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Reproducing Stories: Strategic Narratives of Teen Pregnancy and Motherhood

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Pregnant and parenting young women are simultaneously silenced and overrepresented by raced and classed social narratives on adolescent childbearing in the United States. These narratives posit teen childbearing as an unequivocal social, health, and economic problem, although some scholars and policy makers construct alternative narratives that focus on inequalities and propose different perspectives on causes and consequences. Narrative inquiry that analyzes how stories are produced and utilized can enable a more nuanced approach to complex social problems. We conducted 19 individual, in-depth, and semistructured interviews with young mothers ages 16 to 21 who attend a community-based alternative education program in a low-income northeastern city. Interviews were analyzed using thematic narrative techniques. The young mothers we interviewed used a process of strategic negotiation to distance themselves from prevailing social and cultural stories about the problem of teen motherhood. Participants demonstrated this strategic process through their attempts to assuage stigma and construct unproblematic identities. Young mothers reproduced and reinterpreted a variety of circulating narratives on teen childbearing. They reproduced dominant narratives through pathology, missed adolescence, and redemption stories, and reinterpreted dominant narratives through stories of stratified reproduction, sexual health education, and stigmatization and surveillance. Our participants’ narratives illustrate the need to think broadly about the meanings of early pregnancy and motherhood in terms of how they play out in research and policymaking. We call for a discursive shift in ways of knowing about and doing research and policy surrounding teen childbearing. Keywords: teenage pregnancy; narrative inquiry; reproduction; race, class, gender; social policy.

Pregnant and parenting young women¹ are one of the most disparaged groups to capture the attention of policy makers, educators, health and human service providers, and the public writ large. They are also simultaneously silenced and made hypervisible by the political, social, and moral narratives of teen childbearing in the United States—narratives that are raced and classed in particular ways (Pillow 2003). While these young women are at the center of a research and policy agenda that seeks to explain and prevent early childbearing, their voices are largely absent. We explore how one community of young mothers negotiates social narratives on teen childbearing. In a context where multiple—often pejorative—stories about teen pregnancy and parenting circulate in the media, schools, clinics, and among young women themselves, it is important to consider the stories that young mothers tell, in addition to how and why they tell them. Like all social actors, they are embedded in discursive contexts that delineate the pool of available stories,

¹. The young women in our study are variously referred to as “young” or “teen” moms, as these are the terms they most often used to describe themselves. “Teen” or “adolescent” pregnancy is used to connote the discursive context of childbearing outside of culturally sanctioned norms.

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Social Problems, Vol. 61, Issue 3, pp. 466–481, ISSN 0037-7791, electronic ISSN 1533-8533. © 2014 by Society for the Study of Social Problems, Inc. All rights reserved. Please direct all requests for permission to photocopy or reproduce article content through the University of California Press’s Rights and Permissions website at www.ucpressjournals.com/reprintinfo/asp. DOI: 10.1525/sp.2014.12241.
as well as the opportunities for, and purposes of, their narration. Nevertheless, the narratives analyzed here do not claim to offer an unmediated view into the storied lives of young mothers, nor are they necessarily narratives of resistance.

Using a narrative approach to explore meaning making around young pregnancy and motherhood is a useful way to illustrate how “people create a range of narrative strategies in relation to their discursive environments” and how “individuals’ stories are constrained but not determined by hegemonic discourses” (Chase 2005:659). The stories presented here offer one illustration of how young mothers use storytelling to strategically negotiate multiple narratives on teen pregnancy and parenting—narrative activity that is typically unconsidered in research and policymaking. We identify how young mothers position themselves within and negotiate existing narratives. First, we review the use of narratives in the social sciences with an emphasis on their production and use. Next, we outline common narratives about teen childbearing in the United States. Through a thematic narrative analysis of semistructured interviews conducted with students at a school for pregnant and parenting young women, we illustrate how young mothers simultaneously reproduce and reinterpret narratives on teen childbearing. While the young women in our study draw on dominant narratives, they also reinterpret them through processes of negotiation and strategic representation. Finally, we conclude with a consideration of the use of narratives in research and policy on teenage pregnancy and parenting.

Narrative in Culture and Society

In general, “narrative” in the social sciences is defined as a story that includes characters engaged in emplotted events to project some sort of future condition (Polletta et al. 2011). Narratives are structures of meaning used by social actors to make sense of their worlds (Polkinghorne 1988). Narratives have various functions, such as to construct individual and group identities, encourage others to act, mobilize others for social change, and/or provide a way for individuals to make sense of an experience or engage others in that experience. They can also entertain, argue, mislead, and persuade, and are often present in the “ruling regimes” of schools, welfare offices, workplaces, hospitals, and governments (Riessman 2008). Narratives are “strategic” in that they do not offer views of unmediated experience, a person’s “essential” or “authentic” self (Danius, Jonsson, and Spivak 1993), but rather are used to perform identity in situated contexts (Gubrium 2006). In this sense, narrative both “makes” and “does” identity. That is, it creates a person’s sense of self and communicates it to others in particular ways (Peterson and Langellier 2006). Through the work of narrative, storytellers convey meaning about how they perceive themselves to be in the world, and how they desire others to see them.

A narrative approach also offers a potentially rich understanding of teenage pregnancy and mothering to inform policy and practice (Frost and Ouellette 2011; Tolman, Hirschman, and Impett 2005). First, because we make sense of ourselves and the world around us through the stories we tell, narrative inquiry is well suited to capture understandings in and of the social world. In this sense, narrative inquiry is a response to C. Wright Mills’s (1959) famous call for understanding the connections between history, biography, and society (see also Chase 2005). In particular, because pregnant and parenting young women are the subjects of numerous policy interventions, it is important to consider how their lives are shaped by the larger social and cultural narratives with which they must contend, and how they strategically shape their stories in response. Second, a narrative approach can illustrate storied lives in relation to the discursive contexts that position teen childbearing as an indisputable pathology and exigent social problem. Moreover, narrative is useful for understanding how young mothers make sense of their lives amid multiple raced and classed understandings of teen childbearing. Narrative understandings and performances of identity offer an important window into the lives of pregnant and parenting young women, understandings that are seldom seen from the perspective of young mothers themselves.
Narratives on Teen Pregnancy and Young Motherhood

A key feature of dominant narratives on teen pregnancy and young motherhood in the United States is their hegemonic nature, in which early childbearing is constructed as an intractable social problem. This perspective views the determinants of teen pregnancy in terms of individual behaviors and attitudes, represented in the words of one report as “misperceptions, magical thinking, and ambivalence” (Kaye, Suellentrop, and Sloup 2009). Dominant narratives construct young women with a lack of agency, doomed to a life of poverty and being a burden on the state. Dominant narratives emerge from various sites including academic literature, media and popular discourse, cultural beliefs about reproduction and sexuality, as well as social policy. These are not mutually exclusive sites of narrative production; dominant narratives are mutually reproduced and reinforced in and through them. In general, dominant narratives situate teenage pregnancy as an unequivocal problem for the young women themselves, their children, and society in general.

Although teen birthrates have for the most part declined in recent years, the scholarly preoccupation with the “problem” has not (Wilson and Huntington 2006): the academic literature is replete with reports, data, and polemics that detail the scope of the teen pregnancy problem. Indeed, the social, health, educational, and economic outcomes for teen mothers and their families are equivocal, with negative effects found to be minimal and often short-lived (Geronimus 1996, 1997, 2003; Hotz, McElroy, and Sanders 2005; Sisson 2011). Growing evidence suggests that poor educational and economic outcomes among young mothers are the result of preexisting poverty, not early motherhood per se (Kearney and Levine 2012). In addition, most teen births are medically low risk. While there are risks for very young teens (less than 16 years of age) (Cunnington 2001), the vast majority of teen births in the United States occur to older teens (Martin et al. 2012). Despite all this, the moral panic surrounding teen pregnancy and birth remains powerful. While this moral panic is directed at teen pregnancy and young mothers in general, it works largely through the bodies of poor women of color.

Deirdre Kelly (1997, 2000) describes four common “stigma stories” that are applied to young mothers through popular discourse and the media. In the “wrong girl” story, bureaucratic experts, such as those in health and human services, make a flawed attempt to destigmatize teen childbearing. This story argues that young women from disadvantaged backgrounds have children in order to satisfy the psychological need to be loved or because of the trauma associated with childhood sexual abuse. The “wrong family” story tends to be favored by social conservatives who wish to shift the burden of poverty away from the state. This story enforces the norm of a nuclear family and views educational and social programs for young mothers as incentives or rewards for irresponsible behavior. In contrast, oppositional movements, often comprised of left-leaning bureaucrats, advance the story that it is not the wrong girl or family but rather the “wrong society” that is to blame for teen childbearing. In this view, poverty is causally related and thus culpable. Although this view attempts to shift the “blame” to structural social conditions, it nevertheless still assumes that early childbearing is invariably wrong. Conversely, in her ethnographic work in school-based programs for teen mothers, Kelly (2000) identified a stigma story based on teen mothers’ own interpretations: a “stigma-is-wrong” story. To the young mothers in her study, the stigma story centered on the wrongful stigmatization they were made to bear as a result of their reproductive choices: the way they were treated was what was wrong with adolescent childbearing. In our study, participants used elements of the “wrong society” and “stigma-is-wrong” stories in addition to “rites of redemption” (Kelly 2000) in their strategic attempts to mitigate the stigma of early childbearing.

As Debbie Lawlor and Mary Shaw (2002) suggest, defining teen childbearing in the United States as a problem is a reflection of what is currently considered to be socially, culturally, and economically (un)acceptable. Pregnant and parenting young women are thus positioned at the bottom of a hierarchy of “stratified reproduction” that rewards the reproductive choices of some women while stigmatizing those of others (Rapp 2001). Young, poor women of color are caught in a double bind wherein motherhood is assumed to be core a feature of female identity, but one that is deemed inappropriate for them, another story our participants drew from in narrating their
own experiences. The social problem construction of teen childbearing in the United States has its roots in racialized historical, cultural, and political constructions of poor women’s reproduction and sexuality (Ginsburg and Rapp 1995), a disparity some of our participants acknowledged. In particular, by the mid-1990s, pregnant and parenting young women entered as subjects of policy debate surrounding welfare reform, with (particularly African American) teen mothers becoming virtually synonymous with “welfare mothers” (Lubiano 1992). Pregnant adolescents thus came to be seen as a group of undeserving, highly sexualized and racialized young women who were a drain on taxpayer dollars. Young mothers were produced as social and economic burdens, rather than a vulnerable group deserving of resources (Fraser and Gordon 1994). Although several of our participants reproduced this construction in reference to other teen mothers, they strategically distanced themselves from it.

Despite the near ubiquitous construction of teen childbearing as a social problem, there are some attempts to disrupt dominant understandings. One notable exception is the work of Arline Geronimus, who suggests that early childbearing, particularly among urban, African American young women living in poverty, may be an adaptive strategy to alter fertility timing norms in order to deal with shortened health and life expectancies. She argues that the sustained social problem construction of early childbearing among low-income women of color serves to reinforce elite cultural interests and allows for the reproduction of privilege in advantaged social groups (Geronimus 1996, 1997, 2003, 2004). While our participants did not specifically draw on this concept, they did at times connect to the race and class politics of early childbearing in ways that call attention to particular forms of stigma.

Stories surrounding and approaches to addressing teen pregnancy vary cross-nationally (Bonell 2004), and cultural attitudes regarding teen sexuality are highly divergent (Schalet 2011). However, in the United States, narratives rarely challenge the social problem construction of teen pregnancy but rather focus on calling attention to inequalities in its distribution and determinants or proposing different approaches to prevention. Kelly (2000) presciently notes that even feminist and progressive researchers have a tendency to demonize teen pregnancy and “sometimes participate in discourses and institutional practices that construct teen mothers as unacceptably different, as the Other” (p. 185). As Geronimus (2003) observes:

None of these factions [political liberals and conservatives, feminists, advocacy organizations] question whether teenage childbearing is a major social problem to be prevented; they merely argue over appropriate solutions on a continuum ranging from expanded access to sex education, contraception, and abortion to promoting “family values,” abstinence, and welfare reform (p. 888).

Although some advocates promote a reproductive justice framework to shift discourses on early childbearing, this perspective is underutilized (Fuentes, Bayetti Flores, and Gonzalez-Rojas 2010). For the most part, alternative constructions generally posit poverty and a perceived lack of socioeconomic mobility as key determinants of teenage pregnancy and push for structural social change, instead of demonizing teen mothers, as the primary policy strategy to address early childbearing (Luker 1996; Sisson 2011). In this causal story, growing up in poverty with limited educational and economic resources, and having nothing better to do or look forward to than motherhood, influences young women’s reproductive behavior in ways that lead to negative social outcomes. This body of research attributes the potential consequences of teen childbearing not to the age of the mother per se, but the underlying socioeconomic inequality that itself results in negative social, economic, and health outcomes (Edin and Kefalas 2005; Kearney and Levine 2012). However, a common response is to propose the promotion of comprehensive sexual health education programs and contraceptive access as the solution (Allford 2008; Santelli et al. 2006). Thus, while teen pregnancy is seen as caused by inequality, a quick fix for solving the problem is found in lowering pregnancy rates, which can be accomplished through increased access to education and health services. While our participants drew on stories about poverty and a lack of opportunity, they did not name increased or comprehensive sex education or access to services as effective strategies to reduce unintended pregnancies.
Data and Methods

The interviews we analyze in this article were originally conducted as part of a project in which the authors examined young mothers’ perspectives on the connections between health and social justice. We conducted 19 individual, in-depth, and semistructured interviews with a convenience sample of young mothers ages 16 to 21, all of whom attend a community-based alternative education program (referred to here as the “Center”) in a small, low-income, northeastern city with a large Latina/o population. Pregnant and parenting teens are the target of a great number of health and education programs, but are rarely asked to offer their thoughts on the teen pregnancy “problem.” Both coauthors have extensive research and community development experience in the city and selected the Center as a research site for its theoretically rich context in which to conduct inquiry on the social context of early pregnancy and motherhood. Our objective was not centered on generalizing our participants’ narratives to other young mothers in the city or young mothers as a whole. Rather than focusing on the distribution and variation of stories about teen pregnancy, we sought to explore how one group of young mothers narrated their lives in relation to social constructions of early childbearing. Our site enabled us to explore the narratives of young women who are the target of numerous health and social interventions (given the Center’s proximity to a major research university) but whose perspectives remained relatively unheard. Moreover, our mostly Latina sample is timely and relevant given current fears regarding the rapid growth in the Latina/o population, the U.S. panic surrounding immigration, and the history of regulating Latina reproductive bodies (Briggs 2002; Chavez 2008; Lopez 2008). One important limitation to our setting and sample is the participants’ exposure to the institutional discourses of the Center, particularly those surrounding meritocracy and redemption. The stories used and promoted by the Center undoubtedly influenced our participant’s responses, in particular the narratives of upward social mobility and the benefits of receiving an education.

Interview topics and questions were pilot tested with Center staff and students prior to the commencement of interviews. After presenting the project’s objectives and procedures to each of the Center’s four classrooms, we conducted interviews with interested participants in a private conference room. We obtained informed consent from all participants, who were either over 18 years of age or emancipated minors at the time of the study. Interviews were conducted in Spanish or English, at the preference of the participant. The coauthors conducted a total of 12 interviews in English and a research assistant conducted 7 in Spanish. Interviews lasted approximately one hour and began with broad questions about what makes people healthy or unhealthy, what the participants learned about staying healthy while growing up, and why people in their families or others they know fell ill. The participants were then asked whether or not they believed teen pregnancy to be a problem, why certain groups of young women are more likely than others to become pregnant, and their perspectives on various social policies aimed at preventing teen pregnancy or providing services for young mothers. We also asked participants to talk about how their communities, families, or interactions with service providers facilitated or inhibited their success as young mothers. Interviews concluded with questions about what the participants saw that the future held for them and their children.

The city in which the Center resides has the highest rate of adolescent birth in the state—a distinction the city has held for more than a decade. In 2010, the rate of teen births in the city was 83.6 births per 1,000 women ages 15 to 19, compared to 17.1 per 1,000 for the state as a whole. The city has long been characterized by its high levels of poverty, unemployment, and poor educational and health outcomes. Nearly half of the population is Latina/o, the majority of which are Puerto Rican and speak Spanish as a first language. According to estimates from the U.S. Census Bureau, 38 percent of families in the city with children under 18 live below the federal poverty level. For female-headed households with children under 5, this figure rises dramatically to 64 percent. The high-school graduation rate in the city is about 53 percent, compared to 84 percent statewide. The city has the third highest age-adjusted mortality rate in the state, influenced by a disproportionate burden of diabetes, heart disease, cancer, and HIV/AIDS in the community.
The Center is unique in that it enables pregnant and parenting young women to complete their GED within a college-preparatory curriculum that emphasizes the arts, humanities, and athletics. The program provides numerous support services, including transportation, child care, and college and career counseling. According to the Center, approximately 70 to 85 percent of its graduates go on to college, a figure substantially higher than the city’s public school system. Our participants ranged from 17 to 21 years old at the time of the interview, with an average age of 19; their age at first birth ranged from 15 to 19 years of age, with an average age of 16. More than half the young women who participated in the project identified as Latina (52 percent), with the remainder identifying as bi-racial (42 percent) and white (5 percent). Only one participant reported being married. Most had dropped out of school before becoming pregnant. Although we did not specifically ask about income, all participants indicated that they considered themselves to be poor and reported receiving public assistance.

Interviews were transcribed verbatim; interviews conducted in Spanish were transcribed in Spanish and then translated into English. Interviews were coded using thematic narrative techniques that paid particular attention to the kinds of stories produced in the data. Thematic narrative analysis focuses on the content of an interviewee’s stories in order to develop themes that are influenced by prior and emergent theories, the data themselves, and the research objectives (Riessman 2008). We also identified emergent themes within and across interviews that evoked Jaber Gubrium and James Holstein’s (2009) notion of “narrative reality,” or the internal and external organization of stories. In this approach, the stories people tell are understood as embedded in contexts that “mediate what is said and how that is assembled for the telling” (p. 21). Although narrative inquiry mainly focuses on the analysis of text-based narratives, much less attention is paid to the production, distribution, and circulation of narratives in society (Gubrium 2005). Thus, our analysis focuses not just on the stories that young mothers tell, but also on how those personal stories connect to and are influenced by circulating narratives on teen childbearing. Our objective is not to test the “fit” that our participants’ stories have with existing narratives, but rather to explore how they utilize, reproduce, reinterpret, and/or reenvision available narratives.

Findings

Participants simultaneously reproduced, reinterpreted, and negotiated a variety of narratives on adolescent childbearing that affected their everyday lives. The young mothers in this study do not entirely subscribe to dominant narratives, but they also do not entirely construct narratives of resistance to hegemonic discourses. The process through which they understand, reproduce, and rework existing narratives on teen pregnancy is best understood as a strategic negotiation. This process enabled participants to situate themselves, their families, and their reproductive choices within a larger social context. Not only must they work through the shifting identities brought by motherhood, they must do so within a context in which their existence is linked to a host of social pathologies. In particular, participants negotiate popular understandings of “teen motherhood” by setting themselves apart from imagery and stories circulating in the media, public policy debates, and educational and health care institutions. This strategic move allows young mothers the space to construct their own nonproblematic identities largely without having to challenge the social problem construction of and contempt for early childbearing. By mobilizing and adapting particular narratives, our participants strike a precarious balance between acceptance of social oppressions and acknowledgement of possibilities for social transformation.

At times, the young women reproduced dominant narratives that pathologize early childbearing, represent young women as sexually irresponsible and young motherhood as developmentally inappropriate, and that require young mothers to repent for their deviance. We identify these narratives as the pathology, missed adolescence, and redemption stories. At other times, participants reinterpreted dominant narratives by calling attention to how race and class are implicated in reproductive politics, public policies, and the stigmatization of young motherhood.
In many ways, these reinterpretations echo some social policy and public health approaches to addressing early childbearing but do not specifically challenge the overall construction of teen pregnancy as a social problem. These reinterpreted narratives include stratified reproduction, sexual health education, and stigmatization and surveillance stories. The two approaches to narratives identified in the data—reproduction or reinterpretation of dominant narratives—are discussed separately in the analysis for heuristic purposes, though are not intended to be mutually exclusive negotiations. Rather, the narratives are largely coconstitutive in that they cohere through and against each other. Put another way, what is unique and important about our participants’ narratives is that they are not altogether reproduced from existing narratives, nor are they entirely new stories about the experiences of young pregnancy and motherhood. They are instead dialogical, hybridized, negotiated narratives that do not conform to an easily identifiable plot—for example, at times our participants ironically combine tired tropes about poor women’s dependence on the state with feminist notions of reproductive justice. These stories do more than confirm or disprove what we think we know about pregnant and parenting young women—they offer new possibilities for thinking about who young mothers are and what they need.

**Negotiating Dominant Narratives**

Stories about the innate pathological and problematic nature of early childbearing were frequently woven throughout the participants’ narratives. Pathology stories emerged through reference to epidemic talk and commonly invoked truth claims about teen pregnancy. Participants reproduced stories about the ubiquity of teen pregnancy, its inherently problematic nature, young women’s irresponsible sexual behavior, and the idea that young women tend to idealize motherhood without recognition of its struggles. When asked if she thought that teen pregnancy is a problem, Sam replied:

[Teen pregnancy] is a problem, a very big problem. Oh my gosh, I don’t even know where to start. Every person that I’ve ever hung out with, that I’ve ever been friends with, that I’ve ever really known has or is having a baby, every person. My best friend Elisa, she’s 21—I mean she’s not really a teenager but she’s six months pregnant. My best friend Cindy, her son’s going to be one on Saturday … Like everybody I know is pregnant, everybody. It’s ridiculous. Every day you find out somebody new is pregnant. It’s like people think it’s cool now to have babies and I don’t think people realize how hard it is until after you’ve had the baby.

While clearly influenced by dominant understandings of teen pregnancy, Sam shifted her focus to the ubiquity of the “problem,” as if to assert that really any young woman might fall prey to teen pregnancy. Here teen pregnancy is understood as not only a popular, or “cool,” choice, but potentially contagious (Pillow 2006), and yet Sam conveys a particular understanding of young motherhood without recognition of its struggles. When asked if she thought that teen pregnancy is a problem, Sam replied:

While clearly influenced by dominant understandings of teen pregnancy, Sam shifted her focus to the ubiquity of the “problem,” as if to assert that really any young woman might fall prey to teen pregnancy. Here teen pregnancy is understood as not only a popular, or “cool,” choice, but potentially contagious (Pillow 2006), and yet Sam conveys a particular understanding of young motherhood as difficult.

Several participants reproduced the idea that young women are sexually impulsive, irresponsible, and do not have the capacity to be good mothers. Here, good girl/bad girl dichotomies reinforce fears about young women’s sexual desire while racialized sexual stereotypes construct young Latinas as “bad girls,” either promiscuous or pregnant (García 2009). For example, Angela suggested that a lot of young women get pregnant because “they don’t care.” When asked to specify what she meant about young women not caring, she drew upon a dominant narrative that views adolescent female sexuality as unrestrained and irresponsible:

They don’t care about anything. They just want to have fun and that’s about it, but they don’t think about using condoms or having the consequences and that’s what happens to you—you end up with a baby … I think young girls they just don’t care, they just want to have fun and they just open their legs and you end up pregnant.

2. All names are pseudonyms.
Although here Angela reproduces dominant stories about problematic adolescent sexuality, she later negotiated this narrative by strategically positioning herself outside it:

I don’t think being a teen mom is a problem but it’s hard. Like, it’s not easy. So I don’t know, for me, I think it’s not a problem because I’m a mother myself but if I would had the time to go back and think about stuff right, I wouldn’t get pregnant.

Other participants reproduced the pathology story by alluding to young women who get pregnant ostensibly to increase their welfare assistance or influence a man to stay in a relationship. As Shelley stated, “a lot of females want to get pregnant just to get money or just to lock down a man.” She utilized a story about dependency to support the logic of teen pregnancy as an economic problem:

I think it’s a problem because a lot of women ... want to fool the government. They want to have kids, not take care of them, have the government take care of their kids for them, give them money for free, and not do anything ... Some women ... have babies just to get free money and not do anything. That’s the problem.

However, Shelley also admitted that most young mothers she knew faced quite restrictive welfare policies that disallow increases in cash assistance for increased family size and claimed that no woman she had ever known had convinced a man to “stay around” by getting pregnant. In this way, Shelley tried to make sense of a well-known, racialized story of opportunistic “welfare queens” (Roberts 1997), while trying to reconcile lived reality with a dominant narrative.

Participants also spoke of a missed adolescence that occurs when women become mothers in their teenage years: teenage pregnancy is problematic because having a baby at a young age forces young women to forgo adolescence. The plot goes that adolescence is a developmental period characterized by the ability to enjoy one’s freedom, party, go to clubs, have fun, and plan for the future in a carefree way, unburdened by the responsibilities of pregnancy and motherhood. This narrative is closely connected to the social expectation that young people (particularly young people of color) are not capable of responsible sexuality (Fields 2005). Faith relayed this type of story, expressing her thoughts on appropriate life-course behaviors:

I think it’s ... a problem to get pregnant when you’re young. Because you’re young ... and it’s the time for you to be ... you’re still in childhood, you’re still supposed to be living in your teenage life, you know? And ... having a baby stops a lot of that ... So I just feel like ... there’s no right or wrong age to be a good parent. There’s a better time to have a kid then at the age of 15 or 16 or even 17. You’re still young, you’re still in your prime, you’re supposed to be figuring out—at 17 you’re supposed to be—your biggest decision is supposed to be what college you’re going to, or at least if you’re gonna go to college or not. You know, um, I don’t think that worrying about “I have to go buy my son Pampers” at the age of 17 is a good ... thing. It sucks.

While Faith told a missed adolescence story about her own experience as a young mother, she also positioned herself as a good mother. Yes, young mothering was difficult, it could “suck,” but she also resisted the notion that there was any “right” time for someone to be a mother. Moreover, while speaking of hardships in missing her “prime,” she strategically situated herself as a conscientious mother who prioritized her son’s needs (buying him Pampers) ahead of her own (having fun or going to college).

Similarly, Clarita also linked the social problem construction of teen pregnancy with the inability to “have fun” and do things young people are supposed to do:

[Having children] is difficult because you can’t live your life. You know what I mean? I’m 21, I don’t go out to the clubs. I want to have fun, but I can’t. I got the responsibilities at home waiting for me right after school. Right after school I go pick [my kids] up. I have to go home. I cook, I clean, I give them a bath, time to go to bed ... [T]he girls that I do know that got kids, they’re saying “oh let’s go out,” “let’s do this.” I be like, “where is your baby?” “Oh my mom has him.” I was like, “you’re going out every weekend, it’s not good.” I was like, “[they can] take the kid just for you doing that.” They can take your kids away.
Clarita not only references a dominant narrative in which young women essentially lose their youth if they have children while young, she also invokes the raced and classed nature of teen pregnancy problem constructions. Positioned as unfit mothers, young women are shaped by a world of stratified reproduction in which they are constantly surveilled (Collins 1999; Ginsburg and Rapp 1995). A “girl’s night out” thus might be recast as one of neglect and the threat of social services. Clarita exemplified negotiation in this respect: she referenced a dominant narrative on missed adolescence, speaking of “other young mothers” as falling in line with this narrative. However, she also strategically situated herself as apart from these “others,” acknowledging the benefits she has received from mothering at a young age to affirm her own fitness as a mother.

Participants also reproduced elements of a redemption narrative that requires teen mothers to repent past transgressions that belie normative fertility patterns and legitimate themselves by returning to school and becoming “good mothers.” The redemption narrative is at once a narrative of control and one that signals a route to emancipation. Like redemption narratives surrounding other social issues, such as for those who have gone through 12-step programs for alcohol (Pollner and Stein 1996) or drug addiction (Gubrium 2008), Kelly (2000) suggests that teen mothers are compelled to engage in “rites of redemption,” or confessional techniques in which their personal narratives are used as pregnancy prevention messages. Angela’s earlier assertion that denied the social problem of teen pregnancy because she herself is a teen mother (and therefore part of that construction) is redemptive in the sense that she strategically rejects a narrative that positions her as a “bad girl” but is nevertheless compelled to admit that if her life story had unfolded differently she might have made different choices. In this regard, when beginning a young mothering story, participants downplayed the positive aspects of their lives, and that of their children and families, in order to serve as a “warning label” (Kelly 2000). It is important to note, however, that because these narratives were collected within the context of an educational program specifically designed for promoting the educational and professional outcomes of young mothers, we suspect that our participants were practiced in telling the redemption narrative.

The redemption narrative also forces a meritocratic frame on young motherhood, one that is supported through appeal to hard work, sacrifice, and dedicated mothering. Clarita referenced this frame, testifying to the struggles of teen parenting and legitimating the need for teen pregnancy prevention. When asked if she thought teen pregnancy was a problem, Clarita answered affirmatively, but then elaborated:

It’s hard because it’s hard to even raise one kid. Some people be like “oh it’s easy, I can do this, I can do that.” Like when one of my friends, she got pregnant, she was like “oh, I know what I’m doing, I [will] know how to take care of kids.” You just say that because that kid that you’re watching is not your kid … [B]ut when it comes to your own, if that baby ends up sick, like if it’s winter time and it’s like cold, real cold, like below zero and you don’t got a car, your ass better call an ambulance or you’re going to have to walk to the hospital because that baby comes first … You’re a mother. You’re going to have to do that. Your kid always comes first …

While many participants began by speaking of the difficulties they experienced as young mothers, they also referenced the ways having children changed their lives for the better. Others have noted this discursive strategy in young mother’s narratives (Breen and McLean 2010). In their ethnographic work with low-income single mothers, Kathryn Edin and Maria Keflas (2005) found that young women strategically situated having children at a young age as something that gave their lives new meaning when other sources of personal and social satisfaction (i.e., education, a good job) were inaccessible. As a young woman who had completed the ninth grade before dropping out of school and then becoming pregnant with her son, Kim’s story exemplified this logic as she spoke of the restorative aspects of young mothering. She explained:

I came [to the Center] three months after I had my son. So I’ve been here ever since and at first I was kind of messing up in the beginning. I wasn’t coming a lot but then I started to realize, like hold on, I have to get it together. I have to do something because I have a baby now and want to be able to give my son
ways in which poverty, racism, and sexism affect the lives of young mothers. To do so, they negotiate the redemption narrative they were practiced at telling with the contingencies of their lived experience.

Certainly influenced by their participation in the Center's unique GED program, several participants also referenced meritocracy when talking about the importance of education and being a good mother. Stories of meritocracy are certainly not unique to young mothers; however, they take on particular significance when individual responsibility is seen as key to redeeming oneself from the stigma of early childbearing.Clarita spoke of redeeming her past mistakes and getting on the “right path” by returning to school and continuing her education:

Like either you really want to succeed and be something that you always wanted to be or you just go the wrong way, just like selling drugs, dealing, breaking and entry, criminal law. But not all people from the slums, not all of them wind up between that ... I’m trying to better myself because I got two kids to look after. It’s not only me anymore. I got to take care of my kids. So I’m trying to get my GED. It’s like I started here in the slums and I’m working my way up. I’m in the middle right now getting my GED. So, working my way up to go to college to do what I have to do to.

It is important to note how the redemption narrative is blind to the structural social conditions that limit low-income young mothers' opportunities for success. Nearly all participants followed Kim and Clarita in suggesting that, through acts of individual resilience, they would be able to avoid becoming what the public assumed they would be: welfare dependent with no high school or college degree. Within this narrative, there is no space for negotiating or even acknowledging the ways in which poverty, racism, and sexism affect the lives of young mothers.

Negotiating and Reinterpreting Dominant Narratives

As noted, some social narratives posit views in contrast to dominant perspectives on the causes and consequences of adolescent childbearing as well as propose different prevention strategies. These narratives seek to disrupt elements of the dominant narratives but do not necessarily challenge the idea that teenage pregnancy is a problem. Kelly's (2000) notion of the “wrong society” narrative illustrates one common attempt to reinterpret dominant narratives, which link poverty, inequality, and a lack of opportunity to teen pregnancy and poor outcomes among teen mothers and their children. In their strategic attempts to reinterpret dominant narratives, participants at times succeeded in disrupting raced and classed understandings of early childbearing, but often stopped short of critically reworking teen pregnancy problem narratives. First, in stratified reproduction stories, some participants referenced an alternative narrative on poverty and teen pregnancy to discuss the stigmatization of adolescent childbearing as stratified by race and class. For example, Faith related differential social understandings of teen pregnancy in her region that are raced and classed:

For girls who live over here, in [our city], than girls who live in, let’s say [in a nearby middle-class, primarily white city]: I always say that those girls, it’s a lot easier for them, a lot, because their parents end up with money. And so they have better environments and they know that they don’t have to worry about the things that we have to worry about, being in that we live in what people call “the ghetto,” and we have to fend for ourselves and do things for ourselves. I think it doesn’t matter whether you’re rich or poor. Teen girls—there’s teen moms that are rich and pregnant, they just don’t make a big deal out of it because they have money, so they can do whatever it is that they need to do. But when a girl who doesn’t have anything gets pregnant and is on welfare, and everything, then everyone has a problem with teen pregnancy.
Faith highlights a stratified visibility of teen parenting in terms of who is seen by the public as being a teen mother. However, she then steps back, linking stratification to access to opportunities, which are positioned as causal agents for teen pregnancy. Articulating this line of thinking, she said that if young women in low-income urban areas had something “better” to do, they “wouldn’t be out doin’ the things that we do, because there would be a lot more programs or something that we can be in, instead of being in a man’s house.” Faith also acknowledges the disparate public perceptions of teen pregnancy based on race and socioeconomic status. In this narrative, teen childbearing is not seen as a problem for middle-class, white young women because they have the class privilege to avoid the need for public assistance. Moreover, they are able to distance themselves from the racialized image of teen pregnancy wherein nonwhite reproductive bodies are seen as pathological (Roberts 1997).

A related narrative focuses on the connection between lack of (comprehensive) sexual health education for youth and high teen pregnancy rates—a causal story popular among public health professionals. Faith, for one, stated that a lot of young women she knows get pregnant because they “aren’t really educated on sex” and that young people should receive more education on pregnancy prevention and the “consequences” of having sex:

I have a friend who’s 19 and is HIV positive … And she has to deal with that, cause she wasn’t educated on prevention and what happens, the consequences and what happens when you have sex without knowin’ what you’re doin’ … I think that there’s not enough sex ed classes. Um, and when there is sex ed classes, it teaches people how to put condoms on bananas—it’s not teaching people how to be safe. I think the harsh reality is what is needed to be taught to people.

However, not all participants believed that sexual health education would obviate teen pregnancy. Clarita said that this notion was “bullshit.” Sam elaborated that:

You can be offered so many contraceptives. You can be offered information. You can be taught how to put a condom on. You can be taught how to do everything. You can be taught and you can still get pregnant because at that moment of you having sex, if you don’t have a condom and you want to have sex, you’re going to have sex, it doesn’t matter. You’re not going to care and you’re not going to be too worried about getting pregnant and it depends, like the pull out method does not work. That’s how I got pregnant.

Participants’ strategic negotiations of the sexual health education narrative are interesting given the U.S. cultural obsession with sexuality education, where scholars note with frustration that debates over the merits of “abstinence-only-until-marriage” versus “scientifically based comprehensive” approaches continue to dominate national conversations on youth sexuality (Fields 2008; Fine and McClelland 2006; Irvine 2004). Although a popular rallying cry from those on the political left (Boonstra 2010), focusing on comprehensive sexual health education as a “magic bullet” for curtailing teen pregnancy works to obscure racialized rhetoric. Scholars note how sexuality education tends to overlook concepts of desire and pleasure and relies on sexist, heterosexist, and racist ideas about gender, sexuality, and behavior among young people (Fields 2008; Fine and McClelland 2006). As Sam’s statement illustrates, the prevailing narrative of “sex education to prevent teen pregnancy” fails to recognize the lived realities of young women like her.

The third reinterpreted narrative we identified is similar to Kelly’s (2000) “stigma is wrong” story. While negotiating a narrative of stigmatization and surveillance participants acknowledged that society has low expectations of young mothers and that stigmatization and a lack of (social, economic, and political) support works against possibilities for success. Cassandra related a stigmatizing narrative common to the young women who attend her school. The Center, she said, is seen as a school for promiscuous young women: “A lot of people here in [our city],” she told us, “they’re saying that this is a ‘ho’ school because we all have kids.” However, Cassandra also presented a stigmatization and surveillance story as a strategy to reinterpret dominant narratives, indicating inherently racist, classist, and sexist (“damned if you do, damned if you don’t”) double standards whereupon people are “mad [when they see] that we’re doing something for ourselves. We’re in school and we’re trying to get our GEDs and a lot of girls have graduated and they’re in college.
So it just gets them mad, the fact that we have people who can do something for themselves. Cassandra not only recognizes that “stigma is wrong,” but also how the redemption narrative fails to assuage deeply entrenched societal beliefs about young mothers and ultimately angers those who see their life stories as destined for failure.

Faith was also quite critical of these double standards. Using a stigmatization and surveillance narrative, she linked class inequities to visible and dominant representations of teen motherhood:

> I think that they [society] make it a big deal about us only because they’re taxpayers, and we’re not, because we receive welfare. I think that if you did a survey and went and knocked on everyone’s door in [the nearby white, middle-class town], at least half or more of those people protesting against teen moms have teen kids that are mothers. Or fathers. Or a son who’s fathered two babies from different people. But yet, they don’t protest against that. Um, only because they’re shielded behind doors, and we’re not. We don’t have any privacy because they’re all in it. But because they have money and stuff like that, they do.

Faith connects poverty to visibility and surveillance—low-income mothers literally cannot afford to be “shielded” from the stigma of young motherhood. In her view, teen pregnancy itself is not at issue; rather, it is the public’s discontent with presumed welfare dependency. Although Faith did not claim that stigmatization and surveillance personally affected her life, she acknowledged that it hurt other young parenting women:

> It makes people feel like crap. It makes people feel like they don’t want to show themselves because it makes you feel like, “oh, they’re gonna be talkin’ about me.” It’s wrong. It’s wrong. It’s like, kinda like, racism. It’s wrong.

Similarly, Jamie struggled to negotiate her identity as a low-income young mother amid dominant narratives:

> Yes I got pregnant. Yes I was around 17. Trying to figure it out for a minute … It’s like teen pregnancy and everything, it’s a nationwide epidemic that happens. It’s not just like poverty. It seems like the only difference is that poverty gets the spotlight on it because the way that it’s looked on is that you got nothing better to do so that’s what we did … And the thing about it is that higher income levels, they have the money to either get rid of [the pregnancy] or give [the baby] away.

Here Jamie strategically negotiated contradictions of identity, poverty, public surveillance, and motherhood. Beginning by alluding to normative and “deviant” constructions of motherhood, she then engaged in “epidemic talk,” while also distancing herself from the epidemic, and finally acknowledged how social class is connected to young women’s reproductive decisions. By working through stigmatization and surveillance stories, Faith and Jamie made sense of the complex workings of race and class in relation to teen pregnancy and motherhood, both discursively and experientially. Faith’s assertion of stigma and surveillance being “kind of like racism,” and Jamie’s suggestion that teen pregnancy is not so much the issue as the taxpayer’s dollar both allude to the intersecting forms of oppression that underlie the experience of teen pregnancy for marginalized young women. What’s interesting to note here is that while Faith links the marginalization of young mothers to other forms of social oppression, Jamie sees a distinction between the social problems of poverty and teen childbearing. Whereas Jamie sees the former as an issue that evokes attention, the latter is seen as caused by personal irresponsibility and is therefore stigmatized.

Limitations and Potentialities: What Can We Learn From Young Mothers’ Strategic Narratives?

The stories our participants tell in this project depart from existing knowledge in several ways. Importantly, they represent neither a passive acceptance of pathological narratives nor a clear instantiation of resistance. Participants’ narratives reproduced, and at other times reinterpreted,
dominant narratives on teen pregnancy and parenting. Most notably, the young women in our study connected their personal stories to social narratives in ways that belied easy conclusions. While becoming a young mother was a source of motivation, teen pregnancy was sometimes seen as a major social problem. Although young mothering can be empowering, it signaled a loss of adolescence. Poverty and a lack of opportunity might contribute to teen pregnancy, but sexual health education and contraception access aren’t necessarily the solutions. These tensions indicate a need to think differently about how we create knowledge surrounding pregnant and parenting young women.

Participants strategically sifted through the multiple and contradictory meanings of teen childbearing, mothering practices, sexualities, class and racial inequalities, prescriptions for redemption, and social expectations. Within this process, they constructed narrative negotiations as a way to reconcile their lived experiences with circulating narratives on teen pregnancy and parenting, as well as to situate themselves as certain kinds of young women and mothers. Amid stories of racialized, promiscuous, “bad” mothers, our participants navigated a complex terrain in which neither self-representations nor social policies find any easy answers. These complexities signal that little can shift in research, policy, or practice without a shift in the frameworks in which we work. Instead of framing teen childbearing in terms of individual responsibility or the “wrong society,” utilizing a reproductive justice framework can shift our research and policy agendas to focus on increasing well-being for all young people without pathologizing teen mothers (Fuentes et al. 2010).

Although the small size of our nonrandom sample limits the generalizations of these findings, this limitation is coupled with considerable strengths that highlight the importance of this research. Scholars, the media, policy makers, and other social actors are quick to make generalizations about who young mothers are and what they need—it is these generalizations that are problematic. The potential of narrative and other qualitative research with pregnant and parenting teens is that pernicious generalizations might be shifted into rich, contextual, nuanced analyses and practices. While we cannot generalize our findings to young mothers as a whole, they do signal key questions for future inquiry. How are popular media representations of young motherhood (for example, MTV reality series “Teen Mom”) changing social and personal narratives? Will the increasing focus on poverty as a causal factor in early childbearing reframe discussions on appropriate policies or shift media representations? How have narratives and narrative negotiations shifted in response to the increasing focus on specifically Latina teen pregnancy as a social problem? Future research should engage these questions in addition to exploring cross-country comparative analyses and large-scale qualitative research designs that can elucidate the experience of teen motherhood across diverse racial and class populations.

The concept of strategic negotiation signals the need to think more complexly and contextually about the meanings of young pregnancy and parenting in terms of how these meanings are understood in research, and might play out in policymaking, as well as in participants’ everyday lives. Given the policy context surrounding teen childbearing—one that focuses narrowly on pregnancy prevention, welfare-to-work programs, and remedial secondary education (Pillow 2004)—it is important to consider the implications of these strategic narratives. What is at stake in the everyday lives of storytelling (Gubrium 2005)? As Helen Wilson and Annette Huntington (2006) argue, the dearth of qualitative research on teen pregnancy and motherhood contributes to punitive policies and stigma-based prevention programs; moreover, extant qualitative research findings on the experience of and outcomes for young parents are more positive than population- and economic-based studies. Qualitative narrative inquiry can enable policy makers, educators, and service providers to recognize the complexity of teen mothers’ lives in order to develop policies and programs that are more responsive to their needs and assets. Policies should recognize young mothers’ lives as nuanced and contextual rather than universal. For example, our participants’ narratives indicate that pregnant and parenting young women need more than access to contraception, job training, or GED preparation—they need us to work against the considerable social inequalities they face and a world that sees their existence as abject. They deserve policies that are responsive to their lived experiences of race and class inequalities, stigmatization, and
marginalization, not policies based on how academics, professionals, and the media understand their lives. Scholars ought to shift from trying to determine why young women have children and how to prevent them from doing so to uncovering the experiences of sexuality and reproduction in a racist, classist, and sexist society.

Narrative inquiry has the potential to transform public conversations on young parenting and ultimately humanize social research and policy that focuses on young mothers—to recognize young women as active subjects with dreams and desires to be realized, rather than as just another statistic with attitudes, beliefs, and behaviors in which to intervene. If researchers and policy makers aim to investigate and develop successful programs and policies then participants’ strategic articulations of experience must be taken into consideration. Yet, while facilitating opportunities for their voices to emerge is critical, we cannot rely on young mothers’ stories alone to promote large-scale shifts in research and policy. It is also important that young mothers are organized and working in partnership with strong coalitions of adults/stakeholders who can support this work. However, we should not ignore the fact that there is a certain degree of emancipatory potential in not being the focus of research and policy interventions—that there is privilege in not having to tell your story (Zussman 2012). Nevertheless, at the same time that we listen to their stories, we must also understand young mothers as legitimate social actors, sexual beings, and political subjects by disrupting hegemonic approaches to knowing about and researching young childbearing. A key theoretical implication of our research, therefore, is that a discursive shift to understand pregnant and parenting young women as asexual and sexual subjects embedded in a system of stratified reproduction is critical to moving beyond deceptively simple debates about welfare or contraception. Utilizing a reproductive justice framework is one strategy that can interrupt both dominant and alternative narratives. Ultimately, this framework offers a more nuanced epistemological and empirical basis for developing programs and policies to serve the needs of pregnant and parenting young women.

References


Dubious Conceptions: The Politics of Teenage Pregnancy


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