"Ageing Out": When Policy and Social Orders Intrude on the "Disordered" Realities of Young Mothers
Jean Shoveller, Cathy Chabot, Joy L. Johnson and Ken Prkachin
Youth Society published online 25 October 2010
DOI: 10.1177/0044118X10386079

The online version of this article can be found at:
http://yas.sagepub.com/content/early/2010/10/22/0044118X10386079

Published by:
SAGE
http://www.sagepublications.com

Additional services and information for Youth & Society can be found at:

Email Alerts: http://yas.sagepub.com/cgi/alerts
Subscriptions: http://yas.sagepub.com/subscriptions
Reprints: http://www.sagepub.com/journalsReprints.nav
Permissions: http://www.sagepub.com/journalsPermissions.nav
“Ageing Out”: When Policy and Social Orders Intrude on the “Disordered” Realities of Young Mothers

Jean Shoveller¹, Cathy Chabot¹, Joy L. Johnson¹, and Ken Prkachin²

Abstract
Despite a general decline, early-age motherhood continues to manifest disproportionately among young women living in rural/remote Canada. Although public health interventions exist to ameliorate the negative impacts, key determinants of young mothers’ well-being exist in sectors outside of health. Moreover, there is no clear understanding of how social context interacts with policy to enhance/detract from interventions. We undertook an ethnographic study in a northern Canadian city to investigate the impacts of sociocultural conditions and policy interventions on young mothers. “Ageing out” was identified as an important example of the intersection between social context and policy. “Ageing out” occurs when State-provided educational/income supports are removed because a young mother reaches the age of majority. Ageing out within unsupportive social contexts compounds negative consequences for young mothers, especially in relation to housing, parenting, and employment. The findings illustrate how some policy interventions have negative consequences that exacerbate health and social inequities.

¹University of British Columbia, Vancouver, Canada
²University of Northern British Columbia, Prince George, Canada

Corresponding Author:
Jean Shoveller, PhD, Professor, School of Population & Public Health, Faculty of Medicine, University of British Columbia, 2206 East Mall, Vancouver, British Columbia, Canada, V6T 1Z3
Email: jean.shoveller@ubc.ca
Keywords
social and health inequities, young mothers, ageing out

Introduction

In high-income countries, including Canada, there have been important health and social gains made during the past 50 years with respect to women’s reproductive and sexual health (UNICEF, 2001). A frequently cited indicator of this success is a leveling-off or general decline in the rates of teen pregnancy (Darroch, Frost, & Singh, 2001; UNICEF, 2001), with exceptions noted in the United States and the United Kingdom (U.K. Department for Children, Schools and Families, 2007; United States National Center for Health Statistics, 2007). However, closer examination of teenage fertility rates in Canada reveals that this outcome manifests disproportionately among subgroups of the population (e.g., young Aboriginal women; young women living in remote and rural locations; BC Vital Statistics, 2006). For example, in British Columbia (BC; a province of 4.1 million people located on Canada’s Pacific Coast), early-age fertility rates in most rural and northern communities exceed the provincial average of 9.7 pregnancies per 1,000 in 15 to 19-year-old females, with fertility rates as high as 66.7 pregnancies per 1,000 females (aged 15-19) in one northern community (BC Vital Statistics, 2006).

Although a number of risk factors associated with early-age motherhood have been established (e.g., early age at first intercourse, unreliable use of contraceptives; Caminis, Henrich, Ruchkin, Schwab-Stone, & Martin, 2007; Santelli, Morrow, Anderson, & Lindberg, 2006), there has not been sufficient emphasis on developing in-depth understandings of the mechanisms by which social context and structural forces interact to put young women at elevated “risk” of experiencing such “risks” (Geronimus, 2003; Holland, Ramazanoglu, Sharpe, & Thompson, 1998; Shoveller & Johnson, 2006). Epidemiological studies also have examined the health and social impacts of teen motherhood. Although not every early-age pregnancy is unwanted and not every young mother lives in poverty, those who experience early-age pregnancy are more likely to suffer a disproportionate burden of the negative health, social and educational inequities (e.g., decreased educational and employment opportunities; increased likelihood of living in poverty and poor housing; Boden, Fergusson, & Horwood, 2008; Lall, 2007; Oxford, Gilchrist, Gillmore, & Lohr, 2006).

Many public health interventions exist to prevent and/or ameliorate the negative impacts of early-age motherhood (Austerberry & Wiggins, 2007;
Blenkinsop, Wade, Benton, Gnaldi, & Schagen, 2004; Kirby, Laris, & Rolleri, 2007). And, although these interventions are important, key determinants of health exist in sectors outside of health, including the educational, social service, and economic sectors (Gunitalake, 1998; Whitehead & Dahlgren, 2006). Each of these sectors is responsible for policies and programs that have intended and unintended impacts on the health and social well-being of young mothers and their children. The imperative of examining the consequences of interventions has been highlighted by Frohlich and Potvin (2008), who argue that we do not yet fully appreciate how social contexts and structures enhance or detract from interventions, particularly for members of vulnerable subgroups. Regrettably, there is little Canadian research in this area. Furthermore, a glaring gap exists in terms of research that emphasizes young mothers’ perspectives regarding intervention efforts to address their needs, perhaps because such research demands power-sharing relationships and high levels of mutual trust, which are difficult to generate using conventional epidemiological methods (Potvin, 2007).

Many authors have examined the potential impacts of intersecting policy structures to better understand how they reinforce health and social inequities (Hankivsky & Cormier, 2009). Within the Canadian context, particularly in BC, there have been important policy and media analyses, as well as a substantial body of ethnographic work pertaining to teen mothers and their positioning within the State, including analyses that identify how neoliberal transformations of the State are enacted in their lives (Kelly, 1996, 2000). Since 2001, the right-of-center Liberal government of the province of BC has radically reformed the government’s policy approach in numerous sectors, including social, economic, health, and education, which has been found to contribute to a growth in inequalities (Kershaw, 2004; Wallace, Klein, & Reitsma-Street, 2006). Internationally, other scholars have also argued that more careful attention needs to be paid to the unanticipated, unintended, and in some cases, deliberately designed consequences of intersecting interventions that further disadvantage vulnerable populations (Krieger, 2008). Problematizing the government’s “choice” discourse (Kershaw, 2004) related to early-age motherhood showcases an emerging paradox, whereby the State has created conditions, laws, and institutions that purportedly advance the interests of the individual and the collective, while resolutely adhering to a set of practices that undermines both (Shoveller, Elliott, & Johnson, 2005).

The gap between child-care research and policy is growing in BC. While policy changes are what one would expect from the right-of-center Liberal government, the gap runs contrary to its expressed commitment to design early childhood-development policy on the basis of “science.” The BC child-care
domain thus provides a rich context in which to examine how ideology mediates the consumption of research in the political arena. This article argues that the government’s “choice” discourse facilitates the articulation of neoliberal principles in a rhetorically neutral way while casting doubt on scholarship that illuminates gender and class inequalities.

We undertook an ethnographic study to investigate how young mothers perceive that sociocultural conditions and policy structures affect their lives and those of their children. The study provided an opportunity for young mothers to describe their opinions, experiences, and aspirations related to their formal education, parenting, employment-seeking, and housing opportunities. In addition, we documented how service providers working directly with teen mothers perceived the impacts of context and structures on teen mothers’ lives. While resisting overly deterministic analyses, we also examined how these young mothers and their service providers perceived the policy “backdrop” for several relevant intervention domains (e.g., alternative schooling, child care, job training, income assistance) to affect their everyday lives.

Study Setting

The study was conducted in the city of Prince George (PG), BC. As BC’s largest northern community, PG (population 70,981; BC Stats, 2006a) represents an important and unique community in that it is both urban and remote from services that are typically centralized in southern, highly populated areas of the province. PG is located 786 kilometers northeast of Vancouver (about a 10-hour drive or 2-hour flight). This northern city has experienced and continues to undergo significant social and economic changes, particularly during the past 20 years, which are relevant to understanding the contextual and structural features affecting young mothers living in PG. These changes include the opening of a new university (University of Northern British Columbia) in 1990—the first in BC’s North—creating approximately 4,200 full- and part-time student spaces (70% of which are filled by students from northern BC communities; University of Northern British Columbia, 2008). At the same time, severe problems for the local economy have also emerged, especially within the forestry industry (where there is a 36% income dependency on forestry—the highest in the province and one of the highest in Canada). Problems in the forest industry have occurred primarily as a result of a combination of the Mountain Pine Beetle infestation (which has decimated over 40 million cubic meters of merchantable timber to date; BC Ministry of Forests and Range, 2008) and the complexities of international export markets for forest-related products (e.g., trade disputes, currency fluctuations).
Finally, a massive, neoliberal “restructuring” of the provincial health, education, and social service systems was launched in 2002—the local effects of which continue to unfold (Hanlon, Halseth, Clasby & Pow, 2007; Shoveller et al., 2005).

In Canada, health care is under provincial jurisdiction; and, in BC, the delivery of health services occurs within five regional health authorities. The city of PG is located within the Northern Health Authority, which is the body responsible for the delivery of health care across Northern BC, including acute care, mental health, public health, addictions, and home and community care services. The Northern Health Authority spans 600,000 square kilometers. PG is the site of the only major hospital in BC’s north offering a wide array of tertiary services (e.g., surgery, full-service maternity care). The bulk of public health services for the region are based and/or coordinated in PG (e.g., public health nursing). In the region, 35% of the population is under 24 years of age (compared with the provincial average of 29.7%); there are 7,090 lone parent families (representing 27.2% of families with children as compared to the BC average of 25.7%); and there are 16,090 Aboriginal people (11.2% of the total population served by the Northern Health Authority; Aboriginal people compose 4.4% of BC’s total population; BC Stats, 2006a). In 2005, the age-specific fertility rate in PG exceeded BC’s provincial average by 48% (14.4 live births per 1,000 women aged 15-19 years as compared with 9.7 live births per 1,000 women in BC overall), a rate which has been met or exceeded for over 20 years (BC Stats, 2006b). PG is “home” to a large proportion of young mothers, including those who may migrate from other more northern and more rural communities to access maternity care and other specialized forms of health care, to give birth to and to raise their children, and/or to attend high school (many smaller, remote communities do not have high schools in operation).

Sites Included in Our Study

Eight months of ethnographic fieldwork was conducted at two Alternative School Programs offered through the local school district and one At-Risk Parent Program. To help protect the identities of the study participants, we have not identified the names of each observation site. One Alternative School Program focused on life-skills, career skills, and academic upgrading to Grade 12 equivalency. Students are pregnant and/or parenting teens; staff include one teacher, a teaching assistant, as well as two youth care workers and one education worker. Daycare is provided to the children of the alternative school’s students by a nonprofit organization, which is located in the same building.
as the school. The other Alternative School Program, also offered through the school district, was designed for students from 16 to 18 years of age who have personal lifestyle issues that are preventing success in a mainstream school (e.g., young parenthood, expulsion from conventional school, learning difficulties). Both Alternative School Programs that we observed allowed students to learn at their own pace using self-directed courses. We also conducted observations at an At-Risk Parent Program cosponsored by the provincial and federal ministries of health, which provided education and support to women with high-risk pregnancies. At the At-Risk Parent Program, lifestyle issues were the primary focus of assessment and counseling, with particular attention to nutrition, smoking, and alcohol/drug use during pregnancy and the early childhood years. The staff included a Registered Nurse, a Registered Dietitian, and two Outreach Workers. The three programs where we conducted fieldwork were primarily used by mothers who live in low-income situations.

Study Design and Method

Data Collection and Analysis

Data were collected during 8 months (2004-2005) of periodic fieldwork (seven fieldwork sessions; 5-6 days per trip), which also included in-depth interviews with 25 young mothers and 14 of their service providers). During fieldwork, we made detailed field notes about the everyday life events and patterns that we observed at each program site, including the interactions of young mothers with their service providers. We participated in various program activities (e.g., cooking classes, parenting skill-building sessions), engaging in many informal conversations, which helped us to develop insights into the social relations within each program site. We also wanted to understand how young mothers and their service providers perceived the interface between their lives and the community of PG in general. Thus, we also spent time “hanging out” in PG (e.g., visiting the youth employment and skill-building center, coffee shops, various youth hang-outs), engaging in informal conversations with other young people and service providers. Materials (e.g., newspaper accounts, minutes from relevant public meetings, resources, and information pamphlets available to teen mothers in PG) and photographs/sketches of characteristic features of the community’s physical environment also were collected during the fieldwork. We also conducted two “drive-around” interviews, where we invited two young mothers to talk informally with us as they gave us “tours” of the city. As we drove around the city with
these women, we were able to see and hear their interpretations of the physical, social, and cultural structures that figure most prominently in their lives. The study received ethics certificates from our two universities, the local school district, health authority, and the not-for-profit association responsible for the At-Risk Parent Program.

Participants also were recruited through posters and pamphlets at each program site: 20 women from Alternative School Programs and 5 women from the At-Risk Parent Program completed one or more in-depth interview. In total, we completed 76 formal interviews with 25 mothers (aged 15-25 years). We also interviewed 14 people who provided services to the young mothers (e.g., teachers, health care workers, staff at parenting programs, social workers, and addictions counselors). In-depth interview participants were selected purposefully to include the full age range of interest (15-24 years) and a diversity of experiences (e.g., first time mothers and those with two or more children, Aboriginal and non-Aboriginal identities). The interviews were conducted in English by experienced non-Aboriginal female interviewers who are a trained anthropologist and Native Studies researcher respectively.

During in-depth interviews, we invited young mothers to talk about what they viewed as important physical and social features of PG that affected their lives. Using open-ended questions, we asked them to discuss their experiences as a young mother in PG, including what it was like to be a parent, complete their schooling, as well as to find/maintain a job and good housing in PG. Interview participants also were asked to describe the perceived role of peers, school, the media, their family, and service providers in their lives; we also sought their opinions about the ways that changes in PG’s local context and circumstances have affected their lives (e.g., the local economy, welfare reform). Service providers were invited to discuss a similar set of questions to gather their opinions and perceptions about the ways in which these forces affect their work with teenage mothers living in PG. All interview participants completed a brief sociodemographic survey (e.g., age, education levels) that was used to describe the general characteristics of the sample. On average, interviews lasted 1 to 2 hours each and were conducted in private office space at one of the program sites and/or in young mothers’ homes. In-depth interviews were tape recorded and transcribed. All personal identifiers were removed from transcripts and interview participants selected their own pseudonyms (which are used throughout this article to protect their privacy); interview participants also were given the opportunity to review their transcripts for accuracy.

Field notes and interview transcripts were analyzed to develop detailed descriptions of the ways in which the participants viewed the social and
structural conditions affecting their lives. The qualitative analysis software NVivo (version 2) was used to manage the data. Data collection and analysis occurred concurrently (Strauss & Corbin, 1998). Codes developed using data from the first few interviews were used to represent the abstract ideas presented in the raw data and were applied to subsequent interview and fieldwork data. As the analysis progressed, new, more abstract codes were developed to encapsulate broader categories of concepts within the data. Later in the analysis, we also began to compare our findings with those previously recorded in the literature (i.e., theoretical sensitivity), which also helped to introduce into our analysis important macrolevel factors (e.g., structural systems, policies, or practices affecting participants) related to the experiences of early-age motherhood.

**Findings**

**Study Participants**

At the time of our fieldwork, 14 of the mothers had completed Grade 10. Fifteen mothers were receiving income assistance from the provincial government. Fourteen mothers also told us that they received money from their intimate partners and/or their families (some of these mothers also received government income assistance). One mother was employed full-time and another was employed part-time. Nineteen mothers were between the ages of 15 to 18—6 would turn 19 in the year following completion of our fieldwork. During the study period, 18 mothers lived with their children or shared custody with the child’s father or his or her parents. Two women were pregnant with their first child and 2 were pregnant with their second child. While less than half of the young mothers had been born in PG, many of them had spent the majority of their lives in PG. The 14 service providers we interviewed worked at the three agencies where we conducted fieldwork as well as several others that provided services to young people in PG. All the service providers worked in the fields of education, health care, parenting programs, social services, or addiction services.

“Ageing Out”

Study participants consistently identified one issue—“ageing out”—as being an important example of how policy and programming interventions affect the likelihood that young mothers will (or will not) succeed in their futures. Ageing out is a term that young mothers and service providers used frequently
during interviews and fieldwork to describe the events that occur when State-provided supports (e.g., income assistance, access to Alternative School Programs, subsidized child care) are reduced or removed because a young mother becomes 19 years of age (or her child becomes 3 years of age).

**Hope—A Case Example**

Although many study participants told us stories about the impact of ageing out on their lives, we draw on the case of one young mother—that of Hope—to illustrate the impacts of ageing out and to highlight the nexus of her everyday life within the policy/programming realm. The findings explain in detail why and how Hope’s narrative reflects many dimensions of the overall theme of ageing out and the policies involved. Although we focus on Hope’s story throughout this article because it is full of rich and complex examples, we also draw on additional data gathered through our fieldwork and interviews to further demonstrate the impacts of ageing out, where necessary.

Hope was an 18-year-old, mother-of-one who lived in PG at the time of our study. Her son was born in 2003. Hope was a student in one of the Alternative School Programs where we conducted our fieldwork. She aspired to become either a journalist or a physician. Hope identified as an Aboriginal person. Her parents were divorced; her mother had remarried. When Hope started high school, she met her boyfriend, who introduced her to drugs. Hope dropped out of school in Grade 9, but eventually restarted school after quitting drugs and breaking up with her boyfriend. Within a year of returning to school, Hope and her boyfriend reunited and she became pregnant. Hope moved out of her mother’s house when her son was few months old because she and her mother argued frequently about numerous issues, including child care practices. She moved four times over the course of 18 months before finding a very small apartment where she said that she felt relatively safe. Hope turned 19 a few months after the end of our fieldwork period. Her son turned 3 a few months prior to Hope’s 19th birthday. These were important milestones that affected their current lives and future opportunities.

**Ageing Out of Educational Opportunities**

When we met Hope, she was enrolled in an Alternative School Program and was 18 years of age, the maximum age limit for students in the program. Hope had been back at school for just over a year. She had nearly completed many of her Grade 10 course requirements. She appreciated the flexible approach to teaching and learning at the Alternative School Program, which allowed room
for young mothers to meet their parenting demands, participate in other support programs, work part- or full-time, and move forward through the curriculum at their own pace. Like many other newly (re)enrolled students at the Alternative School, Hope had been out of school for an extended period and she said that she no longer felt comfortable attending a conventional high school:

I didn’t feel every morning when I woke up that I wanted to go to school, not like I do at [the Alternative School]. Like, now, I feel motivated to go to school.

For those mothers in our study, who, like Hope, had been expelled or dropped out of conventional schools, it was a daunting prospect to rapidly catch up and complete their high school requirements before they would no longer qualify for the program at age 19. For a woman who becomes a mother on her 17th birthday, she has at most 24 months to complete her high school education before she ages out (although because the school year is only 10 months long, these mums actually only have 20 months of schooling remaining prior to their ageing out). Thus, extended absences from the school system (coupled with previous poor experiences at school) meant that many young mothers in the Alternative School Programs needed to “catch up” by simultaneously completing course work at various grade levels (e.g., many were concomitantly working on Grade 8 math, while studying Grade 10 English)—something that presented pedagogical complexities for both teachers and students.

The rush to help the young mothers complete their schooling before they turned 19, combined with the strict regulatory framework governing the Alternative School Programs, created circumstances where service providers (and especially teachers) described experiencing high levels of stress to ensure that the young mothers succeeded “on time.” Teachers said that as the young mothers approached age 19, it became increasingly difficult to nurture meaningful connections and bonds with their students because they felt that the system demanded that teachers and other service providers focus more exclusively on the program requirements (e.g., completing a study unit), rather than attending to the broader array of issues affecting young mothers’ lives outside of school time (e.g., dealing with relationship problems with parents and/or ex-boyfriends). Although most of the young mothers described having at least one service provider that they could turn to “no matter what,” they too recognized that service providers became increasingly frustrated with their lack of progress and/or backsliding as students approached age 19.
Yet, despite the time pressures and the looming prospect of the young women ageing out, most teachers and young mothers maintained high levels of mutual respect within both the professional and personal realms. For example, Marianne, a teacher, told us,

I’ve never taken one [a young mum] home to live with me . . . but, I have had [pause] some calls, you know, late at night or very early in the morning. [The young mum might say] “Marianne? [Chuckle] Can you come and get me? I’m in trouble.” So yeah [throat clearing in an effort to maintain composure] it’s hard . . . it’s hard. Like, how do you say to another human being, “No, you have to wait ‘til I’m on duty?” You know, so I don’t mind giving out my home phone number. And most of them don’t abuse it. In fact, none of them abuse it. But, at least it gives them an out [when they are desperate].

Ageing out of an Alternative School Program was frequently described as creating a “pressure cooker” situation for young mothers and other, non-teacher, service providers as well. As one social worker explained,

I see these girls ageing out . . . it doesn’t mean that they have any more skills [than when they were 18], but they’re now 19 and [the system says] “Oh, your services are done!” It really makes me wonder. Like I have a couple of girls—they would really love my services, but they can’t access me because they are not technically “teen mums.” (Erica, service provider)

**Ageing Out of Income Supports**

When we met Hope, she was receiving income assistance (i.e., welfare) from the BC Ministry of Employment and Income Assistance. At the time of our fieldwork, a single parent with one child was eligible to receive approximately CDN$850 to CDN$1,000 per month. However, Hope received “enhanced” benefits because she had signed a *Youth Agreement* (as had nine other mothers in our study). Individuals who are themselves Wards of the Crown and who are under age 19 are eligible for Youth Agreements, and, as a result, have access to a wider array of services than regular welfare recipients (e.g., they can access parenting outreach services; they have a social worker and a youth worker). Of the CDN$969 that Hope received each month, CDN$520 was earmarked as rental allowance. At the time of our fieldwork, the average monthly rent in PG was CDN$646 (excluding utilities, such as heat, phone,
and electricity), although our informal survey of rental costs indicated that rents fluctuate depending on location and the type of unit (Statistics Canada, 2001). Being on a Youth Agreement also meant that Hope received a financial “top-up” each month (top-up payments are calculated by the State on a case-by-case basis and the value of Hope’s “top-up” was not disclosed to us). Hope told us that she had decided to sign a Youth Agreement when she first become a mother at age 16 primarily because she needed the financial “top-up” and because she wanted extra help with quitting and staying off drugs, so that she could complete her high school education, and eventually get a job and support herself and her son.

During one of our interviews with Hope, she was visibly upset about a meeting with her social worker that had taken place earlier that day. The social worker had indicated that Hope would be required to transition from a Youth Agreement to regular welfare on her 18th rather than her 19th birthday (because, according to policy, a youth can only be on a Youth Agreement for maximum of 2 years). Hope had signed her Youth Agreement when she was 16, and she had believed at the time that she could stay on it until age 19. Being switched to regular welfare would mean a reduction in her monthly stipend. Hope’s social worker also told her that she was also at risk of losing all of the benefits associated with her Youth Agreement unless she complied with (and documented her compliance with) a number of conditions, including, excellent attendance and performance evaluations in school; attending all prescribed counseling appointments; and not having her child’s father stay overnight in her apartment. If Hope failed to meet any of these conditions, Hope’s Youth Agreement would be revoked immediately. As Hope told us during an emotional interview,

If I miss one [counselling] appointment, I can get taken off Youth Agreement. [ . . . ] And then, there goes my whole lifetime. So, yeah, I have lots of stress and I have to, like, finish. I have to get a diploma by next year.

Moreover, during Hope’s meeting with her social worker that day, another issue arose that also upset Hope immensely. She had learned during that meeting that she would be cut off from welfare entirely the following Spring—4 months prior to the earliest time that she was expected to complete her Grade 12 equivalency. The “cause” of this disruption—her son’s third birthday. In line with BC Ministry of Employment and Income Assistance policy, able-bodied parents who were not on Youth Agreements and who had children age 3 or older were disqualified from income assistance (a welfare-to-work approach instituted by the provincial government as part of a welfare reform
initiative that was underway at the time of our study). In addition, when he turned 3, Hope’s son also would no longer qualify for the same level of child care subsidy and benefits available to children less than age 3. Absurdly, if Hope had first become pregnant 4 months later than she did, her son would be ageing out and she would be completing her Grade 12 equivalency—simultaneously. Instead, the policy frameworks did not appear to match up with Hope’s needs. As Hope said,

When my child turns three, they’re going to make me work. And, I don’t know, [my social worker] was kinda scaring me . . . actually, really scaring me. Because she was saying that once my child turns three, like, there’s no chance for me in doing schooling at all.

By the end of this particular interview, Hope explained to us that her plans to continue her education beyond her Alternative School Program (and eventually become a journalist or a physician) were to be disrupted—she needed to find a job.

**Consequences of Intersecting Multiple Policy Agendas**

A total of ten of the young mothers in the study were (or had been previously) on Youth Agreements. To qualify and maintain the “enhanced” benefits of a Youth Agreement, young mothers must (a) be deemed by the Ministry of Children and Families to be “at risk” (e.g., at risk of drug addiction, child apprehension), (b) submit themselves and their children to surveillance (e.g., case management meetings, home visits), and (c) comply with other State-stipulated requirements (e.g., take antidepressants, go to counseling, attend school full-time). To receive her income-assistance check, Hope had to meet with her social worker each week (where she also had to provide receipts for her expenses from the previous week’s check) and prove that she had complied with all other conditions of her Youth Agreement (as described above). Since her mandatory meetings and appointments were only available during business hours (which coincide with school hours), the conditions of Hope’s Youth Agreement took time away from her in-class learning, something that most young mothers who are trying to complete their high-school equivalencies by age 19 cannot afford.

Attending State-mandated counseling appointments during school hours also disrupted her son’s child care experience at the subsidized child care center located at the Alternative School Program site, because Hope’s son was not allowed to be there unless Hope was physically present at the school—a policy that is meant to encourage young mothers to be in class. The provision
of child care was widely recognized by mothers and service providers as being critical to young mothers being able to continue their formal education. Knowing that their children were safe, well cared for, and within very close proximity (the child care center was located in the same building as the Alternative School Program) meant that many young mothers could continue to breastfeed and/or visit their children during lunch hour. This helped young mothers to simultaneously concentrate on their studies, while continuing to bond with their children. As one young mother said,

I’m kinda glad to have a school like this because in public school, you couldn’t do it. Because like here, I can breastfeed, my baby’s right there. And I’m kinda happy that my baby’s close to me right now because he is pretty young. (Exco, young mother)

However, mothers on Youth Agreements regularly had their children’s access to the child care center disrupted as a result of the combined impact of numerous appointments (as mandated by their Youth Agreements) and the policy that prohibited children from being at the child care center unless their mothers were at the Alternative School Program site.

Twenty young mothers in our study, including Hope, were enrolled in Alternative School Programs. Graduates of these programs must complete upgrading coursework before they can apply to most postsecondary job training or educational programs. Although the young mothers and service providers all considered completion of high school to be a major milestone and achievement, they also were aware of the local economic and social conditions that exacerbate barriers to seeking additional postsecondary training and/or education, which they acknowledged was crucial to long-term success. Service providers described how the limited opportunities for young mothers within the local economy were tied to distinctly unequal employment and educational opportunities for women, particularly for Aboriginal women (e.g., few opportunities for women in the forestry sector). Thus, although nearly every mother and service provider in our study pointed out that completing an Alternative School Program was intended to help young mothers achieve employment in the future, few viewed the programs as sufficient preparation for accessing the job market, especially jobs that would provide financial security. As one young mother said,

You can’t get anywhere in this world now without at least your Grade 12. You can’t even work at McDonald’s full-time without your Grade 12. (Kelly, young mother)
Governing Social Belongingness and Self-Sufficiency

Service providers frequently critiqued the policies that governed the age limits for their various programs; however, the problem of ageing out was also contested by some service providers who simultaneously expressed concern about the impacts of policies that dictate that young mothers of a specific age can/should fend for themselves, while also pointing out that the “girls cannot stay here forever” (Marianne, service provider). Their perceptions about the “needs” of young mothers (e.g., education, parenting skills) often conflicted with the perceived “need” for the young women to take responsibility for their own lives.

Service providers discussed their frustrations with the experience of operating in environments that they perceived to be forcing them to function more as “gatekeepers” and “managers” (and that actively discouraged them from “going the extra mile” for their students/clients). Both mothers and service providers suggested that funding problems, especially within the education sector, had placed their relationships under increased strain. For example, during our fieldwork the teachers at both school programs were on a work-to-rule order from their labor union as a result of stalled contract negotiations with the provincial government. Eventually, this dispute resulted in a 15-day illegal teachers’ strike, before being resolved (CBC News, 2005). As Hope and the other mothers raced to complete their educational programs before they turned 19 years of age, this interruption caused a great deal of angst for both themselves and their teachers.

Individual Agency and Nurturing Independence—Some Challenges

Sometimes the prospect of their children’s ageing out prompted discussions among the mothers about having another child. As Hope said, “Everyone was telling me if you have another kid, you can have three more years of welfare,” which would have allowed her to complete her Grade 12 before welfare cut her off. But Hope did not see this as a viable option, in part because she said that she would want to take time off from school/work to build a relationship with her second child.¹ Most service providers viewed the mothers’ desires to have another child as an act of self-sabotage, even in cases where they acknowledged that having a child had turned around a young woman’s life. For example, some service providers and young mothers acknowledged that having a child had in some instances helped young women reduce or stop their drug use, as the following quote illustrates:
I think if it wasn’t for me getting pregnant, I probably would have died because I would have stayed in right where I was and kept going down and down and down, down, down and ended up working the streets and probably doing a lot more drugs. (Vivacious, young mother)

Conversations between mothers and their service providers about the prospects of having a second (or a third) baby were not usually perceived by either party to be particularly satisfying—more often they resulted in mutual disappointment, disconnections, and general frustration with the perceived failure of either party to see the other’s point of view.

**Submitting to Surveillance**

Like many of the mothers in this study ($n = 14$), Hope and her son were being monitored by child welfare authorities. She told us that when her income assistance ended she would need to get a job to ensure that she could continue to bring in enough money to obtain and maintain “good” housing and avoid losing custody of her son. She understood that her parenting would continue to be under surveillance by child welfare authorities even after her Youth Agreement expired. In addition to the loss of income support, Hope also would lose access to the high-quality, subsidized child care provided for children of Alternative School Program students. Not being able to access child care was a serious concern for many mothers in the study, including Hope, who pointed out,

> I just felt overwhelmed the other day . . . looking after him. It’s hard by yourself. [A long pause to regain her composure]. I thought about putting him in [another childcare centre] once a week, but there’s too many creeps out there. I don’t know if I could trust to leave my kid with somebody I don’t know.

Hope’s 19th birthday, combined with her son’s third birthday, would trigger the withdrawal of income supports and subsidized child care (and her enrolment in the school)—and she feared that she might not be able to cope. However, Hope also told us that like many other young mothers she knew the process of seeking help for problems (e.g., partner violence; drug/alcohol problems; unstable housing) could result in child apprehension. Many mothers and service providers told us that some young mothers hesitate to seek help from the social service system because they are afraid their children might be apprehended.
When we asked Hope to describe her housing situation, she told us that she has moved four times in the previous 16 months. Like Hope, other young mothers in our study also moved house frequently—on average 2 to 3 times per year to try to find more affordable, better homes, and/or to escape abusive partners, neighbors, and landlords. Like Hope, most of the young mothers lived in low-quality housing, had no car, had poor access to bus service, and/or had no grocery stores in their neighborhoods. Although many of the mothers and service providers acknowledged that young mothers’ attempts to make stable homes were thwarted by a chronic and worsening shortage of affordable, decent housing in PG, they also perceived that the negative impacts of frequent moves were exacerbated by the social judgments about the “disorderly” nature of young mothers’ efforts to make a home. As one young mother said,

[Child] welfare would say to me: “You live in a trashy looking house.” Well, what if it’s not my fault that it’s trashy? It was like that when I moved in here! You know, there’s holes in the walls and maybe they’re not from me! (Angela, young mother)

In addition, some service providers and members of the general public that we engaged with during our fieldwork suggested that “these girls” have trouble “settling down” in one place and prefer to live more transitory existences—this was especially the case when stereotypical comments were made about the “nomadic” nature of Aboriginal peoples.

Despite the material and social influences working against them, most of the mothers in our study had made plans for their futures. They described their plans as taking a “staged approach” (e.g., starting with high school upgrading, then moving up to a trade certificate or even a diploma or degree program, if they could afford to). As one young mother said,

After I’m done Grade 12, I’m going to get into college to take the year-long course to get the certificate to work in social services. Then, I can work with that for a while. And then I can go back to school in a couple of years after that to further my education. (Allison, young mother)

In addition, most mothers continued to search for “better” housing throughout our fieldwork period. By the end of our study, Hope eventually found a more affordable apartment in a slightly better location; and, importantly, its small size had helped her cope with the fear of living on her own (a fear expressed by many of the mothers in our study).
Discussion

In this study, we explored the perspectives and experiences of young mothers and their service providers regarding the ways in which various sociocultural conditions and policy structures affect their lives and those of their children. The findings from this study expand conventional understandings (e.g., a reliance on “early maternal age” as the best explanation for the problems associated with teenage motherhood) and add to the growing body of research evidence showing that the effects of such contextual forces (e.g., social norms regarding education, cultural traditions regarding motherhood roles) and local circumstances (e.g., high levels of unemployment and poverty, poor housing) are at least as important as early parental age in predicting the outcomes of teenage motherhood (Breheny & Stephens, 2007a; Chen, et al., 2008; Marcy, 2003; McDermott & Graham, 2005; Shaw, Lawlor, & Najman, 2006; Whitley & Kirmayer, 2008).

The findings also illustrate how some policy and program interventions can have (un)intended negative consequences that exacerbate the health and social inequities experienced by vulnerable subgroups, pointing to some of the deficits of current interventions directed at young mothers. Although many interventions designed to help young mothers and their children are laudable, they are for the most part focused on the individual and (on their own) have, at best, limited potential to mitigate the harms inflicted by more macro, system-level structures, and, at worst, strong potential to further stigmatize members of this vulnerable group. Moreover, even when microlevel interventions succeed (e.g., young mothers learn new parenting skills, complete their high school educations), the interventions have not addressed the structural forces that put people at risk of “risks” (Syme, 1994)—something that was widely acknowledged by the participants in our study. Because there has been relatively limited advancement made with respect to the “causes of the causes” (Phelan & Link, 2005), those young mothers who “succeed” are quickly replaced by new young women who enter into the “at-risk” category. In addition, because most of the interventions that are designed for young mothers focus on trying to ameliorate serious negative impacts in the here-and-now (e.g., math skills), there is little resource available to support initiatives that try to affect broader, structural level changes (e.g., advocacy; political action). Nor has there been, until recently, much space in the academic literature to explicitly describe how interventions are simultaneously filtered through and cocreated by a society’s economic, political, and social “ecosystem” (Krieger, 2008).
To better understand the “ecosystem” within which early-age mothers construct their lives, decision-makers and researchers need to refocus on relevant policy structures that are designed to assist them; but, in reality (unintended or not), reinforce multiple forms of inequities, including educational, racial, economic, and gendered forms of inequity. Moreover, our data illustrate how it is both the intersection and the fragmentation of multiple policy agendas—education, income assistance, child care—that affects young mothers and their children. For example, our study revealed how early-age mothers and their young children can simultaneously age out of income/child care supports and educational programming, as Hope’s experience demonstrates. In light of the coincident withdrawals of many supports, one might wonder how truly unintended and unforeseeable such results are (e.g., losing child care subsidy when her child turns 3; eligibility for the Alternative Schooling Program ends on her 19th birthday). In these ways, Hope’s experiences reflect “a social policy choice, not an individual one” (Canadian Research Institute for the Advancement of Women, 2006, p. 3).

In practice, the problem of fragmentation is meant to be addressed through a variety of mechanisms, including the coordinated involvement and consultation of multiple service providers linked to each young mother’s case. For example, in Hope’s case, teachers, social workers, youth workers, drug and alcohol counselors, and child care providers consulted and revised plans, resources, and a process for monitoring her performance. Although a coordinated effort to enhance Hope’s social inclusion and future success is admirable, there is also a significant amount of surveillance required to ascertain Hope’s progress toward self-sufficiency. What might better be said to be achieved through this act of surveillance is accountability (e.g., to taxpayers); surveillance and accountability also help to objectively legitimate the efforts of well-intentioned policy-makers. In this way, monitoring becomes viewed as an aspect of caring (without an acknowledgment of its stigmatizing power), which undergirds the perception that the system is somehow comprehensive and synchronized to benefit people like Hope. What also fails to be acknowledged is a paradox whereby our system simultaneously purports to advance social belongingness and self-sufficiency, while ignoring social exclusion as a factor that detracts from both (Kidger, 2004). Finally, although benefits are provided and monitored carefully, individual self-sufficiency remains the primary marker of individual success. Under these conditions, it could be more likely that case workers find themselves focused on indicators of individual mothers’ self-sufficiency, while neglecting the ways in which our fragmented system can set up young mothers for failure.
In addition, our ethnographic fieldwork also provides insights into the ways in which young mothers are exerting agency. Too much of the literature regarding young people seems trapped in a static state—not accounting for the ways in which all people, but especially young people, transform and are engaged in transforming their own lives (Breheny & Stephens, 2007b; Williams, 2003), even in situations where they appear to have very little opportunity to assert agency (Wallace et al., 2006). And, this may be especially important to understand in areas where the exertion of agency collides with conventional social mores. Thinking reflexively about reactions, including our own, to the notion that young mothers would want to have additional children reveals the insidious (yet expansive) influence of value judgments that remain firmly entrenched around the issue of women’s rights (especially young women’s rights) to control their sexualities and reproduction (Allen, 2003; Porter, 2008). Moreover, dominant discourses in the media (which often represent service providers as advocates for teen mothers) tend to wash out the potential stigmatizing powers of interpersonal discourses that frame (perhaps unintentionally) early-age mothers as problematic (e.g., the wrong girl, from the wrong family; Kelly, 1996).

Teen motherhood unarguably poses serious challenges for young women and their children within the current Canadian context. And, although the design of our study does not permit us to generalize, our findings dovetail with those reported in a 3-year longitudinal study in BC, which concluded that for youth living in foster care: “aging out of care is abrupt and final, akin to being discharged and displaced” and that “youth’s abilities, needs, readiness, and relationships, [. . .] cannot be determined by age alone” (Rutman, Hubberstey, & Feduniw, 2007, pp. 46, 47). As has been argued elsewhere (Geenen & Powers, 2007; Rutman et al., 2007; Weisberg & Roth, 2004) with respect to ageing out of the foster care system, there is an urgent need to improve supports to help young people make successful transitions into adulthood and independence. Research in Australia indicates that state-provision of integrated support services for youth leaving care (up to age 25) not only yields positive mental and physical health outcomes for youth, but also is linked with less reliance on social assistance, and lower youth crime rates (Raman, Inder, & Forbes, 2005).

Although not all young mothers want to maintain ties with the “system” (especially those who do not have good relationships with their service providers), many of the young mothers in our study and their service providers spoke passionately about the importance of staged and supportive transitions toward total independence. Currently, in BC, there are few programs available to help youth living in northern and rural communities undertake such
transitions successfully, although we identified two programs (an employment-related service and a formalized support network) for assisting “at-risk” youth living in Vancouver and surrounding areas with transitions out of formal foster care. These program offerings are geographically limited; and, moreover, may not fit well with the needs of young mothers (many of whom do not live in foster care) and who may therefore require unique types of support when transitioning out of school and/or off of welfare.

The notion that current policies can arbitrarily dictate when young mothers have become “old enough” to manage on their own without State-sponsored supports ignores important features of their physical and social context that continue to reinforce the inequalities experienced by those who bear their children at “too early an age.” Clearly, the negative experiences associated with ageing out described by Hope and the other mothers are exacerbated by the social positions that they occupy—age, gender, class, and ethnicity being some of the most obvious axes through which the impacts of ageing out are experienced. Becoming 19 is not the cause of disruptions to young mothers’ schooling or income supports (or to their children’s daycare); just as maternal age is not the cause of the array of negative health and social consequences of early child bearing. Rather, it is the rigidity of policy-generated deadlines, coupled with the viciousness of the power relations that exist in the social contexts where young mothers age, that ultimately generates these problems (Rutman, Strega, Callahan, & Dominelli, 2002). The term ageing out merely cloaks the structural factors that need to be exposed to “promote greater accountability for the public’s health, both within our field and more broadly” (Krieger, 2008, p. 227).

Acknowledgments

In addition to thanking the young mothers and service providers who participated in our study, we would like to acknowledge Shari Wallace and Wendy Davis (research assistants) as well as the helpful advice received from Louise Potvin, Kate Frohlich and their students at Université de Montréal.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the authorship and/or publication of this article.

Funding

This study was generously funded by the Vancouver Foundation (Grant # BCM03-0111).
Note

1. Something that middle-class adults might refer to as “parental leave.”

References


**Bios**

**Jean Shoveller** is a professor in the School of Population & Public Health at the University of British Columbia, and holds the Canadian Institutes for Health Research Public Health Chair in Improving Youth Sexual Health. Her research focuses on the social and institutional contexts of youth health, with a particular emphasis on
investigating the impact of gender, culture, and place on sexual health inequities among young people.

**Cathy Chabot** is a research manager in the School of Population & Public Health at the University of British Columbia. She has worked extensively in the field of qualitative research on mental health, substance use, and sexual health and social inequities among youth.

**Joy L. Johnson** is a professor in the School of Nursing at the University of British Columbia and the Scientific Director of the Institute for Gender and Health (Canadian Institutes of Health Research). Her current research interests include the social contexts of addiction behavior, including the social inequalities among youth.

**Ken Prkachin** is a professor in the Department of Psychology at the University of Northern British Columbia. His research deals with health psychology and the biobehavioral determinants of health inequities.