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# Teenaged mother's narratives: methodological dilemmas in tracing an emergent, yet muted, desire for motherhood

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## ABSTRACT

This paper reflexively considers the muted narratives of a desire for pregnancy and parenthood in teenaged women's accounts of their journey to motherhood after deciding on abortion with their first, unexpected, pregnancy. By contrast their accounts were replete with good citizenship narratives that attested to pregnancy avoidance. Through the use of the Listening Guide, a feminist, layered, reflexive approach to data analysis, these accounts are considered in the wider social and cultural 'narratives' in the interview data, and the interviewee/interviewer relationship. It is suggested that the young women draw on dominant cultural tropes of the good teenager and mother, shaped by the desire to present themselves to the interviewer as acceptable citizens. It is debated whether the young women choose relative silence regarding their growing desire for pregnancy to avoid judgment in a society that problematises young motherhood, or are silenced by the same dominant discourse. Discussion considers what such a muted narrative might represent in a political and socio-cultural context. With narrow definitions of what is acceptable in the teenage years, and for motherhood, the young women's desire to present as acceptable may eclipse valuable contextual considerations that are important to practitioners and policy makers in providing effective support.

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## Introduction

Public scrutiny of teenage parents in the UK reached a critical point with the ten-year Teenage Pregnancy Strategy overseen by the Social Exclusion Unit in 1999. The strategy has been heralded as a success, achieving its target of halving the under 18 conception rate (Hadley et al., 2016). The legacy of such a policy focus has contributed to current socio-political expectations in the UK for the teenage years to be a commitment to education as a route to social mobility, and therefore, avoidance of pregnancy and parenthood. Since the strategy came to an end its underpinning assumptions of avoidance of teenage pregnancy as the ideal, and supporting teenage parents into education and work, have been devolved into wider policy and law. For example, the Family Nurse Partnership (FNP) programme, an intensive health visiting programme for teenaged mothers, has been rolled out nationally (NICE, 2009). In addition, Relationships and Sex Education

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(RSE) is now a statutory obligation for schools in England since the Children and Social Work Act in March 2017. This echoes Mizen's (2002, p. 6) observation that young people are civilised, or rendered good citizens, through certain 'rights of passage', and specific forms of state activity in the lives of the young based around the criteria of age.

This paper is based on findings from a research project that evolved from the implementation of an Assertive Outreach approach, as part of a local Teenage Pregnancy Strategy plan, to support teenage women in avoiding a repeat pregnancy. A nurse was employed to proactively work with teenaged women who became pregnant, across all outcomes (birth, miscarriage, abortion) to promote contraception use and therefore avoid repeat pregnancy in the teenage years. An audit of the pathway after 2 years of implementation highlighted its success in relation to contraception uptake and reduced repeat pregnancy overall. However, there were a small number of women, who, after aborting a first, unexpected pregnancy, and despite receiving this outreach, became a mother whilst teenagers. Commissioners, and to a certain extent, the delivery team, saw this as a failure of the service and even of the young women. The research study aimed to explore the relational and socio-political context of the teenage women's pregnancy decisions evident in their narratives and theorise and contribute to an apparent gap in knowledge regarding reproductive decisions in some teenaged women's lives. In turn these findings would inform practice, and specifically the Assertive Outreach approach in the host service through which it was being delivered.

## Materials and methods

I drew on three 'strands' of literature to inform analysis of this study. It was apparent from the outset that teenaged mothers sat at the nexus of several powerful socio-cultural discourses which a narrow 'systematic' database-led search would not do justice. These three main areas were: an examination of the evidence regarding repeat pregnancy in the teenage years mostly located in the medical model, an historical review of popular discourse regarding teenage pregnancy and parenthood in the UK directed by public policy focus, and a wider theoretical exploration of marginalised motherhood.

Research in relation to repeat pregnancy tends to be framed within a quantitative paradigm and obtained from abortion and obstetric datasets. Studies conflate all permutations of 'repeat' pregnancy; for example, repeat abortion, repeat births, birth then abortion and abortion then birth (Collier, 2009; Rowlands, 2010; Seamark, 2001), making it difficult to specifically identify information pertinent to abortion then birth. The few qualitative studies relating to repeat pregnancy in the teenage years found that teenage mothers' rationales for subsequent pregnancies were similar to older women: to have siblings for their first child, and to complete their family (Clarke, 2002; Herrman, 2006, 2007).

An historical review highlighted the phenomena of teenage motherhood as relatively recent, emerging as a political concern alongside single motherhood in the early 1990s. Political focus on single motherhood, the breakdown of the family, and welfare dependency, gradually focused on young (and presumed single) motherhood. New Labour introduced the Teenage Pregnancy Strategy (SEU, 1999) where focus was on the avoidance of social exclusion assumed to arise from teenaged parenthood. In response,

researchers such as Lisa Arai (2009) and Duncan et al. (2010) in the UK critiqued such broad-brush assumptions by highlighting the economic and socio-cultural contexts of teenaged women's decisions to become mothers. Linda Burton (1990) and Arlene Geronimus (1996) in the US, championed the abilities of teenagers to parent, and also brought into relief the social context for their decisions to do so. Previously, Ann Phoenix (1981) had challenged the assumptions of inevitable social exclusion for young black mothers in the UK, arguing that motherhood facilitated local social inclusion. Others explored the positive dimensions to young motherhood such as re-engagement of teenage mothers with education (Herrman, 2007) and withdrawal from harmful lifestyles (Edin & Kefalas, 2005; Kaye et al., 2007). More recent research with teenage mothers tends to focus on the negative effect of enduring socio-political stigma on family life (Fearnley, 2018; Ellis-Sloan, 2014).

Literature also attests to how public discourses around some forms of motherhood, including teenage motherhood, are marginalised. For example, Gillies' (2006) work with working class mothers advocating for their children in school are seen as troublemakers in comparison to their middle-class peers; and Carpenter and Austin (2007), exploring mothering children with disabilities, describe working in the 'margins' to the main text of non-disabled children. Pam Alldred (1999) discussed how such marginalisation is played out in judgments of who is 'fit' to parent set against perceived mainstream norms with narrow parameters. Families that are defined as different are more likely to be considered problematic and to be scrutinised by public bodies as well as public discourse. Craig and O'Dell (2011) highlight the regulatory and normalising effects of the 'good' mother discourse, which is also raced (Phoenix, 1981) and classed (Gillies, 2006), and how this sets up standards of mothering in the cultural imaginary against which all mothers are compared.

Lupton (2012, p. 6) notes how the pregnant body is a site of 'public censorious gaze' as the unborn foetus becomes the site of investment for society's future. Teenage bodies are already labelled as a site of risk (Lightfoot, 1997) and as such too risky for pregnancy. In addition, there is the social 'risk' of not completing education. Teenage mothers have to work even harder than their older counterparts to convince society of their good citizenship, that they are not disrupting social order (Chadwick & Foster, 2014). I would add 'age' to the reproductive justice call for recognition of how women's identity categories such as race, class, gender, sexuality interact with each other in their reproductive decisions. For teenage women, popularised judgments regarding a lack of preparedness to parent and risk discourses of the teenage years, coupled with the expectation to continue education, serve to marginalise when they decide to parent.

The study sought to explore the accounts from teenaged mothers or mothers to be, who had previously aborted a pregnancy, of their pregnancy and parenthood decisions at both points in time. Criteria to participate in the study was to have decided to abort a first unexpected pregnancy and either to be a mother or pregnant and continuing with the pregnancy up to age 19. Participants were identified as they presented to the service between January 2013 and January 2014. Eleven possible participants were identified and approached for interview; three declined to participate and eight accepted. The sample size for this study was small. Baker and Edwards (2012) explore the question of how many interviews are appropriate for a qualitative study and conclude that it is dependent on the aims, methodology and method of the research. Whilst the sample does not

give breadth through the number of participants it did generate a large dataset which provided depth. The layered readings of the Listening Guide data analysis process elicits a range of findings rather than frequency of findings. As Phoenix and Woolacott (1991) state women come to motherhood from a variety of backgrounds and bring with them a variety of life experiences and I wanted to explore the threads within this heterogeneity rather than essentialising the young women. As such the sample size was good enough for the approach and aims of the study.

The women were aged between 17 and 19 at interview. Three of the young women had children aged between 10 and 22 months. Two had miscarried a pregnancy that they had planned to continue. Three were pregnant and continuing. Seven described their ethnicity as Black British and one Black African. Seven interviews took place in the participant's home and one in the local clinic. Interviews lasted between 40 min to just over an hour, were recorded and transcribed by the principal researcher.

I had not sought to recruit young women of colour. To a certain extent this was reflective of the demographic of the host organisation's geographical location: all participants lived in a catchment area characterised by deprivation, previously identified as a 'Health Action Zone' where initiatives were funded to reduce the effect of persistent disadvantage and poverty (Powell & Moon, 2001). People from Black and Minority Ethnic (BAME) groups disproportionately live with poverty, and, in turn, those who have lower income tend to have children younger (Barnard & Turner, 2015). Thus, even at recruitment there was an emerging contextual picture in relation to these young women's pregnancy decisions.

I approached this study with a feminist lens, and use a feminist method as the practical outworking of this. I drew on Sue Wilkinson's reflections on the concepts underpinning such an approach: to carry out research for, and not on, women; to illuminate women's social conditions and experience, and to advocate for social change on behalf of women (Wilkinson, 1988, 1996). Having said this, my understanding of this approach was not fully formed at the outset of the project, and is still growing. This troubles the notion of static methods as applied. As the researcher grows in critical engagement with a methodological approach it will undoubtedly change our understanding and use of methods. I was, however, mindful of power relationships between participant and researcher, noting that there may have been common 'insider' positionalities within the research setting such as being a woman and a mother, yet 'outsider' positionalities such as being white, middle class, and representing a government organisation, all of which would inform the research relationship and data (Wilkinson & Kitzinger, 2013). As such I took the commonly understood approach to interview as co-constructed. However, as I began to engage with the wider contexts of the interview, identified through applying the Listening Guide readings, developed by feminist researchers (Mauthner & Doucet, 1998; Taylor et al., 1996), a consideration of the data as produced both within and also from beyond the research encounter became salient. The readings for social structures and cultural contexts considered how the young women drew on cultural norms, or narratives, to present an acceptable account of their lives in the public facing research interview. This suggests the research interview as 'performance' (Whitaker & Atkinson, 2019) directed by wider contextual considerations.

The Listening Guide entails four core readings of the data (Mauthner & Doucet, 1998; Taylor et al., 1996). Firstly, transcripts were read for plot to determine the overall story the

young women wanted to tell. Then again for reader response. This is an opportunity to examine researcher positionalities in relation to interview dynamic and data, acknowledging the researcher as an active participant in the data gathering and analytic process (Hertz, 1997). The researcher then reads for the participant voice, or 'voice of I' – tracing I statements across the narratives. This is a unique quality feature of the Listening Guide which gives an overview of the participant's sense of self throughout their narrative, and a picture of where the young women may have several senses of self or can identify a change in sense of self over time.

Subsequent readings are for relationships, cultural contexts and social structures and reflects feminist desire to use research methods that represent marginalised groups and the social processes that organise their lives (DeVault, 1999). Readings can include physical as well as verbal evidence, and consider the layers, absences and contradictions in the narrative accounts. The wider relational dynamics and cultural contexts and expectations that might affect how young women may actively present themselves in the interview or consultation context are purposefully considered. Feminist research has historically tended towards concern with 'hearing' women's voices, encouraging women to speak out, and to challenge oppression. A contextual approach and analysis of the 'co-production' of interview data, highlights that 'voice' and speaking are not the same, and it is questionable whether a true 'voice' is ever expressed as all encounters are dynamic and shaped by the language, history, acceptable cultural ways of relating to others, and wider socio-cultural and political expectations of being.

There is a tension in academia to be systematic in presentation of how a conclusion has been drawn from 'data' alongside consideration of the more esoteric aspects of 'biographical work' such as exploring the power dynamic between interviewer and interviewee, and the cultural and historic contexts in which both sit. The Listening Guide method is instrumental in both bringing a systematic approach to these dimensions and highlighting such 'biographical' work that both the participant and researcher undertake. Consequently, the researcher presents a reflexive consideration of the narratives and their wider context and suggests what this might mean, not what this does mean.

The layered Listening Guide readings offer an atypical, and rich, approach to narrative data by bringing several considerations into one 'method': consideration of the whole story before fragmenting in to 'codes', building in a space for researcher reflexivity before rushing into speaking for the participant, focusing on the speaker's sense of self, and, in turn, the wider relational and socio cultural narratives present. This multi-faceted approach does not facilitate access to an 'inner truth' nor a greater 'truth', but does facilitate exploration of the various and varied tropes on which the participant (and researcher) draw in this interview 'performance' and what might be directing this production.

## Results

The young women foregrounded a range of narratives that suggested a desire to present themselves as good citizens. Firstly, a justification of a decision to abort a first, unexpected pregnancy, then explanations for how they became pregnant subsequently, and the positive involvement of their baby's father. It was notable that whilst a decision-making process was presented for abortion it was not for their continued pregnancy. The

absence of such a narrative might suggest that there was no 'dilemma' with a subsequent pregnancy, and even that the pregnancy was welcome. Looking at the spoken narrative, in statements that were brief and easily overlooked, a couple of the young women were candid about wanting to become pregnant after their first aborted or miscarried pregnancy (some accounts described miscarrying prior to following through on their decision to abort).

This desire is spoken in 7 words only by one young woman and never directly voiced by all the others. The quotes presented here to illustrate this narrative are not picked as representative of a range of possible quotes, these are the only quotes that illustrate this desire. These are almost imperceptible moments where a desire for pregnancy becomes apparent amongst the myriad 'good citizenship' narratives relating to past and present pregnancies and future family formation. Mai is the only participant that directly states that she wanted to become pregnant with her partner: 'I wanted to get pregnant by him', and Sandra is a little more elusive stating: 'I'm a big girl, make my own decisions now' referring to unilaterally stopping the contraceptive injection after completing her GCSE<sup>1</sup> examinations at age 16.

When presenting their decision to abort, the young women stressed the importance of finishing/returning to education as rationale for this decision. With a subsequent pregnancy, albeit still in the teenage years, this trope was absent. A decision making process was not discussed with this pregnancy, simply explanations of how they became pregnant a second time despite trying to avoid this. The young women offered legitimising accounts of failed contraception, infertility, and being beyond the legal time for abortion when discovering a pregnancy. Furthermore, they stressed the positive involvement of their baby's father and that they were moving towards marriage and nuclear family living; further good citizenship narratives (Bekaert, 2016). Analysis of the readings for the socio-cultural aspects of their lives suggested that once statutory education was complete, other significant events such as gang involvement, miscarriage, death of loved ones, intimate partner violence, and rape appeared to render a decision to parent sooner more desirable rather than chase an elusive social mobility through further education. Such contexts can lead to little motivation to precise (or delayed) timings for family formation (Edin & Kefalas, 2005). Once a mother, their accounts returned to expressing a desire to re-engage with education – the cultural expectation for teenagers. This possibly responds to the stigma of the welfare dependent single teenage mother, although could also be a desire to improve their economic position once a parent.

The absence of dilemma with a second pregnancy as compared with the first; the few overt statements of a desire for pregnancy; manifold socio-cultural evidence from the contextual Listening Guide readings that may have led to deciding to 'get on with' family formation; combined with a continued pregnancy and birth – led to a consideration that the young women may have been choosing to avoid mentioning their growing desire for pregnancy and motherhood within the context of this interview.

Across the young women's narratives a shift from accounting for *why* they decided to abort a first unexpected pregnancy to *how* they subsequently became pregnant was notable. The only exception to this was Sandra's account, describing how she discovered her subsequent pregnancy when it was legally too late to abort: 'I fell pregnant and I didn't know. It was too late for me to have an abortion cause I was already four months gone ... This time there's no choice. There's nothing we can do apart from me



keeping it.’ It is notable that 20 weeks is not beyond the legal limit for abortion in the UK. Here Sandra presented a legal narrative that cannot be argued with, and which legitimises carrying on with the pregnancy.

Several of the young women claimed contraceptive failure as a rationale for their becoming pregnant a second time. For example, Susannah stopped using the contraceptive pill for a while when her relationship cooled after miscarrying her first pregnancy and during her exams, yet also had occasional sex with her partner. Despite the gap in contraception she said she was surprised to find she became pregnant: ‘How did that happen while I was still taking the pill?’. Carleen described trying a range of contraceptive methods, then for health reasons and through experiencing unacceptable side effects, decided to stop using contraception. Carleen’s account blurs chronology with a suggestion that she was using contraception when she became pregnant, however, this also could be read as she wasn’t using any method at the time:

We was going to the clinic finding out what contraception would be suitable for us because of my mum’s history of blood clots and so on ... and so ... I was having a lot of fits at the time as well, I think it was because of certain types of contraception ... so I laid off contraception for a while went back on the injection and then after about three months I said I’d give my body two or three months to turn back to normal by that time I was already pregnant.

Carleen drew on a narrative of infertility as explanation for carrying on with her second pregnancy and gratitude for the ability to have children when others can’t; ‘That’s why we just ended up keeping her because I thought to myself there’s people out there that actually want kids that can’t have kids. I should be grateful that I can have one.’ The young women’s concerns regarding infertility were prevalent across their narratives and echoes previous research. For example, having had unprotected sex and not becoming pregnant had convinced them of being unable to become pregnant (Thorsén et al., 2006), such as Mai saying: ‘We never have (used contraception). I didn’t think I could ever fall pregnant to be honest. It never happened even with my other ex-boyfriend.’ Or Danielle, where having experienced miscarriage seems to have brought these concerns to the fore;

I thought I couldn’t have children again! So then I thought if I got pregnant I’d lose it I was just thinking whatever so I didn’t use protection with him whatever and then within one month I was pregnant again with her so I was just thinking oh my gosh. I wasn’t really happy, I wasn’t really like oh yeah I’m pregnant I was just like yeah whatever.

Me: Why do you think that was?

D: Because I thought she would die that’s why that I didn’t say anything’.

White et al. (2006) suggested that if young women fear they may be unable to conceive and they ultimately desire a pregnancy, then they may be more likely to try to conceive now instead of waiting until they are older. Decisions regarding subsequent pregnancy for all the young women in this study will inevitably be informed by their previous pregnancy experience. These examples highlight the importance of considering cumulative experience for young women, and the impact of these experiences on decision-making at these two different points in their lives.

Angelique’s account was the only one where there was a sense of celebration over her second pregnancy with her new partner. She described in detail how she felt different one



morning, took a pregnancy test, and finding it positive, set up an elaborate plan to tell her partner that involved him discovering a hand-written note with the positive pregnancy test saying; 'Congratulations you're a daddy and I'm a yummy mummy'. In turn, she described his response as one of joy and excitement with him FaceTiming his mum straight away, who was equally thrilled. This appeared not to be a couple that were unsure about what to do, or even taken by surprise with this pregnancy. There is a suggestion that Angelique may have been open to pregnancy as she said in passing that she *only had one* pregnancy test left; 'I only had like one more pregnancy test and I'd just left it there because I never thought I would get pregnant.' However, despite the description of her partner's excitement, his mother's positive reaction and the suggestion of multiple pregnancy tests, Angelique never overtly said that she was happy to be pregnant during her account.

It is notable that the young women's narratives shifted from good citizenship narratives around pregnancy decision making to those around family formation. The young women appeared keen to present their baby's father in a positive light and emphasised his involvement in their lives. Similar to the young women in Edin and Kefalas (2005, p. 16) study they were keen to present how their baby's father was 'getting himself together', despite the huge change in their relationship with impending or current fatherhood. Some had offered to support financially and Susannah's partner offered to look after the baby whilst she finished school; 'we decided that if anything once I've had the baby he'll stay at home with the baby full time while I'm at school ...'. Sandra, Mai and Angelique described how their partners had all left gang life as a result of becoming a father and wished to be involved in their child's life. The young women seemed to take what Dollahite et al. (1997, p. 15) would call an 'assets' based approach to their baby's father's response valuing what he was offering rather than lamenting what he wasn't. A deficit approach can set standards for fatherhood in young men's minds that are a barrier to their doing what they reasonably can support their family. This was apparent in Carleen's partner's response to her pregnancy, at first he was excited, but as the pregnancy progressed he began to worry about how he was going to provide for them; 'he just got a bit daunted, and he started to get frightened at times, like how was he going to provide, what's he going to do, how to find a job ...'. It must be considered, however, that this is how the young women choose to present the baby's father. It could be that the desire to present an image of their baby's father as involved, counters the irresponsible *single* teenage mother stereotype, and is therefore a continuation of the young women's narrative 'good citizen' work.

## Discussion

The quotes and episodes described above are the narrative threads that, across time and cumulative life events, might illustrate the young women's growing desire for a subsequent pregnancy and motherhood after their first pregnancy. It is notable that a rationale for how they became pregnant a second time is offered, but not for deciding to carry on. This stands in contrast to explanations for deciding to abort a first pregnancy where the importance of continued education was stressed, which the young women felt pregnancy and parenthood would impede. This might suggest that the young women see finishing education as a right of passage to adulthood, remaining a 'good citizen', then

free to make their own parenting decisions. The young women's accounts could reflect a Foucauldian (Foucault 1977) understanding, where we act in order to be seen to be doing the right thing, or even be internalised where personal desires come to reflect state expectations (Rose, 1990).

A justification for abortion, yet not for a continued pregnancy could also be due to the 'motherhood mandate'; the centrality of motherhood to women's identity (Russo, 1976). Women feel they have to offer a rationale for aborting where motherhood is expected to be welcomed. However, I feel this view could be challenged in the case of teenaged women, who are considered by society as not yet adult, certainly in relation to child-bearing. The motherhood mandate is not afforded to teenaged women. The young women in this study demonstrate a growing desire for motherhood that cannot be spoken as it transgresses the education 'mandate' which takes precedence at this age.

The young women's accounts of failed contraception, or thinking they were infertile could suggest an educative intervention, and a non-contextual reading of these accounts might support this approach. However, the contextual readings point to a quiet and emergent desire for pregnancy and parenthood located in cumulative life events and constrained and challenging socio-cultural contexts. With these readings, recommendations would therefore point to mitigating the cumulative effect of pregnancy loss, pervasive violence, gang-life and poverty that renders a desire for pregnancy and parenthood more immediate. Presenting the 'good father' continues 'good citizen' narratives as pregnant and continuing or already a mother, the young women shift their narratives to distance themselves from ill-founded negative stereotypes of the welfare dependence single teenage mother.

Reflection on why the young women may not 'voice' a growing desire for pregnancy and motherhood could suggest that muting this desire in their accounts was a means of protection from a society that stigmatises and judges teenage mothers (Fearnley, 2018; Ellis-Sloan, 2014). In parallel, foregrounding 'good citizen' narratives restores acceptability in these public accounts. Parpart (2010) has observed that feminist research had tended to see a failure to speak out as a disempowered position. However, she challenged this view of women's silence on oppression in their lives with her analysis of women's ability to speak out about rape, violence, and war crimes. In these contexts, speaking out about oppression may incur further violence and death. She observed that this is not a disempowered stance, it is a means of protection. For the young women in my study such overt statements might have invited stereotypical judgment on their ability to parent, and accusations of drawing on state funds before having contributed to society, and so forth. These represent perennial ill-informed judgments passed on teen-aged parents. Silence on the subject may have been deliberately chosen to avoid such judgment. Choosing to mute such narratives suggests agency.

This analysis highlights that these young mothers, or mothers to be, were navigating two contradictory discourses within the interview as well as broader social processes. On one hand motherhood as a mandate which society expects from ('adult') women (Russo, 1976) and on the other, policy and social discourses which problematise young women who become mothers as they are transgressing the 'education' mandate. Their decision to be silent regarding an openness to, or a desire for, pregnancy might have worked to successfully resist enlistment into a moral discourse that the young women wanted to

avoid (Burman, 2017, p. 424) – a discourse that stigmatises the teenage mother. This study is a reflexive account of how the young women interviewed navigated particular policy discourses and acceptable ways of accounting for achieving the families they wanted in highly stigmatised contexts. This points toward the active interpretation and theorisation of the research interview and context by participants as well as by the researcher.

However, it should also be considered whether the dominant discourse of pregnancy avoidance in the teenage years, and stigmatisation of those who do, silences the young women in speaking out their desire for motherhood. This reflects DeVault's (1999) consideration of how women are silenced in society and research. In Taylor et al.'s (1996) college student study the young women used silence as resistance, they chose not to speak openly about their experiences and feelings as authorities had not been supportive in the past. The authors noted that resistance to 'patriarchal social order' can take two forms, either overt where a girl speaks out, or 'where a girl goes underground with her feelings and knowledge ... as a strategy of self-protection' (Taylor et al., 1996, p. 240). What is of concern for the young women in Taylor et al.'s study (1996, p. 240) is that when the girls in their study hid their feelings these could become lost to themselves and lead to acceptance of harmful conventions of social behaviour. Were the young women in my study struggling to articulate, rather than choosing not to articulate, a desire for parenting within dominant discourses of prevention?

It could be that these various positions co-exist for the young women within their narratives and the dynamic interview context. Overall there was a move from the good citizenship narratives of aborting to finish education, to those where personal desire seemed at odds with the offered narratives that they were trying to avoid pregnancy. By considering the wider contexts of the young women's lives through myriad life events they described and discussed through the Listening Guide readings for social structures and cultural contexts, as well as the dynamic between myself and the young women interviewed, a contextualised analysis was undertaken. This led to an empirical exploration of how the 'oppression' of such learned discourses may be monolithic; but can also be productive of muted practices of resistance.

## Conclusion and recommendations

This analytical thread suggests that the young women's narratives illustrate how they might be caught between an emerging desire for motherhood and the problematisation of teenage motherhood by policy and social discourse. This desire for motherhood, brought to the fore by a pregnancy loss through an earlier abortion, experiencing miscarriage, as well as life events such as finishing school and potential morbidity and mortality through gang involvement, and so forth, rendered motherhood an increasingly desirable pathway. Future research would seek to explore such contextual factors in the young women's lives such as IPV, experience of miscarriage, and gang life, all manifest in the young women's narratives. However, this desire remained little spoken. Silence on the subject may have been deliberately chosen to avoid judgment. As such this was an agentic position taken by the young women. However, they may also have been silenced by a social norm that expects teenagers to avoid pregnancy and parenthood, and is judgmental when this expectation is contravened.

Grappling with this tension represents a new exploration of feminist considerations of power and oppression in UK society. Reflexive consideration of the socio-cultural and political influence on people's public accounts of their lives, highlights how we suppress some narratives and bring others to the fore, to present an acceptable story. In these young women's accounts 'good citizen' narratives were foregrounded and analysis suggests that these, and silence regarding a desire for pregnancy, were prompted by their perceptions and experiences of a public censorship gaze. These narratives suggested self-regulation ie non-pregnancy before completing education, 'good' contraception use. They also drew in their baby's father into these narratives, presenting them as present and supportive resisting the assumption of single motherhood and reliance on welfare.

Research outcomes may recommend repeated cycles of intervention that may not 'succeed' as they are based on the stories participants want us to hear, shaped by a regulatory context. Increasing contraception and RSE provision may be recommendations arising from these young women's accounts of erratic contraception use, unfounded concerns over infertility and even the legal parameters around abortion. However, it is evident from this analysis that policy makers and health providers must consider the socio-cultural aspects evident within, and shaping, young mother's narratives, and consider contextual support that goes beyond 'information giving' and access to contraception. A contextual analysis, advocated by feminist method, encourages reflection on the wider possibilities that direct personal actions and decisions. This reflects a reproductive justice understanding of these young women's pregnancy decisions, recognising the importance of linking reproductive health and rights to other social justice issues such as poverty, welfare reform, housing, drug policies, and violence (Price, 2010). Feminist methodology advocates for research for women, research that should illuminate women's social conditions and experience, and advocate for social change on behalf of women (Wilkinson, 1988, 1996). With such goals, a contextual analysis becomes central to identifying structural oppressions and directing the focus of advocacy for marginalised groups away from solutions located within the individual to wider socio-cultural change.

## Note

1. The General Certificate of Secondary Education (GCSE) is a set of exams taken in England, Wales, Northern Ireland and other British territories. They are usually taken by students aged 15–16, after two years of study.

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## Disclosure statement

No potential conflict of interest was reported by the author(s).

## Notes on contributor

**Dr Sarah Bekaert** is a Senior Lecturer in Child Health at Oxford Brookes University, UK. Her research focuses on teenaged pregnancy and parenthood, and issues pertaining to the teenage years such as intimate partner violence. Current projects include exploring teens experience of miscarriage in contemporary society and collaborative work to develop a pan-European online training package for social care workers and conceptual development of 'Did Not Attend' to 'Was Not Brought' in child safeguarding practice. She has published several textbooks relating to contraception and reproductive health and teenage health care. She has many years experience working with teenagers in the East End of London, UK; as a school nurse, with young offenders and with children in care. Sarah was co-founder of CHYPS Plus, a teenage health demonstration site in Hackney, commissioned by the Department of Health to provide creative and innovative health care for vulnerable young people.

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## References

- Allred, P. K. (1999). *'Fit to parent': Psychology, knowledge and popular debate*. University of East London. Ethos.
- Arai, L. (2009). *Teenage pregnancy: The making and unmaking of a problem*. Policy Press.
- Baker, S. E., & Edwards, R. (2012). *How many qualitative interviews is enough*.
- Barnard, H., & Turner, C. (2015). *A review of evidence on the links between poverty and ethnicity*. Joseph Rowntree Foundation.
- Bekaert, S. (2016). 'Hopefully he puts the ring on it ...', teenaged mothers' voiced desire for marriage. In L. Ennis (Ed.), *Troubling the fantasy of the happy ever after*. (pp.146-167) Demeter Press.
- Burman, E. (2017). Developmental psychology. In C. Willig & W. Stainton-Rogers (Eds.), *The Sage handbook of qualitative research in psychology* (2nd ed., pp. 450–472). Sage Publications Ltd. London.
- Burton, L. M. (1990). Teenage childbearing as an alternative life-course strategy in multigeneration black families. *Human Nature*, 1(2), 123–143. <https://doi.org/10.1007/BF02692149>
- Carpenter, L., & Austin, H. (2007). Silenced, silence, silent: Motherhood in the margins. *Qualitative Inquiry*, 13(5), 660–674. <https://doi.org/10.1177/1077800407301179>
- Chadwick, R. J., & Foster, D. (2014). Negotiating risky bodies: Childbirth and constructions of risk. *Health, Risk & Society*, 16(1), 68–83. <https://doi.org/10.1080/13698575.2013.863852>
- Children and Social Work Act. (2017). HMSO.
- Clarke, J. (2002). Repeated teenage pregnancies – the meanings ascribed by teenagers – a comparison between London and two Caribbean islands. Brunel University. British Library, ETHoS.
- Collier, J. (2009). The rising proportion of repeat teenage pregnancies in young women presenting for termination of pregnancy from 1991 to 2007. *Contraception*, 79(5), 393–396. <https://doi.org/10.1016/j.contraception.2008.11.014>
- Craig, G., & O'Dell, L. (2011). Mothering on the margins: Special issue editorial. *Radical Psychology*, 9 (2), Retrieved September 2017. <http://www.radicalpsychology.org/vol9-2/>
- DeVault, M. L. (1999). *Liberating method: Feminism and social research*. Temple University Press.
- Dollahite, D. C., Hawkins, A. J., & Brotherson, S. E. (1997). Fatherwork: A conceptual ethic of fathering as generative work. Eds: Hawkins, AJ and Dollahite, DC. In *Generative fathering: Beyond deficit perspectives*. (Vol. 3, pp. 17–35). Sage Publications Inc.
- Duncan, S., Edwards, R., & Alexander, C. (2010). *Teenage Parenthood: what's the problem?* Tufnell Press.
- Edin, K., & Kefalas, M. (2005). Unmarried with children. *Contexts*, 4(2), 16–22. <https://doi.org/10.1525/ctx.2005.4.2.16>

- Ellis-Sloan, K. (2014). Teenage mothers, stigma and their 'presentations of self'. *Sociological Research Online*, 19(1), 16–28. <https://doi.org/10.5153/sro.3269>
- Fearnley, B. (2018). Contemporary young motherhood: Experiences of hostility. *Journal of Children's Services*, 13(2), 64–78. <https://doi.org/10.1108/JCS-07-2016-0014>
- Foucault, M. (1977). *Discipline and punish: The birth of the prison*. Random House LLC.
- Geronimus, A. T. (1996). What teen mothers know. *Human Nature*, 7(4), 323–352. <https://doi.org/10.1007/BF02732898>
- Gillies, V. (2006). *Marginalised mothers: Exploring working class experiences of parenting*. Routledge.
- Hadley, A., Ingham, R., & Venkatramen, C. M. (2016). Implementing the United Kingdom's ten-year teenage pregnancy strategy for England (1999–2010). How was this done and what did it achieve? *Reproductive Health*, 13(1), 139. <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-016-0255-4>
- Herrman, J. W. (2006). The voices of teen mothers: The experience of repeat pregnancy. *MCN, The American Journal of Maternal/Child Nursing*, 31(4), 243–249. <https://doi.org/10.1097/00005721-200607000-00009>
- Herrman, J. W. (2007). Repeat pregnancy in adolescence: Intentions and decision making. *MCN, The American Journal of Maternal/Child Nursing*, 32(2), 89–94. <https://doi.org/10.1097/01.NMC.0000264288.49350.ed>
- Hertz, R. (1997). *Reflexivity & voice*. Sage Publications.
- Kaye, D. K., Ekstrom, A. M., Johansson, A., Bantebya, G., & Mirembe, F. M. (2007). Escaping the triple trap: Coping strategies of pregnant adolescent survivors of domestic violence in Mulago hospital, Uganda. *Scandinavian Journal of Public Health*, 35(2), 180–186. <https://doi.org/10.1080/14034940600858490>
- Lightfoot, C. (1997). *The culture of adolescent risk-taking*. Guilford Press.
- Lupton, D. (2012). 'Precious cargo': Foetal subjects, risk and reproductive citizenship. *Critical Public Health*, 22(3), 329–340. <https://doi.org/10.1080/09581596.2012.657612>
- Mauthner, N., & Doucet, A. (1998). Reflections on a voice-centred relational method of data analysis: Analysing maternal and domestic voices. In J. Ribbens, & R. Rosalind Edwards (Eds.), *Feminist dilemmas in qualitative research: Private lives and public Texts* (pp. 119–144). Sage.
- Mizen, P. (2002). Putting the politics back into youth studies: Keynesianism, monetarism and the changing state of youth. *Journal of Youth Studies*, 5(1), 5–20. <https://doi.org/10.1080/13676260120111733>
- NICE. (2009). *The evidence base for the family nurse partnership*. HMSO. <https://www.nice.org.uk/guidance/ph40/documents/social-and-emotional-wellbeing-early-years-expert-report-42> (accessed July 2019).
- Parpart, J. L. (2010). Choosing silence: Rethinking voice, agency and women's empowerment. In R. Ryan-Flood, & R. Gill (Eds.), *Secrecy and silence in the research process, feminist reflections* (pp. 15–29). Routledge.
- Phoenix, A. (1981). *Young mothers?* Polity Press.
- Phoenix, A., & Woolcott, A. (1991). Ch1: Motherhood: Social construction, politics and psychology. In A. Phoenix, A. Woolcott, & E. Lloyd (Eds.), *Motherhood. Meanings, practices and ideologies* (pp. 13–27). Sage Publications.
- Powell, M., & Moon, G. (2001). Health action zones: The 'third way' of a new area-based policy? *Health & Social Care in the Community*, 9(1), 43–50. <https://doi.org/10.1046/j.1365-2524.2001.00278.x>
- Price, K. (2010). What is reproductive justice? How women of color activists are redefining the pro-choice paradigm. *Meridians*, 10(2), 42–65. <https://doi.org/10.2979/meridians.2010.10.2.42>
- Rose, N. (1990). *Governing the soul: The shaping of the private self*. Taylor and Francis/Routledge.
- Rowlands, S. (2010). Social predictors of repeat adolescent pregnancy and focused strategies. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 24(5), 605–616. <https://doi.org/10.1016/j.bpobgyn.2010.02.016>
- Russo, N. (1976). The motherhood mandate. *Journal of Social Issues*, 32(3), 143–153. <https://doi.org/10.1111/j.1540-4560.1976.tb02603.x>

- Seamark, C. (2001). Design or accident? The natural history of teenage pregnancy. *Journal of the Royal Society of Medicine*, 94(6), 282–285. <https://doi.org/10.1177/014107680109400607>
- Social Exclusion Unit. (1999). *Teenage pregnancy strategy*. HMSO.
- Taylor, J. M., Gilligan, C., & Sullivan, A. M. (1996). Missing voices, changing meanings: Developing a voice-centred, relational method and creating an interpretive community. In Wilkinson, S. (Ed) *Feminist Social Psychologies: International Perspectives* (pp. 233–257). Open University Press.
- Thorsén, C., Aneblom, G., & Gemzell-Danielsson, K. (2006). Perceptions of contraception, non-protection and induced abortion among a sample of urban Swedish teenage girls: Focus group discussions. *The European Journal of Contraception & Reproductive Health Care*, 11(4), 302–309. <https://doi.org/10.1080/13625180600929218>
- Whitaker, E. M., & Atkinson, P. (2019). Authenticity and the interview: A positive response to a radical critique. *Qualitative Research*, 19(6), 619–634. <https://doi.org/10.1177/1468794118816885>
- White, E., Rosengard, C., Weitszen, S., Meers, A., & Phipps, M. G. (2006). Fear of inability to conceive in pregnant adolescents. *Obstetrics and Gynecology*, 108(6), 1411–1416. <https://doi.org/10.1097/01.AOG.0000240137.99609.2e>
- Wilkinson, S. (1988). The role of reflexivity in feminist psychology. *Women's Studies International Forum*, 11(5), 493–502. [https://doi.org/10.1016/0277-5395\(88\)90024-6](https://doi.org/10.1016/0277-5395(88)90024-6)
- Wilkinson, S. (1996). Feminist social psychologies: A decade of development. In S. Wilkinson (Ed.), *Feminist social psychologies. International perspectives* (pp. 1–20). Open University Press.
- Wilkinson, S., & Kitinger, C. (2013). Representing our own experience: Issues in “insider” research. *Psychology of Women Quarterly*, 37(2), 251–255. <https://doi.org/10.1177/0361684313483111>