

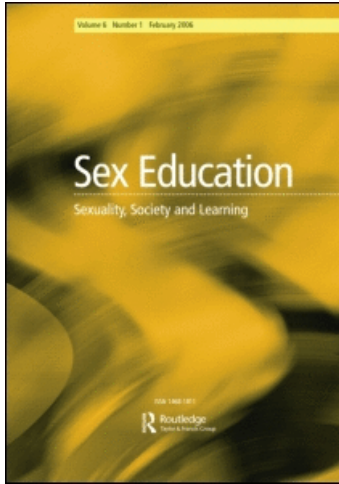
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Morally problematic: young mothers' lives as parables about the dangers of sex

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Drawing on data from an ethnographic study examining the experiences of early-age mothers living in a remote city in northern British Columbia, Canada, we examine the perspectives of two study participants – one young mother and one service provider – who proposed that young mothers should visit high school classrooms to provide experiential narratives about the potential dangers of sex, particularly for young women. While many participants suggested that these peer-education presentations could be a positive experience for students as well as the young mothers/peer educators, the parables that their experiences represent reinforce social and physical distance between early-age mothers and mainstream society. Using a Foucauldian analysis, we demonstrate how these parables are more likely to demonize young women's sexualities and further alienate the young mothers from other teens.

Introduction

A significant amount of research and practice has focused on the problems associated with early-age pregnancy and motherhood (Botting, Rosato, and Wood 1998; Fraser, Brockert, and Ward 1995). For example, children born to adolescent mothers are more likely to have cognitive development difficulties and are more likely to themselves become adolescent mothers (Miller, Benson, and Galbraith 2001), and young mothers face a greater chance of encountering poverty and related forms of socioeconomic disadvantages, including reduced educational, housing, and employment opportunities (Bissell 2004; Boden, Fergusson, and Horwood 2008; Centre for Equality Rights in Accommodation 2002; Hobcraft and Kiernan 2001; Lall 2007; Oxford et al. 2006).

Socio-cultural constructions of the 'problems' of adolescent pregnancy and motherhood are rooted in class-based and cultural definitions of what constitute successful and age-appropriate choices (Bonell 2004; Ward 1995). Social norms in much of the industrialized world emphasize the importance of obtaining post-secondary education or training, and delaying having children until one is financially secure and in a stable relationship (Geronimus 2003; Kelly 2000; Leadbeater and Way 2001). Young people, particularly young women, who do not meet these ideals are stigmatized and portrayed as a problematic 'Other' (Wilson and Huntington 2005):

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A woman who has a baby in her teen years is defined as deviant because she has violated the culturally prescribed ordering of the life course and runs the risk of having only marginal ties to mainstream economic and family structures. (Lamanna 1999, 204–205)

Despite recent commentaries in the popular media suggesting that popular films (e.g. *Knocked Up* and *Juno*) reflect the notion that ‘teen pregnancy is cool’ (Gulli 2008), social disapproval of early-age motherhood remains firmly entrenched and is reflected in the types of messages that tend to be provided through school-based sex education programs.

School-based sex education (SBSE) programs in large part focus on educating young people about the risks of teenage pregnancy and sexually transmitted diseases (Allen 2005; Bay-Cheng 2003). In North America, many sex education curricula emphasize abstinence as the best way to avoid such risks (Darroch, Landry, and Singh 2000; Luker 2006), although this approach has been demonstrated to lack effectiveness (Collins et al. 2002; Fields and Hirschman 2007; Fields and Tolman 2006). While most SBSE programs are delivered by adults, peer-based sex education approaches also have been incorporated in some jurisdictions, a welcomed addition by some youth who find peer educators to be more engaging and easy to relate to than adult educators (e.g. teachers, nurses). In particular, young men report feeling more willing to ask questions and to take printed information distributed in peer-led discussions (Strange, Forrest, and Oakley 2002). In some SBSE programs, teenage mothers also have been invited to describe to their peers the ‘realities’ of experiencing early-age pregnancy and childbirth, and to advise their peers about the importance of avoiding early-age parenthood. To date, however, the effects of young mothers’ narratives in SBSE have received little critical examination by researchers (notable exceptions being Kelly 1997; Kidger 2004, 2005). In this paper, we examine the notion of learning from the ‘mistakes’ of early-age mothers – and critique what we refer to as parables regarding the dangers and consequences of sexual activity for young women.

Study design and methods

Study site

The data for this paper are drawn from an eight-month ethnographic study of the lives of 25 young mothers 15–25 years of age living in Prince George (PG), a mid-sized city in northern British Columbia (BC), Canada. PG is the largest community in BC’s north, with a population of 70,981 people in 2005. Of this total, 8045 or 11.3% identify as Aboriginal (Statistics Canada 2007a). The age-specific fertility rate in PG has exceeded the provincial rate for over 20 years. In 2006, the local age-specific fertility rate was 19.7 live births per 1000 women aged 15–19 years, whereas the provincial average was 10.6 live births per 1000 (BC Vital Statistics Agency 2006). PG provides a number of healthcare and social services that are not available in many of BC’s rural and remote northern communities, including maternity care and other specialized forms of healthcare. It is a relatively youthful city, where 35% of the population is under 24 years of age (compared with the provincial average of 29.7%). In 2006, there were 7090 lone-parent families, accounting for 27.2% of the city’s families with children, compared with the provincial average of 25.7% (BC Vital Statistics Agency 2006). The median family income for all PG residents 15 years and older in 2005 was \$27,670 (Statistics Canada 2007a); however, for Aboriginal-identified residents over age 15 years, the median family income was only \$17,335 (Statistics Canada 2007b).

A number of social and economic changes in PG have occurred in the past two decades. The University of Northern British Columbia was established in 1990, the first in northern BC. The university has 4200 full-time and part-time students, 70% of whom are

from northern BC communities (University of Northern British Columbia 2008). The city's economy has historically been resource-based (36% of the population depends on forestry, the highest number provincially and nationally) and, as such, is vulnerable to boom and bust cycles. Recent economic downturns in forestry have been largely due to a wide-scale infestation of the Mountain Pine Beetle (BC Ministry of Forests and Range 2007), reduced international exports of wood products caused by trade disputes, and currency fluctuations. Employment within its resource-based industries is dominated by men. Further social and economic changes have occurred in the past six years due to the provincial government's decision to re-structure the healthcare, social service, and education systems (Hanlon et al. 2007; Shoveller, Elliott, and Johnson 2005).

Socio-culturally, prevailing attitudes in PG assign high value to masculinized images (e.g. the working-class male) and the community has a tendency to identify with conservative fiscal and political approaches (e.g. small government, limited social supports, 'family values') (Anderson et al. 2001; Cerny 2006). Most jobs filled by women are in the low-wage service industry, but this is changing. The city is a health and social service centre where many women hold professional and/or managerial jobs, thanks in part to the establishment of the university, which allowed many women opportunities to further their education locally (University of Northern British Columbia 2008). A significant gap in educational attainment between Aboriginal and non-Aboriginal people in the region still exists within the region. In 2001, 28.8% of non-Aboriginal people 15–64 years of age living in Northern Interior BC, where PG is located, had not obtained a high school diploma or completed post-secondary training; however, for Aboriginal-identified residents of the Northern Interior, this figure increased to 48.8% (BC Stats 2001).

Data collection

We recruited young mothers aged 15–25 years through posters, pamphlets, and word-of-mouth at each of the three program sites. Twenty young mothers were recruited from two Alternative School Programs (ASPs) and five others from the At-Risk Parent Program (ARPP). This qualitative study received ethics approval from two universities (University of British Columbia and University of Northern British Columbia), the local school district, the health authority, and the not-for-profit association responsible for the ARPP.

The data were collected over seven fieldwork periods (each lasting an average of one week) at the ARPP and the two ASPs. In addition to participant observation at each site and within the broader community, we conducted in-depth, semi-structured interviews with 25 young mothers and 14 service providers. We recorded detailed field notes about the everyday life events and patterns that we observed, which included notes of the interactions of young mothers between service providers. We were invited to participate in a number of program activities, such as 'life skills' classes that focused on meal preparation and parenting skills. We were also able to have many informal conversations with service providers and young mothers at these programs.

Each young mother was interviewed between one and four times; in total, we completed 76 formal in-depth, semi-structured interviews with these 25 women, who came from diverse social and cultural backgrounds (e.g. socioeconomic level, ethnicity), and parenting experience (e.g. first-time mothers and those with two or more children). The 14 service providers who were interviewed worked in a variety of fields including healthcare, social services, education, childcare, and addictions counselling and treatment. Interviews and participant observation were conducted in English by an experienced non-Aboriginal, female anthropologist (Chabot) and a non-Aboriginal female research

assistant who had extensive training and experience working with Aboriginal peoples. Both researchers were in their early thirties during the study period. Although neither interviewer was of Aboriginal heritage, both women were able to build a rapport with potential Aboriginal participants through extensive participant observation activities at the field sites. At first, many Aboriginal young mothers at the ARPP and ASPs were hesitant to participate in in-depth interviews; but after spending time interacting informally with the interviewers during fieldwork, many of these women requested to be interviewed. Interviews took between one and two hours to complete and were conducted in private office spaces or meeting rooms at program sites or in young mothers' homes. Interviews were tape-recorded, transcribed, and reviewed for accuracy by the interviewer. Participants also were given the opportunity to review their interview transcripts. All personal identifiers were removed from the field notes and transcripts. Interview participants selected pseudonyms, which we use in this paper to protect their privacy.

During our in-depth interviews with the 25 young women, we asked them to describe their education, employment, housing, and parenting experiences and aspirations. They were also asked to discuss their personal perceptions of how their peers, family, school and/or workplace, service providers, and the media affect their lives. We also asked for their observations on how changes to the social, economic, and educational opportunities in their community might have affected their lives. We asked a similar set of questions of participating service providers. In particular, we sought their opinions and perceptions about the how these social and structural forces influence their experiences of working with young mothers. To describe the general characteristics of the sample, all interview participants were asked to complete a brief socio-demographic survey that included questions about their age, education, employment, and ethnic or cultural identity.

In order to better understand the experiences of young mothers who live and work in PG, we also spoke informally with youth and service providers at a number of community locations, including a youth drop-in centre and other popular 'hang-outs' mentioned by study participants, as well as other community agencies that provide services to youth. In addition, we collected a wide range of relevant written textual materials from the local press, public meetings, and community agencies accessed by young mothers.

Data analysis

Data analysis was conducted primarily by Chabot and Shoveller, with contributions from Johnson and Prkachin as well as two research assistants. Coding began during the data collection period in order to identify preliminary themes and categories (Strauss and Corbin 1998). During the initial coding of the first few interviews and field notes, we developed a number of codes that we used to represent the abstract ideas presented in the raw data. Using data from these early interviews and field notes, the research team continued to examine data from subsequent interviews and fieldwork and assessed/reassessed the sampling needs as the analysis progressed. Follow-up interview questions were developed based on our analysis of previous interviews. During the final week of fieldwork, the interviewers conducted member checks with over one-half of the young mothers and service providers in order to obtain feedback on the emergent findings.

During the latter stages of analysis, we employed a discursive approach that examined the micro-levels (e.g. individual conversations with young mothers and service providers), meso-levels (e.g. policies and/or texts produced by an organization that serves young mothers), and macro-levels (e.g. structural systems, policies, or practices affecting participants) of discourses about, by, and directed toward young mothers (Cherrington and

Breheeny 2005; Slembrouck 2001). The research team used these analytical techniques to develop a representative description of the opinions, experiences, and aspirations of teen mothers in PG. A similar process was also used to analyse the data gathered from service providers with the aim of developing a rich and highly contextualized description of their experiences. Finally, we compared conceptual commonalities and divergences across and between the young mothers' experiences and those of the service providers.

Throughout the project, research team members met regularly to discuss sampling, data collection progress, data analysis, and feedback on the dissemination of study findings. The qualitative analysis software QSR NVivo (version 2) was used to code and manage the data. Notes about analytical decisions, changes to the codebook, potential follow-up questions, connections between and key findings were entered into NVivo as an audit trail.

Findings

Study participants

Of the 25 young mothers who completed in-depth interviews, 15 identified as Aboriginal, nine as White, and one as Black. During the interview period, two were pregnant with their first child, while two others were pregnant with their second child. Eighteen of the 25 mothers lived with their children. Most them had custody of their children, or shared custody with the child's father or her/his parents. Nine women were parenting two or three children under the age of six. Most of the young women ($n = 20$) were enrolled in school through continuing education programs. Attendance at these programs represented a return to school for some; while for others they transferred into continuing education programs from conventional high school upon learning that they were pregnant, without having previously dropped out. The majority of young mothers ($n = 19$) who participated were under the age of 19. Fifteen mothers received income assistance (i.e. welfare) from the provincial government during the study period. Fourteen of them also reported receiving money from their intimate partners and/or their families, sometimes in addition to social assistance. Only two were employed during the study period; one worked part-time, while the second was employed full-time.

The 14 service providers we recruited for this study worked in the fields of education, healthcare, social services, childcare, or addiction services and they provided services to youth in general and/or young parents specifically. All but two of the 14 were women. Only one service provider identified as Aboriginal, the rest were White.

Teen mothers' lives as parables

During the course of this study, we asked the young mothers and service providers about their experiences with, and opinions about, sex education. Young mothers discussed their experiences learning about sex in informal settings (e.g. from family members, friends, or the media) as well as in more formal, school-based settings. In general, most told us that their SBSE focused primarily on physical and biological aspects of sex (e.g. female and male anatomy, menstruation, and conception), with little, if any, attention paid to the emotional and relational aspects of sex. Many young mothers recounted having had teachers who were uncomfortable or embarrassed discussing sex. Some also told us that their parents were uncomfortable talking about sex and/or that they were embarrassed discussing this with their parents. In reflecting more specifically on the discourse related to

sex education as described by the young mothers, we were struck by the moral undertones that infused much of the young mothers' comments about their experiences in this realm.

In the current paper, we use two case stories (one from a young mother named Amy and another from a childcare provider named Erica) to draw attention to the ways in which teen mothers' life-stories were constructed as parables (i.e. as 'examples' of how youth can learn from the sexual 'mistakes' of others). After introducing each case, we then draw on additional data from other interviews and our fieldwork to further reveal the ways in which attitudes toward young mothers as morally problematic were reinforced through discourses that were simultaneously co-created and adopted by service providers and young mothers themselves.

Amy's story

Amy is an 18-year-old mother of one whose daughter was born in 2004, one of 1425 children born to teenage mothers in BC that year (BC Vital Statistics Agency 2004). Amy identifies as a First Nations woman. She lives with her grandparents, who have custody of her and her daughter. Amy had dropped out of school in Grade Eight because she said she did not fit in and because she was failing her classes. She found a job working in the construction industry. She eventually met her boyfriend (and the father of her child) and began to smoke marijuana regularly. Amy did not realize that she was pregnant until she was 20 weeks into her pregnancy because she was using the injectable contraceptive Depo-Provera and had not been offered pregnancy tests by her doctor when she went for her injection every three months. When we met Amy, her daughter was nine months old. She had lived with her boyfriend until she returned to her grandparents' home the week before we met her.

In our interviews with Amy, we talked about social attitudes toward teenage mothers living in her community. Prior to becoming a young mother, Amy said that she regarded teen mothers as objects of pity. However, like many of the other young mothers we interviewed, Amy's experience of becoming a teen mother herself changed the way that she regards these women:

I noticed, like, sometimes on the bus there's something, like somebody old will be, like, looking at me, or somebody really young. Like, I know when I wasn't pregnant and I was young and I was like, 'Oh, I'm never gonna have kids. Poor women, they're probably ditched,' you know, like, think the worst of pregnant teenage mums. And then it happens to you and you're like, 'This isn't so bad.' [Laughs] 'They're not bad people,' you know?

During these interviews, we also asked Amy about her knowledge of, and attitudes toward, sex education, both before and after becoming pregnant. Because Amy dropped out of school in Grade Eight, she did not have many opportunities to receive SBSE. What limited sex education she had received she described as brief, boring, and embarrassing. When family members tried to discuss contraception with her, Amy said she did not take them seriously:

Like, my grandma told me to be safe ... I was still careless and crazy. 'Yeah, yeah. Whatever.' That you think you're invincible. Like, I never thought I'd get pregnant. I was like, 'Ovulation? Isn't that what old people do?'

Amy characterized her behaviour as irresponsible and risky – qualities she connects with the invulnerability of youth.

Since having her child and enrolling in an ASP alternative high school, Amy said that she has had many opportunities to participate in SBSE. Like most of the other students we

spoke with at the alternative school for young mothers, she appreciated learning about both the technical aspects of maintaining positive sexual health (e.g. learning about a variety of contraceptive options) as well as the complex ways in which sex and intimate relationships intersect. She also characterizes her sexual decision-making and behaviour since becoming a mother as responsible.

During our discussions about SBSE, Amy advocated the idea of having a young mother from her ASP speak to a 'regular' high school class about the experiences of being a teen mother. Despite having been subjected to gossip and stereotyping as a teen mother herself (and especially as an Aboriginal teen mum), Amy argued that it would be effective to have young mothers visit high school classrooms in order to 'show' other students what 'could happen to them', if they did not avoid early-age pregnancy: 'They should actually have teen mothers go into schools and do presentations'. During such talks, Amy suggested a scenario where a young mother would say, 'I never thought that I'd get pregnant, you know; ... I just thought it won't happen to me'. In these proposed presentations, Amy believed it would be important to emphasize that anyone, regardless of their social position, can become a teenage mother. To effectively impart this message, Amy suggested that students would need to be exposed to the following types of young mothers:

They should have young mums from different types of lifestyles. Like one that has the perfect life, who lived in a nice place and who had everything. One night she has sex with her boyfriend, a really sexy guy, you know, and then he ditches her. She's pregnant and there's nothing to do but have your kid by yourself. And then there's one that lived on the streets and you know all that stuff and you know got pregnant. And then there are ones that have relationships and stick with their relationships and have kids.

Amy suggested that a message from someone like her about the dangers of getting pregnant would have more meaning and impact on students, as compared with adult-led SBSE. Amy suggested that students would see her as a real person to whom this happened 'instead of reading it out of a book or on *Degrassi High*' (a popular Canadian high school drama for young adults). Amy proposed the inclusion of teen mothers as guest speakers in classrooms not to make the students 'feel scared [about teenage motherhood], but just to help them make better decisions'. She said that she thought it would be important to show others 'what happened to me when I went down that path ... and made that choice, and that it's not fun'. Amy repeatedly referred to the realities that she faces as a teen mother, saying 'It really sucks being 17 and having a child and having to live a grown up life ... I can't buy certain things or I can't do certain things'. Although she stressed that she loves her daughter, Amy strongly discouraged other teenage girls from getting pregnant. For example, Amy told us that she warned her younger sister of the dangers of unprotected sex by showing her pregnant belly and saying, 'You don't want to look like this'.

Throughout our interviews, Amy framed her experience of becoming a teenage mother as being the result of poor personal choices. Despite having been on Depo-Provera when she became pregnant, Amy's descriptions reveal that she believed she did not do enough to prevent her pregnancy. In this way, Amy's recounting of her experience reflects inherently liberalistic views of the self and society, whereby individuals are perceived to have control over their destinies regardless of the environments in which they live.

Erica's perspective

A few service providers in our study also suggested that testimonials shared by teenage mothers during SBSE could discourage other young women from becoming pregnant.

For example, Erica, a childcare worker who offered an outreach program for young parents, said:

I think having a teen mum go through a program and then go back to the high school and talk to the girls that are in high school that haven't gotten pregnant yet ... and say, 'These are the things that I face ... and this is why I made the choices I made'. Although sometimes they don't have that personal awareness and you'd have to find the right teen mum to do it. But, I think something like that would be huge ... if it was in the right circumstances. You would have to have the right teen mum to say, 'I know what you're thinking, this cannot happen to you; but, these are the choices that I made that led up to this'. I think that would help if there was a kind of conversation between teen mums and students because I think that a lot of ... teens look down on the teen mums ... and think it cannot possibly happen to them. And, you know, I think that they need to know what's out there in the community ... that these are teenagers with children.

Several features in this excerpt warrant further examination. First, Erica suggests that only the 'right' teen mother should be engaged in peer education – someone who has successfully returned to school and/or who has participated in a parenting program, who is sufficiently mature and self-actualized to have insight into the ways in which her 'choices' have affected her life. In this way, the right peer educator is someone that is able to use her own experience to enlighten seemingly naïve young women.

Erica also recommends that peer educators would need to provide the 'right' message (i.e. one that focused on 'the things that teenage mothers face') and that this message must be delivered under the 'right' circumstances – situations where the teen mother can convincingly demonstrate to other girls (who 'haven't gotten pregnant yet') that this could happen to them. Note the unstated assumption that teen pregnancy is portrayed as inevitable without young *women* taking proper precautions. Absent from her discussion is any mention of the role men can or should play in avoiding pregnancy.

Erica's comments also suggest implicitly that teenage motherhood is a phenomenon that is 'out there in the community', a sort of reality of the Other that serves as a warning of the potential consequences of 'choosing' to engage in risky sexual behaviour during adolescence. Both Erica and Amy assign utility to the notion of introducing 'reality' as an educational tool that could discourage other young women from becoming mothers at too early an age.

In many ways, Amy represents the 'right' kind of teen mother who *could* become a peer sex educator. Amy no longer uses drugs, she has a job, she is trying to maintain a stable relationship with the father of her child, she is finishing school, she is an involved and attentive parent, and she is postponing having a second child until she has finished school and completed her career training. She is poised, articulate and pretty. However, we met many other mothers during our study who might not be judged to be the 'right' teenage mother to fulfil the peer educator role (e.g. they were partying; they fought with one another or their boyfriends; they were failing in school; they had planned their first pregnancies and, in some cases, were pregnant with a second child).

Although Erica suggests that peer education may lead to an empowering dialog between the teenage audience and a young mother/peer educator – ostensibly, as a means to destigmatize young mothers – no mention is made of the potential impact of various stereotypes surrounding teenage motherhood. For example, gender biases about young women's sexuality and ageism regarding teenagers' capabilities as parents, combined with racism, makes teenage pregnancy among Aboriginal women a contentious issue in many northern Canadian communities. This leads us to question how high school students might respond to having a young mother like Amy, who is unmarried, Aboriginal and of low

income, speak in their classroom about the importance of making responsible, informed decisions about having sex.

The moral of the message: the mistake of teen pregnancy

Most of the young mothers we interviewed described their experiences of becoming pregnant in ways that reflected moralizing discourses about the importance of avoiding the ‘mistake’ of teen mothers and reflect purported middle-class values. For example, Julia, a 16-year-old mother of one, recounted how she felt judged by others, particularly older adults, as irresponsible or promiscuous because she is a teen mother. In response to these judgmental social encounters, she sometimes retorted: ‘I had sex *twice!* I didn’t *plan* to get pregnant’. While the young mothers told us that they had planned to have children eventually, most had not envisioned having children until they were older and more established. These women typically saw themselves as following a conventional middle-class life-course where they complete their education, find gainful employment, marry and *then* have children. Patience, a 19-year-old mother of one, echoed a common sentiment of many participants when she said ‘I wanted to have kids when I was 25 or something . . . and have a job and have a house, a husband. Nothing works out the way you want it’.

Many of the young mothers who participated in this study came from low-income families. Some had been in foster care when they became pregnant, and many of them were still wards of the State after they had their children. Some of them had struggled with substance use. Despite the challenges they faced as low-income women juggling the everyday responsibilities of motherhood, along with completing their education and/or working, the majority of these young women told us that having a child had changed their lives for the better. For example, Amy said: ‘I wouldn’t be in school right now if I didn’t have [my daughter]’.

The lives of young women who actively chose to become pregnant did not align with the parable of the mistake. Two of the young women we interviewed indicated that they had planned their pregnancies and described parenthood as an opportunity to improve their lives. For example, Alice, a 19-year-old mother who was pregnant with her second child said:

The reason I wanted to have a baby was so that – ‘cause I see myself the way I was going. If I didn’t have [my son] I’d be, like, an alcoholic and in with drugs and on the streets and all that other good stuff. And now, I’m not. I didn’t want that. So I – it’s another way out.

Alice views her pregnancy as the resolution to what might have been an otherwise morally problematic life. Rather than a mistake, her pregnancy is constructed as an opportunity.

The notion that teens might choose to become pregnant did not fit the prevailing moral view. At the ASPs, service providers’ emphasis on women’s right to reproductive choice was not always reflected in their discussions about some of their clients. For example, when service providers learned that a young mother participating in their program was pregnant with another child or was considering another pregnancy, they often expressed frustration and felt that they had failed to convince their clients to delay having more children. Erica, the childcare worker, expressed concern over what she defined as ‘choice pregnancies’ and the rationale she saw behind them:

The first pregnancy is one thing, you know, because you can’t go back, but when there’s a second pregnancy then, you know, you have to start wondering why it happened, what the situation was, you know, because you feel like, okay, well these girls are more knowledgeable now . . . There are some that choose to have a second pregnancy so that they can continue to have support from Welfare. Um, a lot of them have a second pregnancy to hang onto a partner

in their life. Um, they're still reaching out for the reason, different reasons to have a second pregnancy, you know what I mean? Like there's all kinds of, um . . . reasons, I guess, but they're not the right reasons. [Laughs] You know, they're still acting in that egocentric kind of 'this will help *me*'. (Original emphasis)

The notions of 'right reasons' and 'egocentric' actions again reveal the moral positioning of teen pregnancy. Somehow teen pregnancy is much more palatable if constructed as a mistake. Some service providers recognized how their social class may influence their responses to the decisions of low-income young mothers to have a second child. Richard, a school administrator, said:

Now maybe that's looking at it through, you know, quote, unquote 'the middle class eyes' and that may be. That may be one of the contributing factors that those of us who are reasonably well-educated, reasonably well-off, okay, whether we're single or not, [we're] looking at things through, through middle class eyes . . . Is that part of the issue that their, their view of the world and where they fit into it and the issue of bringing children into, into that world are substantially different from ours?

The construction of the pregnant teen as Other reveals the ways that teen mothers were differentiated from those who did not make mistakes or who made the 'right' choices (e.g. to not have sex; to use protection; to get an abortion). Nearly every young mother that we interviewed characterized having an abortion as a 'wrong' choice for themselves. In general, the young mothers in our study expressed very negative attitudes towards choosing abortion, instead emphasizing the importance of accepting the so-called consequences of having had sex, including unwanted pregnancy. This is illustrated by the following quote from Tigger, a 19-year-old mother of two children, who said that it would only be acceptable to have an abortion if a woman was raped, 'but if you're stupid enough to open your legs and get pregnant you should deal with the consequences'. These views are indicative of another way in which moralizing discourses position *some* young women as 'well-behaved and smart' in comparison with others who are characterized as being 'poorly-behaved and stupid'. And, indeed, these characterizations ultimately support the notion that young motherhood is an embodiment of the 'just deserts' of those young women who are thought to be 'poorly-behaved and stupid'.

Discussion

While some research has found that youth prefer peer-led sex education in schools (Forrest, Strange, and Oakley 2002; Mellanby, Rees, and Tripp 2000; Smylie, Matycka-Tyndale, and Boyd 2008), potential unintended consequences of peer-led sex education, particularly by young mothers, need to be considered. Teenage mothers' public testimonials serve to warn other youth of the potential risks of sex (Kelly 1997). The role of the teenage mother as peer educator in the advancement of a discourse that is intended to discourage young women from engaging in sex (and more importantly from having children) at too early an age also provides a powerful essentializing force within the broader context – to reinforce stereotypical, heteronormative gender roles that place the burden of responsibility for sexual and reproductive outcomes on young women. We suggest that peer education provides young mothers with opportunities to teach other young people how to *use* language and encourage their peers to extend and apply somewhat problematic discourses that perpetuate the application of 'lessons learned' as a result of unexamined and unfair parables (Anonymous 1993; Kidger 2004; Rodrigue 1995). In peer education models, young people are the agents through which youth receive messages about risks of sex (Ashcraft 2006).

As a result, young people themselves can become engaged (although probably not in a conscious way) in Foucauldian practices of dividing (Foucault 1978), whereby they divide their peers and themselves into categories (e.g. unlike/like me, unsafe/safe and irresponsible/responsible). These parables may function as technologies of the self (Foucault 1994), nestled within a peer educator framework, that position young women simultaneously as having a voice, but also using their voices to reinforce dominant discourses that contribute to their own disenfranchisement (Shoveller and Johnson 2006). The implementation of these practices of dividing was also illustrated in the way in which many teenage mothers described abortion and their tendency to associate having an abortion with young women actively avoiding taking responsibility for having gotten pregnant. As Chambers, van Loon, and Tincknell (2004, 563) have argued, 'This individualism enforces patriarchal power relations by marking girls as both responsible and irresponsible' because it is primarily young women who are assigned principal responsibility for avoiding pregnancy and it is young women, not men, who are typically regarded as irresponsible when a pregnancy does occur.

Emphasizing this discourse of responsible personal choice not only implies that young men have little, if any, responsibility for contraception or parenting, it also disregards power relations between young women and men. For example, young women may be pressured to have sex before they are ready, and, as a number of young mothers in this study recounted, they may not always be able to ensure that their male partners consistently use condoms. Other researchers have found that the consistent use of condoms can be especially challenging for young women in long-term relationships because the social stigma of sexually transmitted infections can thwart discussions about condom use as anything other than a form of contraception (Hatherall et al. 2005; Holland et al. 1998). Often the longer a couple remains together, the more a young woman is likely to be pressured by her partners to use a hormonal contraceptive so condoms – which are typically regarded as interfering with sexual pleasure – no longer have to be used. Not only does this place primary responsibility for contraception on to women, it also makes it harder for young women to protect themselves from sexually transmitted infections and prioritizes male pleasure (Holland et al. 1998).

While teenage pregnancy is experienced across the youth population, it is a health outcome that is disproportionately concentrated within particular subgroups. For example, teenage motherhood occurs more frequently amongst young women living in economically and socially marginalized conditions (Botting, Rosato, and Wood 1998; Geronimus 2003; Ward 1995). Young women's experiences of early-age motherhood are often attributed to what has been characterized as 'an intergenerational quagmire of dysfunctional values and behaviors' (Goode and Maskovsky 2001, 10), leading to perpetuation of the so-called 'culture of poverty' discourse (Blum et al. 2000; Tabberer et al. 2000; Wilson and Huntington 2005). This discourse serves to make invisible social and structural barriers that can limit socioeconomically marginalized youth's abilities to access educational opportunities that are available to those of higher socioeconomic status. In such circumstances, choosing to become a mother at an early age is seen by some as an opportunity to improve their lives (Cater and Coleman 2006; Geronimus 2003).

Overly technical SBSE messages that focus on solely the dangers of sex and individual behaviour ignore the social and structural forces that influence youth's sexual outcomes (Fields 2005) while also denying youth opportunities to have sex-positive discussions about sexual pleasure and erotics in the classroom (Allen 2005). Moreover, the focus on the need for youth (particularly adolescent girls) to make 'better' choices and to be more responsible for their sexual health has largely failed to incorporate a true empowerment

philosophy and, instead, continues to contribute to a discourse that, in general, demonizes female sexuality. Encouraging teenage mothers to present sex education messages that may unintentionally reinforce misrepresentations of early-age mothers as morally problematic individuals may not be the most productive and emancipatory way forward, since this approach may also ultimately detract attention from the structural and social forces that shape young women's sexual and reproductive outcomes.

In contrast, sex education programming could include young mothers' descriptions of the ways in which their lives are both enriched and challenged. As the interviews in our study indicate, young mothers' life-stories include complexities and nuances that are not captured and represented effectively through brief sound-bites and/or stereotypes. Just like the 'missing discourse of desire' needs to be incorporated into SBSE (Fine 1992), so do narratives that describe the multifaceted experiences of young mothers. One strategy to consider in a new pedagogy related to the ways in which young motherhood is portrayed in SBSE is to help young people learn how to analyse and discuss media representations of teenage pregnancy. For example, young mothers and teachers could collaborate to develop learning strategies to analyse mainstream media and their messages (e.g. *Knocked Up* and *Juno*) using discussion rubrics to highlight the language, intended audiences, producers and distributors as well as other key characteristics of media representation (Ashcraft 2003; Bragg 2006). While the long-term effects of these approaches have yet to be characterized, some preliminary research on using media in sex education shows promise (e.g. the Media Relate Project in Bragg 2006). As with any pedagogical innovation, there may be controversy associated with its implementation, but we suggest that engaging students in more open and thoughtful classroom-based dialogue has great potential for dispelling stereotypes about teen motherhood.

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