in with the crowd, I still got the odd look when I would tell someone that I was from Rexdale, if they even knew where that was. The most often asked question I got was, "Doesn't that area have a lot of shootings?" and most popular comment, "Oh, I would never guess you were from there...you don't look like you're from Rexdale". I would laugh, not being able to understand what they were expecting a person from Rexdale to look like. Whether I should be wearing a bandana, talking in street slang, or maybe because I had made it here *(Field notes, July 9, 2012)*

In addition to Shanaya's reflection on the portrayal of Rexdale in the media, Beatrice further elaborates on how the media news tend to show the neighbourhood in snapshots of crime and violence, but rarely show the neighbourhood during times of positive community gathering:

> Oh [the news] do a very bad job... Because they only say like the bad things that happen over here. Like they don't say when the church is walking around doing the big parade, saying stop the violence and that. That's not on TV... *(Beatrice, Interview 1)*

In contrast to the selective depiction of Rexdale as violence-prone, the young mothers also talked about the sense of community they experienced, and identified places of natural beauty in the neighbourhood, including the number of parks and vast green spaces it contains. When asked about some of the places she likes to go to in Rexdale, Shanaya talked about her experience visiting the Humber Arboretum, a conservation park with ornamental gardens and natural green areas. Her discussion of the Arboretum vastly differs from the violence-prone neighbourhood that is reflected in the stereotypes of Rexdale. Instead, the arboretum was experienced by Shanaya as a location of peace, beauty and provided her with a sense of relaxation:

It's just so, like when you go there just wanna stay, you know? It's beautiful...
Like I felt so comfortable, and I just felt really good to go there... I just feel really
relaxed, just want to sit. Even though like we stayed there for a while during the
trip, it was really nice. I was like I'm going to get married here [laughs]. It was
that good *(Shanaya, Interview1)*

Much like Shanaya's experience of the Arboretum and Beatrice's remark about community
gathering, my field notes entries reflect my own experiences of the hidden beauty of Rexdale.
There have been numerous occasions where I have walked through neighbourhood parks and
residential streets in Rexdale and I have witnessed parks full of family gatherings and a sense of
community and togetherness. Adding to Shanaya's discussion of peacefulness in the
neighbourhood, the following reflexive note includes my own experience of walking and running
through a local City of Toronto park that is hidden behind high-rise, deteriorating residential
buildings:

I walk through hidden areas of Rexdale that have so much beauty to them, and I
think, how is this place in Rexdale, and do people know about it?...And when I'm
here, I feel so at peace and so, comfortable... And I think, it's such a shame that
the hidden beauty of this area is not what people associate with the
neighbourhood when they hear the word, "Rexdale" (*Field note, May 27, 2012*)

A sense of peace that particular places in the neighbourhood provide runs contrary to the
negative stereotypes associated with Rexdale. As Beatrice pointed out, the instances of
peacefulness and community gathering are usually not reflected in the news reports of Rexdale.
As she describes below, her experience of Rexdale is that it is a peaceful area that is periodically
disturbed by incidents of violence:

And honestly, without all the violence and stuff, living here is very nice. It's
peaceful, it's *quiet*, there's no problems. Without the violence, you would love
living here... (*Beatrice, Interview 1*)

Beatrice's excerpt demonstrates the reality that violence and crime do occur in the neighbourhood, even though she, along with the other participants, reject the stereotype that Rexdale is a violent neighbourhood. The intricate tension between their resistance to the stereotypes about Rexdale, and their lived realities of violence in the neighbourhood, is suggestive of the complex environment that shapes the everyday lived experiences of these young women.

4.1.3 Rexdale as a place of violence and street-level harassment

Closely aligned with their descriptions of negative stereotypes and representations of Rexdale, the young mothers talked about the violence they had seen within their neighbourhood, and how it has shaped their experiences within Rexdale. The experience of violence was particularly pronounced for Beatrice who spoke of it in greater detail than the other participants. Beatrice grew up and lived in a specific housing complex region within Rexdale known as Stone. Stone, in addition to Harley and New Divide (pseudonyms) are locally known as neighbourhoods that have a particularly bad reputation in Rexdale for their high rates of gun violence and gang activity. It is often these housing complexes that are shown on the news when an incident of gun violence has occurred in Rexdale. In the first interview with Beatrice, she showed me the bullet holes in her kitchen from a drive-by shooting, which created a very real mental image and experience for me of her experiences of violence in the neighbourhood:

> ...there's been like, one time me and my friends and my mom were sitting in front
> of my door and they did a drive by and shot up by my door. There's bullet holes
> still in my window. Then my friend died, you probably heard about in the news,
> Aaron, the little boy. Yea, I seen him, when they shot him over there. I seen *lots*
> of fights happen. Umm...like when I was about 8, we were having a balloon fight
> outside and they shot up outside and we had to run. Like it's just crazy *(Beatrice,
> Interview 1)*

Her discussion of violence became especially real during our second walking interview when she showed me a vigil that had been set up for a very close friend of hers, Aaron, who had been shot and killed two years earlier. The incident occurred in an alley in between two rows of town

houses, an area equivalent to the front sidewalk of someone's private home. The location of the incident and vigil gave me a very clear image of how public and open the gun violence was in this area of Rexdale:

> R= Yea. This incident right here *candles on the ground covered by leaves*
> I= What's this?
> R= This is where my friend died, Aaron... Yea, he got shot right here *(Beatrice, Interview 2)*

The experience of violence also permeated and affected the young mothers' everyday interactions with their surroundings. Shanaya, who grew up in Rexdale, talked about the staircases of her building as a place she actively avoided because of what she has heard from others about violent incidents that have happened there:

> R= …I remember a long time, I was so scared when they use to say people use to kill people in the stairs a long time ago when I was smaller.[…]Yea. So I would never, like maybe last week was my first time going down the stairs, ever…I NEVER went down the stairs…So if I heard a little crack I would be looking over my shoulders you know, or I'll stop so I'm in the middle so I can at least run out the door [laughs].
> […]
> I= And do you feel differently when you're in other buildings and use the stairs there?
> R= Yea. I guess it depends on where I am. Because you hear stories and you'll be like oh my god, like you know *(Shanaya, Interview 1)*

Some of the young mothers also talked about being apprehensive about taking their children outside, due to the uncertainty they had about random acts of violence that might occur. Beatrice talked about taking her son for walks in the neighbourhood, but stipulated that she would only do so in the daylight:

> R= Well in the day time I don't feel no way. Like, it's weird I don't feel a way at all. But when it comes to the night time, yea, scared and nervous. So that's why I always bring him out in the day

I= So how often would you take him out for walks after dark?

R= I don't (*Beatrice, Interview 1*)

In addition to gun and physical violence experienced or heard of in the neighbourhood, at one point or another, every participant described or alluded to street level harassment they have experienced from guys in the neighbourhood. Beatrice gave an example of the types of sexual comments that she and her friends have experienced when walking by the guys:

> Like the guys here, how do I say...they talk a lot. Like, not like nothing bad but like...they sexually verbal assault you [laughs]... Like...well that never happen to me, but my friend, once we were walking together and this guy was like to her, like...your ass is so fat or something like that. But she doesn't like that so she went off. She was cussing and cussing and cussing (*Beatrice, Interview 2*)

I witnessed and was able to experience this level of harassment when I conducted a walking interview with Renee in Oakswood Mall. As we walked by a store, two young men were casually standing in front of a cellular phone store and watched Renee as she walked by with her stroller, her son and I. Although there were no verbal comments made, I experienced a level of discomfort that perhaps Renee has often had to endure. When asked if she noticed the guys staring as she walked by, she stated that it was something to which she had become accustomed to:

> Every time I come outside. That's why I don't like to come outside too... Every time I go outside, I just don't pay them no attention. Cause I'm kind of like use to it now (*Renee, Interview 2*)

Although Renee had become accustomed to the stares, she was still especially frustrated with the level of verbal harassment she has had to endure when entering or exiting her apartment building. For her, this was an everyday experience because the guys "hang out" at the entry

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point of her apartment building, which she must pass to come in and out of her home and cannot avoid:

> And there's like all the guys that hang out in the building... So you can't even like, come in or go out without them saying something to you really (*Renee, Interview I)*

Shanelle expressed similar frustrations with guys that hung out in front of her apartment building, which was four buildings further down on Kendall Avenue from Renee. In one sense, she was extremely frustrated with their constant presence in spaces that she must often walk through, such as the front entry way of her building. Concurrently, she called the guys her "friends" because she had become accustomed to passing through the same guys on numerous occasions:

> R= ...it's just the guys hanging out in front of the building that piss me off.
> I= What pisses you off about them?
> R= Get up, you go to school, you see them. Come back, you see them, like what the hell? [...]They're pretty much like my friends, they're not my friends but they'll open the door because I'll have the stroller and stuff, and that's pretty much it (*Shanelle, Interview 2*).

Similarly, Beatrice expressed frustration with the sexual comments that the guys made, yet also felt a need to watch out for them. In the following passage she explains how she would warn the guys in the area when the police came to patrol the neighbourhood:

> Even when the police come, I usually call someone and let them know, ok they're here. And then two seconds, everyone knows they're here. So even if they're looking for someone to trouble for fun, they're not going to find no one (*Beatrice, Interview 2)*

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The above quotations provide insight into how gun violence and street-level harassment shape the everyday lived experiences of these young mothers. However, the young mothers' experience of negative encounters of violence and harassment contrast against their experiences of Rexdale as a place of familiarity and comfort.

4.1.4   Rexdale as a place of familiarity and comfort

In addition to the daily lived experiences of violence and harassment, the young mothers also expressed feelings of familiarity and comfort with living in Rexdale. The comfort was rooted in the relationships they had with members of their community, including their friends, family and neighbours. There is a tension to be noted here regarding the different kinds of people in the neighbourhood, and how they contribute to different experiences felt and lived by the young mothers. Beatrice, who has lived in Rexdale her entire life, views the guys as the main source of frustration and violence, whereas the "friendly" people represent the positive aspects about living in Rexdale:

> Well yea, the people here are very friendly. Very, very, very friendly. You'll get to know them easily. Like, living in Rexdale is like...we're all just like, as I said before, a big family. It's fun when you know people and you have that relationship where you can go to them, talk to them, know that they're not going to bring back your business to other people. And when you need help or something, like you can go to your neighbour and be like, can you help me with this or something... (*Beatrice, Interview 1)*

As Beatrice suggests, the comfort and friendships with the people that she interacts with were a primary factor contributing to her sense of community. Natasha also talked about the people in the neighbourhood when I asked her what she liked about living in Rexdale. In the following quotation from her interview, Natasha references a specific street in Harley which is well-known for its high rates of gun violence. It is interesting to note that, although Natasha is well aware of the stereotypes and stories related to this street, it is the normal, everyday social interactions in the neighbourhood that she focuses on and credits as being what she enjoys most about living in Rexdale:

66

I like how people are so friendly...Like from Edison Boulevard [street in Rexdale known for multiple incidents of gun violence] the neighbours were so, they were really friendly, they were really friendly. I made friends with some of the neighbours even though they were way older than me. If I use to sit in the yard and they would pass by, they would hold a conversation... *(Natasha, Interview I)*

In addition to the comfort provided by their interactions with the "friendly" people in the neighbourhood, many of the young mothers spoke about the familiarity of Rexdale as one of the reasons that made them comfortable living in the neighbourhood. The familiarity of the neighbourhood included knowing which buses to take to get around, knowing where important resources were located (e.g., the mall, grocery stores, doctor's office), and the short distances that needed to be travelled to get to those resources. As Renee states below, and echoed by the other young mothers, the proximity and short distances to get to important resources was important:

Yea. And [Rexdale is] closer [than other neighbourhoods] to everything. Like the mall. So I don't have to go long distance. And there's grocery stores across the street, so it's easier. *(Renee, Interview 1)*

The importance of being in close proximity to grocery stores and other resources was supported by my field notes. Although I did not directly ask the participants if they owned a car, the assumption that they did not was based on my field notes observations. For example, all of the young mothers mentioned taking the bus to arrive at the location of the interviews, and taking the bus to school, the community health centre or go to buy groceries. Many of the young mothers also discussed the immense frustrations experienced when buses did not arrive on time. All of the participants also expressed interest in receiving transportation tokens in addition to the monetary reimbursement at the end of the interviews. Thus, for these young mothers, it was important to have required resources such as grocery stores and health clinics that were either in walking distance or easily accessible by public transportation. This is an important factor that the

young mothers perhaps have to consider when negotiating whether they want to, or are able to, leave Rexdale.

4.2   Leaving Rexdale and wanting something better

The young women in this study talked about how becoming a mother pushed them to adopt a new outlook for their futures, which they previously did not have. These outlooks included their aspirations to obtain a college education, better job opportunities, and material resources such as a car and a house. In the interviews, some of the young women described their aspirations to be upwardly mobile in relation to leaving Rexdale.

4.2.1   Motherhood and new expectations

The young mothers in this study talked at length about the changes they had experienced and new adjustments they had made since becoming mothers. An especially important adjustment was their adopting an entirely new outlook of their futures, and the greater expectations they developed for themselves since becoming mothers. Shanelle talked about the new expectations she developed of herself, which she did not have before she became pregnant. Her new plans included pursuing further education to become a nurse, a goal among others that she did not consider or think she would be capable of achieving prior to becoming a mother. As she notes below, her educational goals are rooted in her responsibilities to care for and feed her son:

> R= … I have to think of bigger things, I can't just think about Shanelle, I have to think about how to feed my son and stuff. Meaning, I have to go to school and stop skipping, just finish and do something.
> I= Ok. And did you not have those thoughts beforehand?
> R= No. I never thought I would go to college, I never thought I would get pregnant... And I felt like I was dumb enough, I don't go to class, I'm not going to college, I'm not going to manage. But I don't know what got into me, when I was pregnant, that's the only time in my whole life that I actually made a plan I'm going to class...I don't know what it was, I just went!
> *(Shanelle, Interview 2)*

The new expectations the young mothers have for themselves is also based on the difficulties they experience with making ends meet financially. As Shanelle describes, the added responsibilities she has had to take up as her son gets older makes it difficult to meet those needs with limited resources. Her greater expectations of herself are related to her not wanting to rely on social assistance and her experience that this assistance is not sufficient to provide for her and her son:

> My son, when he was just born, I was *good.* But now he's a year, I have to start buying him food, he goes to daycare. When I was home breastfeeding, that was nice. I didn't have to buy no bottles. Now I have to buy bare crap for him so it's more money from my pocket. And the assistance does not give you enough. They really don't. So why would I just sit there and wait for them? *(Shanelle, Interview 2)*

Many of the participants also talked about the new sense of independence they developed since becoming mothers. Although they did experience difficulties doing things on their own when they did not have support from others, they simultaneously wanted to prove that they were able to provide for themselves and their children. Renee talked about not wanting to become dependent on her mom or the baby's father for anything she or her son needed, and how her desire for financial independence was linked to her desire to leave Kendall Avenue and Rexdale, because it is difficult to find jobs in the neighbourhood:

> Cause I don't want to...I don't want to depend on anyone for anything. So I want to have a job so I can support me and my son. And I just don't want to be on [Kendall buildings] anymore, I just don't wanna be around here no more... It's harder to find a job [in Rexdale] *(Renee, Interview 1)*

Beatrice also expressed a desire to leave the neighbourhood, but acknowledged her fear of feeling lost and alone if she were to move outside of Rexdale, where she knows where everything and everyone is, and how to navigate her social space; a tension between her desire to leave and the comfort and familiarity of the neighbourhood:

See, that's my issue *too.* I say I want to move out of Rexdale but because I've
been living here for so long, I feel like if I go somewhere else…Im like lost. I'm
not going to know where I am, what to do. In Rexdale, I where everything is, I
know how to get around, it's easy *(Beatrice, Interview I).*

4.2.2   Moving out and moving up

For the young women in this study, wanting to leave Rexdale held greater significance than
simply leaving the physical boundaries of the neighbourhood. It is not simply the desire to move
out of Rexdale as a physical place, but to move to a neighbourhood that represents a place of
greater opportunity to access resources and accomplish their new goals. For Beatrice, moving out
of Rexdale was expressed as enabling her to create a "fresh start" in a new and more peaceful
social environment:

> R= ... I think I'm going to have to move to either Brampton or Mississauga but I
> don't want to
> I= Why Brampton or Mississauga?
> R= Well Brampton because like it's a whole new environment. Like I just wanna,
> I just want a *fresh* start. I don't want to know nobody, I don't want no one to
> know me. I just want to go somewhere where it's peaceful, no problems, nothing.
> Cause like all my friends are down here, so if I were to move to Brampton, no
> one would be able to get to me. I would be by myself *(Beatrice, 1)*

While Beatrice viewed leaving Rexdale as enabling her to have a fresh start, Shanelle describes
her experience of living in Rexdale as limiting what she is able to achieve and accomplish. As
she puts it, when she has greater access to resources, such as a job and car, she will no longer
have the desire to live in Rexdale. However, she has been accustomed to living in the
neighbourhood because it is the only place she has, and the process of leaving is difficult. These
tensions illustrate the complications involved with both wanting to leave and having to stay in
Rexdale, even though staying in Rexdale is not commensurate with Shanelle's goals and
aspirations. Like Beatrice, Shanelle's ambition to move to a different neighbourhood with a

higher socioeconomic status (e.g., Brampton) reinforces Rexdale as a stigmatized place in a socioeconomic sense:

> R= [Rexdale and Kendall buildings are] the only place we have. Really and truly, I don't know where else to go. I'm so accustomed to living here for so long, and I can't bother moving to a new area to learn new things all over again. I settle here.
>
> I= You settle here?
>
> R= Yea. But when you see Shanelle get her good job and a car, she don't want to live here. Nope... When I buy a house, I don't want no house in Rexdale. Probably like Brampton or something *(Shanelle, Interview 2)*

The young women's expressed desires to leave Rexdale, and their identification of middle-class suburban neighbourhoods as desirable places to live (e.g., Brampton, Mississauga) reflects their longing to improve their financial situations and move up socioeconomically. Living in Rexdale represents occupying their current social status (i.e., teen mothers in a priority neighbourhood) and having to settle for what few resources and opportunities are available for them in the neighbourhood. Shanelle illustrated her perception of the socioeconomic status that she feels she is limited to while in Rexdale by discussing what she calls "foo-foo" jobs, low-paying jobs that she will have to settle for if she continues to live in the neighbourhood:

> I= ... So what are those bigger things that you think of?
>
> R= Finishing school. Getting a good job. Not just working at McDonald's or working at Subway, hell no. A *good* job. Getting a *car*! I don't need no foo-foo jobs
>
> […]
>
> I= What are foo-foo jobs?
>
> R= Like *foolish* jobs. Like McDonalds. You work so hard to get a low income. You damn right, getting up so early in the morning. That's working *hard*. Working morning to evening and then you see your cheque every two weeks and

you see what? Two bills? Threebills? Four bills? That can't cover my rent.

Definitely not. Not in Rexdale. The rent is sky *high.*

I= ... How did you feel about those jobs before becoming a mom?

R= Honestly, I just didn't care. I told you I wasn't thinking about no going to

school, and getting a good job, I was like whatever, McDonald's is enough. It was

money in your pocket, you can go shopping, you didn't have to worry about no

kids, it's just *you*, you do your own thing. Now it's not enough anymore

(Shanelle, Interview 2)

The term "foo-foo job" reflect Shanelle's perception of the limited job opportunities she is able to access if she were to continue to live in Rexdale. To Shanelle, where "foo-foo jobs" represents a lower social status, going to college and having a car represents occupying a higher status in a socioeconomic sense, fuelling her desire to move out of the neighbourhood. Shanelle realizes that the "foo-foo jobs" that only pay a few "bills" are not sufficient to allow her to accomplish the bigger things she is thinking of, nor are they sufficient to help her make ends meet, especially not in Rexdale, and especially not with the financial responsibilities that accompany the responsibility of childrearing.

Although I cannot relate to how motherhood shaped my study participants' aspirations and desires to move out of the neighbourhood, there are points of similarity in my own experience with coming to The University of Western Ontario. Leaving the neighbourhood temporarily to pursue post-secondary education helped me to realize that my future goals and aspirations did not align with the opportunities that were available in the neighbourhood, and that continuing to reside in Rexdale would lead me to be "stuck".

4.3   Being stuck: Between desire and constraint

The young women's experiences of having few resources and opportunities within the neighbourhood, and their desires to move out of Rexdale, described a tension that I refer to as "Being Stuck". These conflicts between the constraints they experienced in everyday life and their desires for something better, resonate in the way the young mothers talked about the malls

and the guys. As I illustrate below, the "mall talk" of these young women revealed a tension between their desires for trendy consumer goods, such as name brand fashion items and accessories that are marketed to young women in their age group, and the constraints and limitations in economic resources they had to obtain them.

Their talk about "the guys" suggested the frustrations they experienced with the lack of responsibility the guys had for childrearing and the greater level of autonomy and control they felt the guys had over their own lives. As well, there was a tension in the way the young women talked about their frustration of dealing with everyday street-level harassment and their understanding that the guys were also stuck in a cycle of violence and street life. In the following sections, I demonstrate the ways in which the malls and the guys speak to the tension between desires and constraints and how it leads the young women to be in a place of feeling stuck.

4.3.1   The Mall

In the interviews, "the mall" emerged as a particularly important place in the neighbourhood for the young mothers. There are two malls located in Rexdale, Oakswood Mall and Woodsgrove Mall. Both malls are occupied by a majority of family owned fashion stores, and have had major brand clothing stores move out in recent years. During the interviews, I asked the young women where they liked to hang out and spend their time, to which all of them said "the mall". It is also important to note that when the young mothers were given the option of going anywhere they liked for their walking interviews, four of the five participants chose to go to the mall, with three participants choosing to go to Oakswood Mall.

Oakswood Mall was often described as the mall the young mothers would go to hang out because there were limited things to do in Rexdale. For these young women, Oakswood mall is not only a place to purchase consumer goods (and satisfy consumer desires), but also a place of leisure activity based on the limited options available:

> I don't know, cause its closer, there's nothing really around here to do (*Renee, Interview 1)*

Umm...it's just somewhere to chill I guess. Nowhere else to go (*Natasha, Interview 1)*

While the young women identified Oakswood mall as one of the few places in Rexdale where they could hang out, they also said that the mall did not satisfy their shopping desires, specifically the name brands they looked for and wanted to buy. Shanelle said she goes to Oakswood Mall, but when it comes to shopping, it does not have what she wants:

R= I don't really shop in Oakswood Mall. Oakswood mall don't have what Shanelle wants.
I= What does Shanelle want?
R= Sirens [young women's clothing and apparel store with affordable pricing]. (*Shanelle, Interview 1)*

Many of the other young mothers also talked about the lack of variety and name brand clothing stores in Oakswood mall. For example, the only stores that Shanaya and Renee went into during their walking interviews were Ardene's and Payless Shoe Source, fashion stores that offer reasonably priced name brands. This speaks to the importance of name brands to these young women, and how their desires to access those brands are constrained by the limited name brand shopping options available in Rexdale. Beatrice stated that to get to her favourite name brands, she often has to shop outside of the neighbourhood, such as Sherway Gardens and Vaughan Mills. She displays her knowledge of and desire for trendy fashion name brands by listing them when I asked her which stores she wished were in Oakswood Mall:

Well...Victoria's Secret, Pink, Michael Kors, Coach, Guess, umm...Bebe, I like that store. Aeropostale, Gap, Baby Gap, Old Navy, Forever21, H&M...Mexx Kids, and a Sporting Life would be nice too (*Beatrice, Interview I)*

The brands that Beatrice, and many of the other young mothers, identified as ones they would like to consume are neither available in their neighbourhood, nor are they within their economic reach. When I asked Shanaya why she thinks some of those stores are not available in Oakswood

Mall, her answer was based on her understanding that those stores would not be able to "make it" in a neighbourhood like Rexdale, because of the limited economic resources of its residents:

> R= You know, when you're in a certain area, there's certain things you can put in
> that store, you know? Like things that are not that much expensive. Like Stitches
> [lower-end brand name clothing store for teenagers] is not expensive... If they had
> cheaper clothes, people would want to go there right. People have to bring in
> stores that will draw in customers, you know. Cause who's going to go to a store
> where you can buy $60 shoes for a child right?
> I= Ok. Now you said stores that would make it here, what did you mean make it
> here?
> R= Like, this area is very, like, you know don't have money. And its students that
> are usually the ones shopping and they don't have that much money right. So
> obviously they're going to want things like...because Stitches clothes are like, in
> style but they're inexpensive. (*Shanaya, Interview1)*

Shanaya expresses an obvious tension that was felt by the young mothers. On one hand, they realize that the higher-end name brands are not accessible to the residents of Rexdale because of their expensive price tags. However, the young mothers still expressed a strong desire to shop the higher-end name brands, even if it required leaving the neighbourhood to access other malls. For example, three of the young mothers talked about Yorkdale Mall, a middle to high-end shopping mall with multiple designer brand stores. They also talked about shopping on Orfus Road where a number of outlet stores are located which sell brand name clothing from previous seasons at significantly reduced prices. Although the young mothers enjoyed the bargain of the cheaper prices on Orfus Road, the distinction Renee draws between those who shop at Yorkdale and those who shop at Orfus road, below, suggests that where you buy the name brands is indicative of social and economic status among young women in Rexdale:

> R: Like I'd rather go shop there [Orfus Road], than Yorkdale. Because the same thing they
> sell in Yorkdale, is the same thing they sell there…but Yorkdale is more expensive. And
> people are like "Oh, I don't shop at Orfus Road"

I: Who says they don't shop at Orfus Road?

R: All the GIRLS. And whenever you go there, you always see them there…This girl, she's like "Oh, I don't shop at Orfus Road, I don't wear Orfus Road this, that". And one time we went there I seen her and her friend there. Me and my friends went there, and we were like "Oh, I thought you don't wear Orfus Road"

I: Why do you think those girls said to you, they don't shop at Orfus?

R: Cause they always think they have the most money. You know, they think they're better and all that stuff. But I don't care, I tell you if I buy at Orfus Road. The same thing you're going to buy at Yorkdale, the same thing they have at Stitches but cheaper. But they always want to make you think they wear expensive stuff (*Renee, Interview 2*)

As I worked part-time in Yorkdale Mall throughout most of the study, I was able to gain insight into different levels of consumption and economic inequality among mothers. As suggested in the above quote, Renee distinguishes herself from other young women in her social group by emphasizing how she does not lie about buying brand names on Orfus Road as opposed to Yorkdale Mall. In so doing, Renee balances the demand imposed on young women her age (and her desire) to consume brand name fashion items with the financial responsibilities of being a responsible mother. This balancing act is in contrast to my experiences of working a part-time job in Yorkdale Mall where I witnessed new mothers coming into the store to purchase their entire nurseries, often exceeding $5,000 in one transaction:

> Working at [nursery and children's furniture and bedroom apparel store], it is amazing the kind of mothers I deal with here versus the ones that are in my study. Here, I have new moms-to-be ready to dish out over $5,000 in an hour to just decorate their nursery, never mind the necessities that are needed for a baby. Is it that much of an issue for you that the crib fitted sheet be the right shade of lavender and 100% organic cotton? And I think, how much $5,000 could do for the young moms in my study... I wonder if the moms in my study would even feel comfortable coming into this store. *(Field notes, December 23, 2012)*

The young mothers in this study experienced a tension between the expectations of good motherhood, and good consumerism. On the one hand, as young women they are expected to participate in shopping for name brands and trendy fashions. On the other hand, they are also mothers, which comes with the expectation that their shopping will be responsible and prioritize their children's needs before their own. If they do not comply with this, they will be considered an unfit mother and speak to the stereotypes of behaviours associated with being a *young* mother in Rexdale. Shanaya alludes to this in her discussion of other young mothers that she has heard of who spend "foolishly" when they receive their monthly government assistance money. Shanaya made sure to "other" herself from those young mothers, priding herself with her budgeting abilities:

> R= ... they all like to waste their own money on stupid things. When most people
> have kids, they like to waste their money on the dumbest things ever.
> I= Like what?
> R= Like for example, my friend told me that she was at [mall] and she saw a girl
> she knew and she had a Michael Kors bag, and she was like ooooh, Amanda
> where'd you get that bag? And she'd be like oh yea it's the 20th right. So they're
> getting their baby money on the 20th so that's how they're getting their bag... I
> was like *wowwww*. That bag costs like 400 bucks.
> I= Do you know a lot of people like that though?
> R= I know *a lot* of people who buy expensive stuff... because remember they
> never had money before, right? Now their children's money is coming, and
> they're counting all those pennies. Getting that new Michael Kors bag [laughs]...
> And I'm thinking like, look at you fools. Look at you spending how much money
> (*Shanaya, Interview 2)*

4.3.2   The Guys

Another way that the young women expressed "being stuck" was how they talked about "the guys" in Rexdale. The talk about the guys in the neighbourhood speaks further to the tension these young women experienced between desires and constraints. Whereas their talk about malls expressed a tension between their desires to be good consumers, good mothers and their

economic constraints, their talk about guys suggests a different set of tensions. First, the young women express frustration when the guys occupy public space where the young women are often subject to street-level harassment. In addition, the young mothers expressed their frustrations with what they perceive to be a greater level of autonomy and control the guys have over their lives, and in light of their freedom from child rearing responsibilities. Concurrently, some of the young women feel empathy for the guys who they saw as similarly "stuck" in a cycle of violent street life.

As discussed earlier, for most of the young mothers, the guys in the neighbourhood are credited as a source of violence, annoyance and frustration. For Shanelle, it was not so much what the guys were doing that she found annoying; rather, it was what the guys were *not* doing that she found especially frustrating:

> BECAUSE they need to go find a job, they always hanging out downstairs, do whatever they please, smoking, do *SOMETHING (Shanelle, Interview 2)(not effective?)*

The lack of desire to do "something" that Shanelle ascribed to the guys contrasts with her desires to make a better life for herself. Shanelle perceived the guys to have greater control and agency to make a change and "do something", as compared to her inability to do so given her child rearing responsibilities. This constrained agency is expressed by Shanelle who elaborates her frustration with the guys not behaving with maturity when they are handed the responsibility of becoming fathers, whereas the mother is required to grow up all at once. Shanelle's experience reveals her understanding of a gender and power imbalance between the baby's father's 'free choice' to assume parental responsibilities, and the mother's lack of choice in having to do so:

> They need to be responsible, like if you get a girl pregnant, *be there.* Don't just
> go back to your regular routine, your life change. Not just the woman...Guys, they
> just want to be by themselves, smoke, drink with their friends. Baby mom stays
> home. And when they choose to pop up, that's when *they* decide to come... They
> care about money, their friends, that's it. So guys, they need to change. I'm not

saying we're perfect as women, but we do mature more faster than guys

(Shanelle, Interview 2)

The young mothers expressed infuriation with the guys who they saw as having greater ability to exercise agency and control over their lives because most of the responsibilities of childrearing fall on them as mothers. Three of the participants discussed the lack of the baby's father's presence in their lives. Natasha talks about the baby's father as having the option to choose how he spends his time, including when he wants to be in the children's lives, and the long absences when he chooses not to be:

R= Because their dad picks and choose when he wants to be in their life, sometimes it is [frustrating]. Because basically he's doing whatever he wants, and when I'm home with two kids. It's frustrating at times, and sometimes it's whatever [...]

I= Ok. And how does that make you feel?

R= Honestly, I can care less whether they see him or not. But if you're in their life, you're in their life. If you're out their life, stay out their life. You can't really play with their life. One minute you come, you say you want to come see your kid, you come. Or then you don't come for 2 weeks after, or you don't call for them...it doesn't work like that. (*Natasha, Interview 2*)

Although often very frustrated with the guys, some of the young mothers suggested that they understand the cycle in which most of the Rexdale guys are similarly "stuck". For example, Beatrice expresses anger with the guys not choosing anything besides the mentality of the street life. At the same time, she pointed out that the guys grow up in an environment that constrains them from choosing otherwise, by inviting them to repeat the cycle they are stuck in. Much like how the young women express how their desires are constrained by the neighbourhood environment and lack of opportunities, some of them also acknowledged that the guys in Rexdale are subject to similar constraints:

All these guys are the same, ugh! It's annoying. Exactly the same mentality. Like all guys in Rexdale are the same... They're so into the streets, like that's all they

think about. They wake up, go to bed, streets, gotta go do this, gotta go get
money, gotta go make trouble. Like there's more to life than just the streets, you
know. Sometimes it makes me sad... Like half the guys I grew up with are either
dead or in jail because this is the life they've been seeing since they were little,
they grew up to do the same things like from their brothers or their dads or
whatever. It's sad. But like it's just another day in the hood, there's nothing I can
do about it (*Beatrice,* Interview 2*)*

Similarly, when talking about her frustration with the guys who occupy the entrance to
her apartment building, and the behaviours they engage in while doing so (smoking,
drinking, swearing, gambling), Renee identifies her fears about the negative effects that
seeing these behaviours might have on her own son in the future:

R= … It's just what I see with the guys. I just don't him [son], when he gets
older, I don't want him to see that stuff [gambling, smoking, drinking] and want
to do it.
I= Are you afraid that other kids see that?
R= YEA.
I= Have you seen that happen to kids?
R= YEA. A lot (*Renee, Interview 1)*

These quotes from Beatrice and Renee evoke a sense of the gendered and cyclical nature
of violence in the neighbourhood and the powerlessness experienced by both the young
mothers and the guys over their social conditions and their everyday lives.

4.4   Isolation and Support

As discussed in the previous theme, the majority of the young mothers in this study had to
assume the primary responsibility of their children without the support of the baby's father. This
amplified the isolation they experienced by restricting them to spend most of their time in their
homes taking primary responsibility over childcare. Most of the young mothers pointed out how

their restricted ability to leave their homes without their children led to feelings of isolation and boredom. For example, Shanaya talked about how her parenting responsibilities put constraints on her ability to freely go outside on her own. As such, isolation for these young mothers was not simply about being alone and having to do things on your own, but also about restricted mobility:

> Like...like... I won't be able to, being a parent you can't really get up and go anywhere. That's kinda one of the like, cons of being a parent. For example, if you want to go to the movies, I bring my daughter everywhere... If I'm doing something, she always has to come no matter what. (*Shanaya, Interview 1*)

Shanelle related her restricted mobility and isolation to the daily routine to which she had become accustomed to as the sole caregiver of her child. In her case, this routine discouraged her from continuing to attend a postnatal nutrition program:

> I always say I'll go [to the postnatal nutrition program] tomorrow and then tomorrow come and I'm like hell no, I ain't going up. I'm so accustomed to just go home [...] Pick up my son and go home. Daily routine! You don't go anywhere (*Shanelle, Interview 2*)

Although many of the young mothers in this study discussed feelings of isolation and having to be on their own, they also acknowledged different types of support in their neighbourhood that they accessed, both from individuals and programs/services. Most of the young mothers in the study identified their own mothers as an integral support, particularly since they became mothers themselves. Shanaya talked about how her mother continued to support her by calling her and waking her up every morning, to make sure she is not late for school and to drop her daughter off to daycare:

> Oh, my *MOM*! [laughs]... She call my phone 6 o'clock, *remember* to get up. GET UP, GET UP, YOU NEED TO GET UP! Like that's my mom, that's my mom for

you [laughs]. She'll call me in the morning and be like, make sure you're up!

(Shanaya, Interview I)

Shanelle, who did not have a lot of support in Rexdale besides her best friend, discussed the importance of being connected with her mother who lives in Jamaica. The ability to talk to her mother on the phone helped her "grow" and "survive", but did not substitute her strong desire for her mother to support her in person. The following quote speaks touchingly to her isolation and deep longing for her own mother who, for her, is a strong source of guidance and encouragement:

> R= No, the only thing is I want my mother here
>
> I= Do you want your mom more now than before?
>
> R= *Nods, yes* *Real bad.* Cause I felt like, alone. She's the only one I can talk to on the phone, like she grows me, she tells me what's wrong and what's right and stuff. And if she was here, she could help me out with my child. I'm the only one doing it...She knows how to survive, that's how I think of her... And as much as she's not here, she still try to teach me like, like knowledge to survive in life... Cause like, being here by myself ain't going to be easy. But it's just her telling me to keep my focus and don't give up. Cause the moment I decide to give up is the moment I crash. (*Shanelle, Interview 2*)

Along with the support provided by their family members, the participants also identified specific programs and services designed for young mothers that they accessed within the community. Of the five participants interviewed, four had attended a postnatal nutrition program from the local community health centre. This program provides nutrition counselling for young mothers between the ages of 15-24, and provides referrals to resources in the community that they can access, such as housing and education support, while providing subsidiary transportation and food costs.

In addition to programs and resources, the young mothers also mentioned the support they received while being in an environment with other young women who were in the same

situation. Shanelle, for example, talked about the comfort in meeting people who were experiencing the same things as her, and learning more about being a young mother. These comments suggest the important role that these community programs have in the lives of these young women, not only in helping them adjust to their roles and responsibilities as mothers, but also in providing them with a common place to gather and share their experiences.

> And what I did like about [the postnatal nutrition program] is you meet other people that is in the same situation as you. Cause you know it's not only you going through, you know there's other baby moms your age that go through the same things. And you learn a little bit more being a mom. What we need to do, what we need to eat, what we need to take as a *young mother* (*Shanelle, Interview1*)

In addition, Shanaya talked about a government-funded program for young parents that had been an immense source of support for her transition back to school after she had her daughter:

> So I guess what it basically is umm, you go to school, so you get a certain amount for your child, and they encourage you go to school, so that's how, you know... they give you money for school, for example laptops, pencils, all those things.... I think that program is the best program out there. Like, it kind of encourages you to go to school... (*Shanaya, Interview 1*)

Although there are gaps in support from family and the baby's father, community programs and services available in Rexdale seemed to play an integral role in supporting the young women in this study.

4.5   Conclusion

In this chapter, I have discussed the themes that emerged from my analysis of the interviews, field notes and observational notes, and the various tensions that characterize these themes. In the following chapter I discuss these themes in relation to previous research on the social determinants of health, particularly gender, class and violence, and how these findings speak to

the complex ways that the health-related and everyday lived experiences of young in Rexdale are shaped. I also consider the contributions of these findings to this literature and their implications for future research, practice and policy.

5 Discussion

In the previous chapter, I presented four themes that emerged from my analysis of the interviews, field notes, and interview notes. The major themes were: 1) Living in Rexdale: Representations and realities; 2) Leaving Rexdale and wanting something better; 3) Being stuck: Desires and constraints and; 4) Isolation and support. In this chapter I briefly summarize the key points from my findings, and discuss how my findings parallel and diverge from other studies in related scholarly literature. The purpose of examining my findings in relation to these bodies of literature is to identify instances where the current study findings are supported by previous studies, and to explore how these findings point to new insights into thinking about the social determinants of health of young mothers who reside in marginalized neighbourhoods. Followed by this discussion, I will outline my methodological reflections, including my experiences and challenges with the walking-interview data collection method. Finally, I will provide practical recommendations regarding how the findings of this study can inform future health research, practice and policy.

5.1 Summary of Findings

As suggested by the themes presented in the previous chapter, the young women's experiences in their neighbourhood are shaped by both the representations of Rexdale by outsiders, and of their own everyday lived realities. While the young women voiced their frustration with stereotypes of Rexdale as violence-prone, and their diligence in working to negotiate and overcome these stereotypes, some of the young mothers still had direct experience with, and spoke at length about, violence in the neighbourhood. In addition, all of the young women described experiencing street-level harassment from "the guys" as a regular feature of their everyday lives. Despite these experiences, the young mothers simultaneously acknowledged the familiarity and comfort that Rexdale provided for them, and felt it unfair that Rexdale was only portrayed in a negative light in media news. The findings of this study reveal a tension between the young women's awareness of, and resistance to, the negative representations of Rexdale and of them as young mothers, and their realities in which those representations still disseminated their everyday lives.

The themes also suggest that the young mothers' experiences of living in Rexdale informed their wanting to leave the neighbourhood, and their desires to become more financially independent and move up socioeconomically. The young mothers expressed wanting something better for themselves and their futures, and that Rexdale offered few opportunities for them to do so. The desire for a better future was often rooted in their experience of becoming mothers, and of the increasing expectations they developed of themselves and their futures. Their aspirations to move up socioeconomically were coupled with aspirations to move out of Rexdale.

The tension between the young mothers' desires for something better and wanting to leave, and not having the resources to do so, is what I describe as their experiences of "being stuck". The experience of "being stuck" resonated in the way the young mothers talked about both the malls and the guys. The discussion about "the mall" represented the young mothers' desires for goods and high-end name brands while not having the resources to participate in the expected consumerism of young women in their age group. In their talk about the malls, the young mothers in this study balanced the expectation to be good consumers with the expectation that they should be good mothers, by being financially responsible. The young mothers' talk about the guys expressed their frustrations with having to cope with everyday street-level harassment, alongside a sense of empathy for the guys' entrapment in the street-life cycle. This talk about the guys also expressed their frustrations of "being stuck" as the primary caregiver to their child/children and of the relatively greater autonomy they felt the guys had because of their lack of childrearing responsibilities.

Finally, the young mothers talked about the various ways in which they experienced isolation in their neighbourhood, and the people and community services that have provided them with support. Many of the young mothers identified particular programs and services available in the neighbourhood as important sources of support, and some identified their own mothers as integral sources of support since they became mothers. At the same time, all of the participants alluded to their experiences of increased isolation since becoming mothers, particularly given the lack of support from the baby's father.

5.2   Relationship of Findings to Previous Research

The experiences of violence and street-level harassment had a profound effect on the everyday lived experiences of the young mothers in this study. Some of the young women, Beatrice in particular, talked about the uncertainty associated with physical and gun violence when she went outside. The consequence of these experiences is what Baum, Ziersch, Zhang & Osborne (2009) have described as being constrained about going outside one's home because of fear for safety, creating a social environment which undermines mental and physical health. For these young mothers, the compounded forms of violence (i.e., random violence, street-level harassment) they experience affects their everyday lives, by curtailing the freedom for them and their children to go outside of their homes, and inevitably their physical and mental health. Beatrice spoke at length about her first-hand experiences with violence in her part of the neighbourhood. Her feelings of being "sad" in response to the violence, and the loss of her friend to gun violence, align with what the literature has described as negative mental health effects of violence on residents (Goldmann et al., 2011; Mair, Kaplan & Everson-Rose, 2012; Wilson-Genderson & Pruchno, 2013).

Random acts of neighbourhood and gun violence also affected the young women's way of mothering their children. As suggested by the literature, mothers living in violence-prone neighbourhoods are more likely to keep their children indoors and have a heightened sense of monitoring (Ceballo, Kennedy, Bregman & Epstein-Ngo, 2012; Dias and Whitaker, 2013; Jones et al.; 2005). Some of the participants from this study discussed the discomfort of taking their children outside because they were unsure about their safety when leaving the home. In addition to being victim of random acts of violence in the neighbourhood, two of the young mothers were also concerned about how the outside environment, particularly the behaviour of the guys (e.g., smoking, drinking, hanging out) would expose their children to the "life in the hood" that they are trying to avoid. The young women, who both had sons, had a heightened sense of sheltering themselves and their sons from exposure to an unpredictable outside world.

The young mothers spoke of neighbourhood violence in multiple ways. Although Rexdale has been reputed as a violent neighbourhood in most parts because of gang and gun violence, the

participants' main descriptions and experiences pertaining to violence were about street-level harassment. As discussed in the *Literature Review*, street-level harassment can be defined as, "unsolicited verbal and/or nonverbal act of a male stranger towards a female, solely on the basis of her sex, in a public space (Laniya, 2005). The young mothers described the forms of street-level harassment they experienced, including stares, whistles and comments about their body parts such as their "ass", which coincides with what Davis (1994) has described as catcalls and street remarks. As Bowman (1993) has stated, the remarks or actions from street harassment towards women may have serious effects on their full participation in the public sphere. The young mothers in this study were made to feel uncomfortable and were frustrated with having to constantly walk through the guys and endure verbal harassment.

Thus, the findings of this study suggest that these young mothers experienced violence in the neighbourhood on two levels: a form of random, neighbourhood violence (i.e., gun violence, random shootings) that is consistent with negative representations of Rexdale in the public eye, and a level of gender-based violence imposed by the verbal remarks from "the guys" and the way they occupy public space. Whereas "the guys" occupy and control the street and public spaces of the neighbourhood, the women are made to feel uncomfortable when they walk through these spaces, affecting their full participation in the public sphere (Bowman, 1993) and discouraging them from leaving the private spaces of their homes. The ways in which gender-based violence restricted the young women to their homes was especially apparent for Renee and Shanelle. These two young mothers talked about the guys' occupancy in the front entry ways of the building, providing a way of understanding how the guys' guarding and occupancy of public spaces restricted the young women to the private spaces of their home, limiting their comfort and mobility.

The concept of territoriality discussed in the *Literature Review* sheds light on the complex set of gender relations that the women in my study experience. In light of research by Bannister, Kintrea and Pickering (2013), the occupancy of street spaces by the guys can be viewed as an act of territoriality that they exercise. The notion of territoriality enables us to understand that the guys' occupancies of certain public spaces (e.g., building entry ways) may be interpreted as a method of marking neighbourhood territory and guarding it from outsiders. The idea of

territoriality was suggested by Beatrice when she described the incidents of violence occurring when guys from her part of the neighbourhood get involved in conflicts with guys from another "hood". While the guys exercise territoriality and protection over their "hoods", in the same sense the young moms feel they need to protect the guys in their neighbourhood from outsiders, such as the police. The concept of territoriality and surveillance permeates these gender relations between the young mothers and the guys, but also roots them to a common, intersecting source: protective guarding of Rexdale. The tension between the young women's frustrations with experiencing street-level harassment, and their expressed commitment to protect the guys, demonstrates the unique ways that gender relations are an important aspect of the young women's everyday lives.

The intricate ways in which the young mothers talk about "the guys" speaks to the complex gender relations in the neighbourhood and in the young women's lives. Gender permeates the young mothers' experiences far beyond the issue of violence. As defined earlier, gender refers to an array of societally-determined roles, personality traits, attitudes, behaviours, values, relative power and influence that are differentially and systematically ascribed to men and women (Doyal, 2001; Spitzer, 2005). For example, the expected gender role of motherhood is associated with childbearing, child rearing, and being seen as the children's primary parent (Maccoby & Mnookin, 1992). The young women in this study live in accordance with the expected gender roles of motherhood and childrearing. On numerous occasions, they pointed to the additional responsibilities that they have had to take on since becoming mothers. The interviews revealed that it was troubling for the young women that the baby's fathers did not assume the same level of responsibility. As stated by Shanelle, women are required to grow up faster while the baby's father can continue with his previous lifestyle of leisure activity, such as hanging out with friends. As such, most of the young mothers described a lack of support that they received from the baby's father. The gendered expectation that mothers are primarily responsible for child-rearing responsibilities leaves the young women in this study to experience limited mobility and autonomy, especially in comparison to perceived higher degree of autonomy and agency that the guys possess.

The gendered expectation that women are primarily responsible for childrearing leaves the young mothers in this study in particularly vulnerable socioeconomic positions. The financial responsibilities that these young mothers have to carry, in most cases alone, speak to what the literature discusses as the feminization of poverty. As Reid (2007) highlights, lone-parent families headed by women in Canada have the highest incidence and depth of poverty for all family types. Although I did not ask the young women explicitly about their sources of income, it was clear that they were strained financially, particularly given the responsibilities associated with child care. In this study, two of the young mothers lived in Toronto Community Housing, and at least two of them were on social assistance. Three of the young mothers in this study were full-time students and the other two participants voiced their intentions of returning to school the following semester. Only Beatrice talked about a part-time job that she was going to start during the school year as a result of her co-op school placement. Natasha and Shanelle lived by themselves with their children, and did not have jobs. The findings from this study provide greater dimension and understanding to the ways in which gender, a socially constructed notion, in turn translates into greater susceptibility to experiencing poverty, and thus poor health.

The young women in this study were aware of the negative stereotypes of young mothers from Rexdale (i.e., welfare moms). Much like the findings of other qualitative studies (Kirman, Harrison, Hilier & Pyett, 2001; Shanok & Miller, 2007), the participants in this study were aware that others perceive them in a negative light. However, also in keeping with the findings of previous studies (Barn & Mantovani, 2007; Brubaker, 2007), the young mothers strive to exercise agency and control over their lives and decision-making, as they made clear to me in the interviews. While they discussed the hardship of having to do things on their own, and the lack of resources in being able to do so, they emphasized their desire to be independent, including finishing their high school studies, pursuing higher education and obtaining careers, and providing for themselves and their child/children. In this sense, they resisted the negative discourse that positions them as financial drains on society and to themselves.

The young mothers' desire for financial independence speaks to the understanding of social class as a lived experience. Ideas about social class and socioeconomic status were heavily integrated in various discussions by the young women. This includes the ways in which they talk about

their desires to access commodities at the mall. During the walking interviews, some of the young mothers talked about name brand stores, and why those name brand stores could not be found in Rexdale malls. The young mothers' awareness of the unavailability of those name brands in their neighbourhood spoke to the ways the young women understood and translated the idea of class inequality through consumerism. Cotrau (2008) uses the "holy trinity" analogy to explain the pleasure, leisure and consumption of youths in malls. For the young mothers in this study, the mall also acted as a place of pleasure, leisure and hanging out. However, their ability to satisfy the "holy trinity" was inhibited by the lack of resources they possessed to take part in the pleasure of name-brand consumerism.

Furthermore, the idea of social class emerged throughout the interviews when the young mothers talked about leaving the neighbourhood and aspiring to have careers and more resources outside of Rexdale. Their desires of wanting to move out and have access to better resources and commodities stem from the point at which they became mothers. As many qualitative studies have established, becoming a mother for teens has been cited as being a highly restorative process (Middleton, 2011; Seamark & Lings, 2004). As Shanelle had stated, she did not believe she was capable of entering college or the bigger expectations she has of herself now, prior to becoming a pregnant. Thus, the young mothers' discussions of moving on to something better are deeply rooted in their experiences of becoming mothers.

As found in other research, the young women negotiated and resisted the stigma of being a young mother in multiple ways. For example, the young mothers not only negotiated and resisted stigmas by social workers, friends and family, but also general negative stereotypes about teen mothers based on specific discourses related to economics and ethnicity. As discussed in the *Literature Review*, two main discourses that influence the representation of young motherhood include an economic discourse, where teenage mothers are positioned as a financial drains on society and early motherhood as a cost to the mothers themselves, and an ethnicity discourse where young mothers are classified into ethnic groups explaining differential fertility rates as resistance of appropriate reproductive technology among minority group members (Breheny & Stephens, 2010). The combination of these discourses presents the teen mother as: financially dependent, and an ethnic minority member who is psychologically, physically and educationally

unprepared for parenthood (Breheny & Stephens, 2010) and as social problems. I found that the young mothers actively resisted these discourses when they talked about their experiences of mothering and their everyday lives. In contrast to the portrayal of Rexdale mothers as women who get pregnant to gain access to social assistance, Shanaya presented herself as a financially responsible mother who did not waste her money on "foolish" things, and actively distanced herself from "other" young mothers who spent money foolishly. Their distancing of themselves from the negative discourse of young mothers demonstrate their efforts to be financially responsible, and also in relation to shopping. For example, Renee prided herself in shopping at discount malls because it enables her to purchase name brands at a discount and satisfy expectations of both teen consumer and responsible mother. This suggests that the participants are fully aware of the negative constructs that exist about young mothers, and shows how they negotiate such constructs as part of their own experience of motherhood.

The stigma tied to being a young mother also required the young women in this study to defend their position as being good mothers. In the literature, teen mothers are typically described as lacking rational and moral agency because they have become mothers at a young age (Breheny, 2008). As Breheny & Stephens (2010) have discussed, the portrayal of young mothers as unsuitable demonstrates that the social construction of motherhood is as much about the wrong sort of young women becoming mothers, as it is about mothering too soon. That is, the idea of teen mothers challenges the conventional ideology and basic foundation of what a family *should* look like (i.e., married mother and father living together with children). This consequently leads to stigmatization and alienation from others, and shapes teen mothers' interactions with members of their communities, and their daily lived experiences (Chabot, Shoveller & Johnson, 2010; Shanok & Miller, 2007). In my study, this stigmatization of teen moms was evidenced when Shanaya talks about how others perceived her as being "just another Rexdale mom" (i.e., a young mother that gets pregnant for welfare money). The stigma attached to the label of being a young mother, particularly in Rexdale, in part shaped her experience with her social worker who had assumed that a burn on her daughter's chin was the result of ineffective parenting. She recognized that the social worker viewed her as an unfit mother, and dismissed that notion when she let go of her social worker, in trying to show she indeed was a good mother. The young

mothers were trying to represent themselves as good mothers who are capable of learning the skills of motherhood (Kirman, Harrison, Hilier & Pyett, 2001).

The findings of this study uniquely contribute to the literature by showing how the young women in this study experienced the compounded effects of having to negotiate and exercise their agency in relation to two kinds of negative stereotypes: those associated with being a young mother, and those associated with Rexdale, a stigmatized neighbourhood known for high rates as of gun violence and teen pregnancy. The young mothers negotiated stereotypes about the neighbourhood in which they live in, by simultaneously resisting and validating them. While they resisted outsider's perception of Rexdale as a dangerous neighbourhood, their own accounts of experiencing or hearing about violence validated those very stereotypes. Their sense of negotiation and resistance is in combination with the stereotypes of Rexdale's high prevalence of teen pregnancies. Rexdale is stereotyped as a stigmatized neighbourhood in part because of higher rates of teenage pregnancies and teen mothers. I interpret that for these young women, Rexdale represents a place that locks them in their current place and status: being a teen mother in a "priority" neighbourhood. This means that by being young mothers who live in Rexdale, they experience the ways in which they are considered to be validation for those stereotypes that exist. The combination of the stigma of being a young mother and living in a neighbourhood characterized by its negative stereotypes demonstrates the complexity in nature of how the everyday lived experiences of these young mothers are intersected by various determinants.

The multiple levels of stereotyping and stigma compound to label the young women as a "social problem" in a "priority neighbourhood", doubling their experience of "otherness". For example, even though the young women did not speak about their experiences of "race" in the interviews, this does not mean that they are not aware of the dominant discourse that young racialized women are thought as having a higher risk of becoming young mothers. Instead, perhaps their refusal to talk about race acts as a form of refuting the discourse. It must also be noted that in a neighbourhood where 85% of residents are *visible minorities,* the issue of race would be less likely to emerge as compared to residing in a neighbourhood where visible-minorities were a minority in number. In Rexdale, the fact that they are young women from a Caribbean background may become normalized if the young mothers did not feel that race was an important

determinant, especially living in a neighbourhood with a large Caribbean population. Although the young women did not discuss their experiences in relation to "race" specifically, it is important to note that Rexdale is a racialized space that has been defined as a 'priority' neighbourhood in part because of its relatively high percentage of 'visible minorities'.

In this study, violence, gender relations, socioeconomic status and the negative construction of teenage motherhood and of Rexdale intersected in complex ways to inform and shape the experiences of the young mothers. As discussed in the *Literature Review*, intersectionality refers to the interlocking nature of different aspects of social difference and identity (e.g., race/ethnicity, class, and gender) at macro and micro levels (Hankivsky, 2011). Similarly, Iyer, Sen and Östlin (2008) further acknowledge that the determinants of health are inseparable sources of inequality. The findings from this study show that determinants of health such as class, "race", gender and neighbourhood cannot be examined in isolation from each other in order to gain an understanding about lived experiences, and of health. The findings of this study further suggest that these social determinants intersect with negative stereotypes of teen mothers and of Rexdale, as reflected in the experiences of the young mothers in this study. It is the compounding of these stigmatizing representations and the intersecting social determinants of health which informed the young women's health-related and everyday experiences of living in Rexdale. This compounding comes together to inform the young women's experiences of "being stuck", an experience which draws attention to the conflicts between their desires - to leave Rexdale, to be more financially independent and mobile, to be both good consumers and good mothers, to have more economic and social support – and the various constraints that prevent them from realizing these aspirations.

5.3   Methodological Reflections

Through the use of ethnographically-informed methods (i.e., semi-structured interviews, field notes journals and observations) I was able to collect a rich, informed understanding of the young mothers' everyday lived experiences in Rexdale. The flexibility of the semi-structured interview guide acted as a methodological strength to developing an understanding of the ways

the young women understood their daily lived experiences in the neighbourhood. The semi-structured format of the interviews also allowed me to clarify and explore further new directions that were not anticipated by the objectives of the study. Thus, using this qualitative approach enabled me to identify areas that are relevant to these young women's experiences and the social determinants of health, but also areas of research that were unexpected.

The complex ways in which the young mothers talked about the guys in the neighbourhood was an unexpected area of the findings for me. I had expected that the young mothers would discuss the baby's father to some degree. However, I had no expectation that there would be as much discussion as there was about the neighbourhood guys. A challenge for me during data analysis was trying to understand "the guys" as having a singular representation for the young women. However, I came to realize that this was impossible due to the multiple roles and meanings attributed to them (e.g., baby's father, source of street-level harassment, victim of the street life). The ways the young women spoke of the guys was also perplexing (e.g., frustration, uncertainty about safety, familiarity, sympathy). The multiple meanings the young mothers assigned to the guys challenged my ways of thinking about traditional gender roles, and demonstrated the ways in which these complex gender relations were a central theme to the everyday lived experiences of the young mothers.

In addition to identifying unanticipated findings, this interviewing approach also identified areas that were not a concern to the participants. As this is a qualitative study involving an inductive nature of data collection and analysis, I chose to focus on issues that the participants spoke most to, and what seemed to hold the greatest importance to them. Somewhat surprisingly, the issue of health was not a primary concern for the study participants. While the young women in this study did not talk about "health" per se, or share much information in response to my questions about health, many of the things they did talk about, such as isolation and support, and their desires to be upwardly mobile, socioeconomically, have a significant impact on health, as understood from a social determinants of health perspective as discussed in this chapter.

The field and interview notes gave me the opportunity to develop meaningful background context to better understand the experiences of the young mothers, and were a methodological

strength in this study. In the field notes journal, I was able to make note of my own reflexive feelings and thoughts during the interview process that informed my unique stance as the researcher, including my experiences growing up and living in Rexdale. The interview notes paid particular attention to the environment of the interviews, in order to understand the ways in which the young mothers talked about their surroundings, places they go to in Rexdale, and how they viewed their neighbourhood. The data and interpretations that emerged from this study were inevitably shaped by the interviewing process, the reflexivity and observation from the notes, the objectives and concerns of the research, and by the shared experience I had with the participants of the neighbourhood.

The rewards of using qualitative methodology to gather rich, in-depth experiences were accompanied by some challenges with the second method of data collection: the walking interviews. This method of data collection was chosen with the intention of learning about aspects of the neighbourhood that were important to the participants and their health. I expected each participant to choose a different path to walk through the neighbourhood. In actuality, four of the participants chose to conduct the walking interview in a mall. The challenge with conducting the walking interviews in the mall was my familiarity with the locations because I have lived in the neighbourhood for a long period of time, and have walked through those same malls on numerous occasions. It was difficult to adopt an attitude of genuine curiosity while trying to understand why the participants chose to come to these places. Based on my own experiences and reflexivity, I knew the malls were, "the only place to go". The participants also felt the mall was the only place where they could hang out, which I interpreted to mean that there was a lack of things to do in the neighbourhood. This is in contrast to the walking interview conducted with Beatrice, who was the only participant who chose to take me on a walk through her part of the neighbourhood. This was a unique experience compared to the other walking interviews because of the greater sense of curiosity on my part, leading to my ability to ask more in-depth questions about the surroundings and significance of the paths chosen for the interview. The same level of curiosity with the other interviews required more reflexivity on my behalf in order to understand the meaning of the mall to the participants, instead of their meanings in relation to my experiences in the neighbourhood.

Despite the difficulties with conducting the walking interviews, this method still enabled me to collect data that demonstrated the relations these young women had to particular places in Rexdale. Through the walking interview method, I began to understand and interpret the multiple meanings of the malls to the young women, a major theme that emerged from this study. I interpreted the mall to have multiple meanings for the young mothers: the only place to hang out; desires for commodities and name brands; exclusion from consumer society; a social space and; class inequality. The young mothers talked about the mall as a place to, "chill" and that there was "nowhere else to go". This speaks significantly to what is, or is not available, in the neighbourhood for people in the neighbourhood.

However, their desire to consume in name brands was constrained by class inequality when the young mothers were not able to access the desired name brands in Rexdale, and had to go outside of the neighbourhood to do so. As Cotrau (2008) had discussed, the malls act as powerful agencies of identity construction based on the assumption that teens in malls consume signs and meanings rather than just commodities. Taylor & Cosenza (2002) also discuss that for teen girls, choosing the right brands is important for social affiliation and to gain social affluence. The inability to access name brand shopping within Rexdale, and not having the resources to do so outside of Rexdale, acts as a form of class inequality. The malls in Rexdale do not let the young mothers meet the expectations of being a good consumer, and neither do they provide satisfactory spaces for leisure to alleviate their lack of things to do in the neighbourhood. An additional restriction on their ability to participate as good consumers in the malls is that, as mothers, they are expected to prioritize the needs of their children over their own desires for particular commodities (e.g., fashion items). If the young mothers do not comply with this expectation, they are considered an unfit mother and reinforce the stereotypical behaviours associated with being a *young* mother in Rexdale. These young women are thus "doubly othered" as mothers who are young and thus unfit for parenting, and also as young women who cannot participate in consumption society.

5.4 Implications for research, practice, policy

The methodology employed in this study has shown that the social determinants of health (i.e., gender, socioeconomic status and neighbourhood) cannot be separated from each other when examining the health-related experiences of young mothers in the context of their everyday lives. This challenges health promotion programs that aim to target individual health behaviours rather than acknowledge how greater social and environmental forces come into play in individual and population health, especially with marginalized groups such as young mothers.

The young women in this study expressed major changes that they have had to make since becoming mothers. In combination with the added responsibilities of childrearing, and the sense of uncertainty about going outside, there is greater level of isolation they experience which some referred to as being "locked up" in their homes. This finding provides way for health promotion program planning to consider the importance of addressing the issues of isolation and social support when creating programs targeting young mothers. For example, some of the young mothers discussed that they enjoyed going to support programs where they were in an environment with other young women who were in the same situation. These programs targeted towards young mothers gave them an opportunity to go to a place other than the mall, an important point considering the limited spaces to "hang out" that the young women in this study identified. During my time volunteering with one of these support programs, the staff informed me that the program had a waiting list of young mothers that would like to be signed on to the sessions. This shows that the program is important to young mothers in the neighbourhood and there is a need and demand for them, pointing to the importance of public health and community health investment for continuation and added support for these programs.

This study has identified a number of themes that require further research. The ways in which "the guys" occupied different roles in the young mothers' lives is an especially interesting area for further research. The ways in which Rexdale guys were perceived was based on how the young mothers viewed them as sources of violence and harassment, and as absentee fathers. The young mothers also discussed how the guys are caught in a street-life cycle that leads them to being 'stuck'. As demonstrated in this thesis, the young women perceived the guys to have

greater control over autonomy and agency than they did. Thus, it is important to recognize the ways gender roles are a product of power relationships that inevitably shape much of the women's everyday lived experiences. A specific area of interest for further research would be to gain an understanding of young men's experiences of Rexdale, and how they understand their "places" within the neighbourhood. As some of the young mothers discussed, the guys are caught in a street-life cycle that leads them to being 'stuck'. It would be meaningful to find out if the guys also resist negative stereotypes about themselves and about Rexdale, and whether they speak of their social location in the neighbourhood in similar ways. Such research would provide further insight into how gender intersects with social class, "race", and stigmatizing discourses and to inform young men's experiences of living in Rexdale.

Related to this, an area of critical health promotion program planning would be to challenge conventional gendered norms through support programs. One example of this in Rexdale is a new support group program that has been implemented is the, "Daddies Club". The purpose of the program is for young fathers to congregate in an environment where they learn about the parenting skills required to be a good father, and discuss their understanding and internalization of the stereotypes related to being a young father (e.g., young Black fathers stereotyped as abandoning childrearing responsibilities). Such programs take traditional aspects of program planning (e.g., support groups) and couple them with a social determinants of health framework (e.g., gender roles) to provide new of thinking about health promotion program planning.

Furthermore, a central theme was the young women's experience of "lacking" opportunities that are not available in Rexdale. This was talked about in many ways: lack of jobs; lack of places to hang out (leading to guys' occupancies of public spaces); lack of things to do in the neighbourhood and; lack of things for the guys to do, leading to entrapment in street-life and frustration for young mothers. For example, the young women talk about wanting jobs, and that the guys need to get jobs, but at the same time express frustration with the lack of economic opportunities available for them beyond "foo-foo jobs". Mair, Kaplan and Everson-Rose (2012) explored the relation between feelings of hopelessness and an individual's perception of their neighbourhood. If the young women in this study feel like the economic opportunities they

aspire for are not available in their neighbourhood, there is a higher likelihood that they also feel a sense of hopelessness about Rexdale and greater sense of wanting to leave. However, why must the young women have to feel that they need to leave their neighbourhood in order to obtain economic opportunities? Why are those job opportunities not available within Rexdale? A health promotion program guided by a social determinants of health framework would seek to gain a greater understanding of these questions, and advocate for greater economic investment in job creation and training opportunities for young adults that would keep them in the neighbourhood.

Finally, a central reason for choosing Rexdale as the location for this study was because of its designation as a priority neighbourhood. Although the young mothers did not reference the term "priority" when talking about Rexdale, their discussion of stereotypes made it clear that they are aware that the neighbourhood is perceived in a particular way by others (i.e., violence-prone and needing assistance). There is a need to critically question whether the term "priority" does greater damage than good. Who is this a "priority" for? Why are the groups identified as "social risk" (i.e., visible minorities), priorities? How has the label of "priority" reproduced negative stereotypes about Rexdale? The City Councillor for Etobicoke North, in which Rexdale is located in, has argued that the term "priority neighbourhoods" stigmatizes designated communities and works against private investment and community pride (Alcoba, 2011, June 29). By gaining an understanding of how the term "priority" affects young mothers' and neighbourhood residents' perception of Rexdale, there is ways to better understand how policies and strategies that propose to alleviate neighbourhood poverty (i.e., the 13 priority neighbourhood strategy) may actually systematically discriminate and marginalize the neighbourhoods they are intending to help.

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Appendices

Study Participants Wanted!

Are you a mother between the ages of 15 to 19? Do you live in Rexdale?

If you answered **YES** to **BOTH** of these questions, then you are invited to participate in a study about the health-related experiences of young mothers living in Rexdale.

What is this study about? What will I have to do?

To learn about your health-related experiences, you will be asked to participate in **two** 1 hour interviews. The information you provide will be kept completely confidential.

For more information about this study, please contact:
Jaspreet Kaur, MSc. Candidate, Health and Rehabilitation Sciences
XXXXX@uwo.ca or (XXX) XXX-XXXX
Please note: By contacting the researcher, you are under no obligation to participate in this study.

If you decide to participate in this study, <u>you will be compensated for your time and reimbursed for any travel costs.</u>

LETTER OF INFORMATION

Health experiences of young mothers living in Rexdale

Principal Investigator: Jessica Polzer, PhD, Faculty of Health Sciences, The University of
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Tel: 519-661-2111 ext. XXXXX   e-mail: XXXX@uwo.ca

Research Associate: JaspreetKaur, MSc. Candidate, Health and Rehabilitation Sciences,
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Tel: XXX-XXX-XXXX   e-mail: XXXX@uwo.ca

You are invited to take part in a research study about the health-related experiences of young mothers who live in Rexdale. In order to learn about these experiences, we will be speaking with 6 to 8 mothers who are between the ages of 15 and 19 and who live in Rexdale.

The purpose of this letter is to provide you with information required for you to make an informed decision regarding participation in this study. It is important for you to understand why the study is being conducted and what it will involve. Please take the time to read this carefully and feel free to ask questions if anything is unclear.

What is the purpose of the study?
The purpose of this study is to learn about young mothers' health-related experiences in the neighbourhood of Rexdale. Currently, there is a lack of research on the health of young mothers and how this is affected by where they live. To fill this gap in knowledge, we would like to speak with young mothers directly to learn about their health-related experiences in the neighbourhood.

Inclusion criteria: Am I eligible to participate?
You are eligible to take part in this study if you are:
i)   a female between the ages of 15 and 19;
ii)   a mother of at least one child;
iii)   able to participate in an interview in English; and
iv)   live in Rexdale.

Exclusion criteria: If you do not fit these criteria, you are not eligible to participate. This means that:
i)   you are not a female between the ages of 15 and 19
ii)   you are not a mother of at least one child
iii)   you are not able to participate in an interview in English; or
iv)   you do not live in Rexdale

What do I have to do?

If you choose to take part in this study, you will be asked to participate in **two** open-ended interviews. In open-ended interviews, the researcher asks open-ended questions and allows the study participant to describe her experiences in her own words. Both interviews will be audio-recorded to make sure that we have an accurate record of what you say. You can request that the digital recorder be turned off at any time during the interviews. You can refuse to answer any questions that you are not comfortable answering, and you may stop the interview at any time.

During the first interview you will be asked to discuss your thoughts about your health and your experiences of what it is like to live in the neighbourhood of Rexdale as a young mother. As well, you will be asked to identify and discuss some places in your neighbourhood that are important to you and your health. The interview will take place at a location of your choice that is safe and comfortable for both you and the researcher. At the end of this interview, you will be asked to complete a short survey. This information will be used to get a better understanding of your background.

The second interview will be a "go along" interview. This will involve the researcher joining you as you go to one or more places in your neighbourhood that you feel are important to you, and the interview will be done as you go along. There are no set questions for this interview. For example, the researcher will ask you to discuss what the place/s you have chosen to visit mean to you and how they affect your health.

Each interview will take approximately 60 minutes to complete. You will be reimbursed for any public transportation you pay in order to participate in this study. You will receive $20 at the end of the first and second interview as a token of our appreciation for your time and for sharing your health experiences as a young mother in Rexdale.

Are there any risks or discomforts?

There are no known risks associated with taking part in this study. You may find that you experience discomfort if you disclose sensitive information related to your personal experiences living in Rexdale, being a young mother, and your health-related experiences. You have the right to refuse to answer any questions and to withdraw from the study at any time. Referrals to information sources and counselling will be made available to you should you experience any stress or anxiety that might arise as a result of your participation.

What are the benefits of taking part?
The long-term benefits of this study are unknown. You may benefit from this study by having the opportunity to express your thoughts about your health and your neighbourhood in your own words. It is possible that you will not benefit directly from participation in the study. Although you may not directly benefit from participating in this study, your insights and personal experiences will provide a more in-depth understanding of how young mothers experience their health in relation to their neighbourhood. As well, the findings from this study may be used to improve the services, programs, and policies that have an impact on young mothers in Rexdale.

What happens to the information I share with you? How will my privacy be protected?

Both interviews will be audio-recorded and typed out word-for-word to make sure that we have an accurate record of what you say. In order to protect your privacy, a number of strict measures will be taken to keep your information confidential (i.e., secure) and your identity anonymous:

- Only the Primary Investigator and the Research Associate will have access to the original interview recordings and typed transcripts.
- All information collected from you (including interview transcripts, demographic information, contact information, consent forms and audio recordings) will be locked in a secure cabinet in a locked research office at The University of Western Ontario and will be destroyed after 5 years.
- The interview transcripts will be made anonymous by replacing your real name, and any other information that could be used to identify you (e.g., your place of work), with pseudonyms (alternate names). Only the pseudonyms will be used to identify recordings and transcripts.
- Your real name and pseudonym will be recorded in a master list and stored in a locked cabinet in a secure research office for the duration of the study. This master list will be used to match study participants with their pseudonyms if they wish to withdraw and have their data removed from the study. This master list will be stored separately from the signed consent forms and the raw data and will be accessible only to the PI and the RA.
- Any data the Research Associate or Principal Investigator take off-site (e.g., to their residences) will be made anonymous and will be transported and stored securely in a locked case.
- If the results of the study are published, your name will not be used. If any quotes from your interviews are used in future reports or publications, only your pseudonym will be used, and any information in the quote that could identify you (e.g., your place of work) will be altered or removed.
- All information transferred into digital files will be password protected and the password will only be known to the Principal Investigator and the Research Associate.

All data collected will remain confidential and accessible only to the investigators of this study. We will strive to ensure the confidentiality of your research-related records. Absolute confidentiality cannot be guaranteed as we may have to disclose certain information under certain laws. These conditions include but are not limited to: rape, abuse, physical harm and other instances where police may need to be consulted. The inclusion of your initials and your date of birth may allow someone to link the data and identify you. Representatives of The University of Western Ontario Non-Medical Research Ethics Board may require access to your study-related records or may follow up with you to monitor the conduct of the study.

Can I withdraw from the study?

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time. If you wish to withdraw your participation in the study, you can contact the Research Associate, Jaspreet Kaur, and your information will be destroyed immediately from our database. Please note that even if your data is removed from the study, what you share in the interview may still influence the researcher's impressions and analyses.

Can I receive a copy of the study results?

If you would like to receive a summary of the study results when the analysis is complete, you will be asked to provide your name and contact information on a separate piece of paper from the consent form. This information will also be kept confidential in a locked cabinet.

You will be given a copy of this letter of information and consent form once it is signed. Please note that you <u>do not</u> waive any legal rights by signing this form.

If you have any other questions or concerns:

If you require any further information regarding this research project or your participation in the study you may contact the Principal Investigator, Jessica Polzer, at tel: (519) 661-2111 ext. XXXXX or email: <u>XXXX@uwo.ca</u>, or the Research Associate, Jaspreet Kaur, at tel: (XXX) XXX-XXXX or email: <u>XXX@uwo.ca</u>. If you have any questions or concerns about the conduct of this study or your rights as a research participant, you may contact the Office of Research Ethics at (XXX) XXX-XXXX or by email at <u>XXXXX@uwo.ca</u>.

We hope that you will consider participating in this research.

This letter is yours to keep for future reference.

Appendix C: Ethics Approval Notice

Research
Western

Use of Human Participants - Ethics Approval Notice

Principal Investigator: Dr. Jessica Polzer
File Number: 102634
Review Level: Full Board
Approved Local Adult Participants: 5
Approved Local Minor Participants: 0
Protocol Title: Health experiences of young mothers living in Rexdale.
Department & Institution: Brescia\Women's Studies,Western University
Sponsor:
Ethics Approval Date: July 20, 2012 **Expiry Date:** August 31, 2013

Documents Reviewed & Approved & Documents Received for Information:

Document Name	Comments	Version Date
Letter of Information & Consent	LOI and Consent form	2012/05/08
Other	Telephone script	2012/05/08
Advertisement	Advertisement information	2012/05/08
Other	Email script	2012/05/08
Other	Revised telephone script	2012/06/20
Revised Letter of Information & Consent	Revised LOI and Consent form	2012/06/19
Western University Protocol		

This is to notify you that The University of Western Ontario Research Ethics Board for Non-Medical Research Involving Human Subjects (NMREB) which is organized and operates according to the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans and the applicable laws and regulations of Ontario has granted approval to the above named research study on the approval date noted above.

This approval shall remain valid until the expiry date noted above assuming timely and acceptable responses to the NMREB's periodic requests for surveillance and monitoring information.

Members of the NMREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussions related to, nor vote on, such studies when they are presented to the NMREB.

The Chair of the NMREB is Dr. Riley Hinson. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Consent Form for Study Participants

Health experiences of young mothers living in Rexdale

Primary Investigator: Dr. Jessica Polzer, PhD, Faculty of Health Sciences, The University of Western Ontario, London, Ontario

Tel: 519-661-2111 ext. XXXXX   e-mail: <u>XXXX@uwo.ca</u>

Research Associate: Jaspreet Kaur, MSc. Candidate, Health and Rehabilitation Sciences, The University of Western Ontario, London,Ontario

Tel: XXX-XXX-XXXX   e-mail: <u>XXXX@uwo.ca</u>

I have read the Letter of Information, have had the nature of the study explained to me and I agree to participate. All my questions have been answered to my satisfaction.

Participant's Name (please print):   _____

Participant's Signature: _____

Date: _____

Person Obtaining Informed Consent (please print):   _____

Signature: _____

Date: _____

Would you like a summary of the study results sent to you once the analysis is completed? (Circle one):
YES NO
(If yes, please provide your contact information to the researcher on a separate piece of paper)

Please indicate whether you consent to having the interviews audio-recorded (Circle one):
YES NO

Appendix E: Resource Sheet

Name of Organization	Contact information	Description
REXDALE COMMUNITY HEALTH CENTRE	8 Taber Road Etobicoke, ON M9W 3A4 Tel: 416- 744-0066	The Rexdale Community Health Centre provides primary healthcare services, family counselling services, and post-natal nutrition programs.
RWC Rexdale Women's Centre	23 Westmore Drive, Suite 307 & 400 Etobicoke, Ontario, M9V 3Y7 Phone: 416-745-0062	Rexdale Women's Centre provides support groups and counselling in the areas of parenting, family support and children services.
WILLIAM OSLER HEALTH SYSTEM	101 Humber College Boulevard Etobicoke, Ontario M9V 1R8 Phone: (416) 494-2120	William Osler Health System provides emergency care and services for women's and children's healthcare services.
Women's College Hospital	Bay Centre for Birth Control 790 Bay Street 8th floor Toronto, ON M5G 1N8 **Phone:** 416-351-3700	The **Bay Centre for Birth Control** clinic offers comprehensive sexual and reproductive health care for women in Ontario. Their services include physical examination, counselling, information and referrals.

SickKids	**Young Families Program (YFP)** Phone (416) 813-7779 Contact person: Gillian Thompson, RN, CNS/NP	The YFP program is a health care service for adolescent parents (under 18) and their children. Services include comprehensive baby care, management of acute, chronic, nutrition and feeding problems, parenting education, psychosocial support and co-ordination of care in the hospital and in the community, birth control, sexual health care and counselling.

Demographic Survey for Study Participants

How old are you? _____

What is the highest level of education you have attained?
 ___Some high school
 ___High school diploma
 ___Some college
 ___College graduate
 ___Some university
 ___Other; Please describe _____

What is your current employment status?
___Employed Full Time (35+ hours)
___Employed Part Time (less than 35 hours)
___Self-employed
___Stay at home parent
___Student
___Unemployed
___Other; please describe: _____

If employed, what is your approximate monthly income?

_____   ___Do not know

What are your living arrangements?
___Parent/guardian   ___Partner
___Alone   ___Other; please describe: _____

What is your ethnic background?
___British Isles (e.g., English, Irish, Scottish, Welsh)
___French origin (e.g., Acadian, French)
___Aboriginal origin (e.g., Inuit, Métis)
___Other North American origin (e.g., American, Canadian)
___Caribbean (e.g., Bahamas, Cuba, Guyana, Jamaica, Trinidad and Tobago)
___Latin, Central and South America (e.g., Chile, Brazil, Ecuador)
___European origin (e.g., German, Danish, Polish, Serbian)
___African (e.g., Ethiopia, Ghana, Somalia)
___Arab origin (e.g., Iraq, Saudi Arabia)
___West Asian (e.g., Afghanistan, Iran)
___South Asian (e.g., India, Sri Lanka, Bangladesh)
___East and Southeast Asian (e.g., China, Philippines, Korea, Vietnam)
___Oceania origin (e.g., Australian, Maori, Polynesian)
___Other; please describe: _____

At what age did you have you first child? _____

How many children do you have? _____

How long have you lived in Rexdale? _____

E-mail Script for Study Participants

If a potential participant chooses to contact Jaspreet Kaur through e-mail, the following script will be used as a response:

Hello. Thank you for your interest in my study on the health-related experiences of young mothers who live in Rexdale. I have attached a letter of information about the study to this e-mail.

If you would like more information about this study or have any questions, you can contact me by telephone at the number provided below.

Jaspreet Kaur, MSc. Candidate, Health and Rehabilitation Sciences

Phone: (XXX) XXX-XXXX

Thank you and have a great day!

-Jaspreet Kaur

If the potential participant chooses to contact Jaspreet Kaur, the telephone script will be used to assess the person's eligibility and to set up an interview time.

Telephone Script for Study Participants

***General Script*:**

Caller:	"Hi, I am calling about the young mothers study"
Researcher:	"Hi. Thanks for calling- my name is Jaspreet. I'm doing my Master's at The University of Western Ontario under the supervision of a professor in the Faculty of Health Sciences. Would you like some more information about the study?"
Caller:	"Yes"
Researcher:	"The purpose of this study is to learn more about the health-related experiences of young mothers living in Rexdale. For example, I am interested in learning about how young mothers think about their health and how they interact with their neighbourhoods, and what the relationship is between these two things. If you decide you would like to participate, you will be asked to take part in two interviews that will be audio-recorded. The first interview will be a semi-structured interview and will be at a location of your choosing where you feel most comfortable. It does not have to be in your home. The second interview will be a walking-interview where you will choose a location that you and I will walk to while we conduct the interview. Because we are interested in learning about young mothers' experiences, these interviews will be open-ended which means that the questions allow you to answer in your own words. Before any data is collected, you will read a detailed letter of information that reviews your rights as a research participant and the potential harms and benefits of taking part in the study, and you will be asked to sign a consent form indicating that you agree to participate in the study. If you decide that you would like to take part in the study, you can refuse to answer any interview questions and you can withdraw from the study at any time. As well, if you decide to take part in the study, you will be compensated for your time and reimbursed for any travel costs. Do you have any questions?"
Caller:	[caller will ask any questions they have about the study]
Researcher:	[researcher will respond clearly and openly] "Does that answer your question?"
Caller:	"Yes."
Researcher:	"Great. Are you interested in participating in the study?"
Caller:	"Yes."→see "Interested"

Interested

Researcher:	"Ok great. First I just have make sure that you are eligible to participate."
	"Are you a mother between the ages of 15 to 19?
Caller:	[potential participant will respond accordingly]
Researcher:	"Are you comfortable with participating in an interview in English?"
Caller:	[potential participant will respond accordingly]
Researcher:	"Do you live in Rexdale?"
Caller:	[potential participant will respond accordingly]

If the potential participant answers **YES to **ALL** of the above questions, the researcher will continue on with the acceptance script. If the potential participant answers **NO** to **ANY** of the above questions, the researcher will continue on with the rejection script.

Acceptance Script:

Researcher:	"You are eligible to participate in the study. Do you have any questions before we schedule a time and location for the first interview?
Participant:	[Asks the researcher any question(s) she may have]
Researcher:	We can now go ahead and decide on our first interview time. We can meet at any location that is convenient and comfortable for you. As mentioned earlier, it does not have to be in your home"
Participant:	[date/time/location is negotiated with the researcher]
Researcher:	"Excellent. I will see you at _____(Location) on _____(Month/Day) at _____(Time). Before I let you go, I just need to get your name and some contact information- either a phone number or an e-mail address where I can reach you"
Participant:	[provides name and contact information]
Researcher:	Ok great I will see you on _____(date)! If you have any further questions before the interview date, please do not hesitate to give me a call back.

Rejection Script:

Researcher:	"Unfortunately, you are not eligible to participate at this time. This is [review the inclusion criteria the potential participant did not meet]. However, I could keep your contact information on file in case you become eligible for this study or a similar study in the future. Your information will be kept on a password protected Word document on a memory stick which is password protected, and will be kept in a locked cabinet in my home. This information would be kept confidential and could only be accessed by me or the project supervisor, Dr. Jessica Polzer. Would this be alright with you?"

Rejected Participant: "Sure" (researcher will confirm contact information with the person)
                        "No" (researcher will destroy any information they have collected about
                        the person)
Researcher: "Thanks so much for your interest in the study- have a great day!"

Appendix I: Contact Information
Contact information for Study Results

You have stated on the consent form that you would like a summary of the study results.

Please choose how you would like the summary of study results delivered to you:

Mail; please provide your address: _____

_____

_____

E-mail; please provide your e-mail: _____

Handed in person; please provide a phone number to schedule a time that the researcher can bring the results to you in person   _____

Other; please describe your alternative method and provide the necessary contact information:

_____

Name (printed): _____

Signature: _____

Date: _____

Appendix J: Interview guide for Study Participants

Preamble (First interview):

"Thank you for agreeing to come to this interview today. Before we get started I want to remind you that we are interested in learning about your thoughts and experiences and you should feel free to respond in your own words. There are **no** right or wrong answers. Also, you are free to refuse to answer any questions that you don't feel comfortable with. You decide how much you want to share. Do you have any questions before we begin?"

Introductory Question

To begin, why don't you tell me a little bit about yourself, and why you decided to take part in this study. If you like, I can also share why I am interested in this study.

Semi-structured Questions and Probes:

1. What is it like to live in Rexdale?
- What do you like about living here?
- What do you not like about living here?
- What is it like living here now compared to before you had your child/children? What, if anything, has changed for you?
- What kind of supports are there here for young mothers? How often do you use these supports?
- What are the places that you go to regularly in Rexdale, and why? Where do you spend the most time?
- What are the places that are most important to you in your neighbourhood? How are they important?
- How would you describe your social interactions with the people in your neighbourhood? (e.g., family, friends, others)

2. How would you describe your health?
- What do you think is the most important thing for your health?
- How has your health changed, if at all, since having a child/children?
- How do you think your health compares to that of your friends who do not have children?

3. How do you think living in Rexdale affects your health?
- Are there any places you go to in Rexdale for reasons related to your health? What are they?
- Are there any places here that you associate with good health? What are they? What is it about these places that makes them "healthy"?
- Are there any places here that you associate with poor health? What are they? What is it about these places that makes them "unhealthy"?
- Are there any places that you would avoid for reasons related to your health? What are they?

Closing Questions

Is there anything else you would like to add?

Where would you like to go for the next go-along interview? This should be a place, or a few places, in your neighbourhood that you tend to go to regularly or that are particularly important to you or your health.

The meeting location of interview 2 will be negotiated at the end of interview 1. The participant can decide where she would like to go at the end of interview 1 or she can take time to think about it. The participant will be instructed that the place should be a place that is important to them or to their health. The participant will also let the researcher know from which location they would like to start off from for interview 2. From that meeting point, they will walk along to the participant's chosen location(s) of significance.

Curriculum Vitae

Name: Jaspreet Kaur

Post-secondary   University of Western Ontario
Education and   London, Ontario, Canada
Degrees: 2011-2013M.Sc.

                    The University of Western Ontario
                    London, Ontario, Canada
                    2007-2011 BHSc.

Honours and   Best in Poster Presentation- *Western Research Forum*
Awards: 2011-2012

Related Work   Teaching Assistant
Experience   University of Western Ontario
                    2011-2012

Conference Presentations and Posters:

Kaur, J. (2012, October). Exploring the health-related experiences of teen mothers in a low socioeconomic status neighbourhood. Presented at *CIHR Institute of Gender and Health: Advancing Excellence in Gender, Sex and Health Research.* Montreal, Canada.

Kaur, J. (2012, February). Exploring the health-related experiences of teen mothers in a low socioeconomic status neighbourhood. *Western Research Forum.* The University of Western Ontario, London, Canada.

Committees, Services, Societies:

Peer Mentor (Health Promotion Field), *Health and Rehabilitation Sciences Graduate Student Society*: The University of Western Ontario (2012-2013)
Neighbourhood Engagement Volunteer, *Action for Neighbourhood Change: Rexdale Branch* (2011-2013)

Program Assistant, Young Mothers Pre- and Post- Natal Nutrition Program, *Rexdale Community Health Centre* (2011-2013)

Academic Committee Member, *Health and Rehabilitation Sciences Graduate Student Society*: The University of Western Ontario (2011-2012)