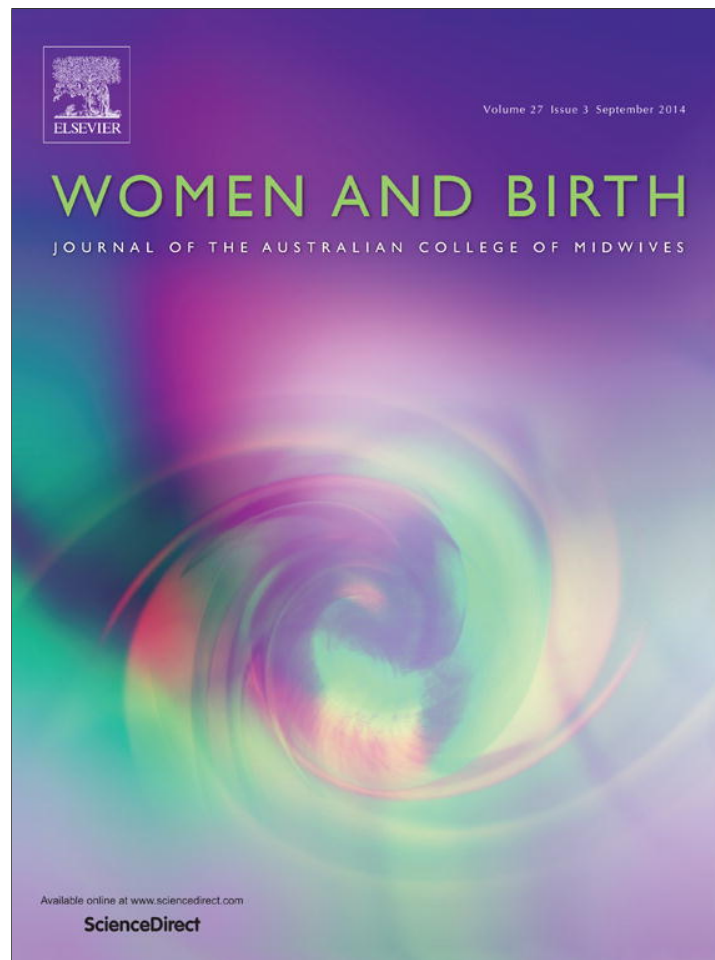


Provided for non-commercial research and education use.
Not for reproduction, distribution or commercial use.



This article appeared in a journal published by Elsevier. The attached copy is furnished to the author for internal non-commercial research and education use, including for instruction at the authors institution and sharing with colleagues.

Other uses, including reproduction and distribution, or selling or licensing copies, or posting to personal, institutional or third party websites are prohibited.

In most cases authors are permitted to post their version of the article (e.g. in Word or Tex form) to their personal website or institutional repository. Authors requiring further information regarding Elsevier's archiving and manuscript policies are encouraged to visit:

<http://www.elsevier.com/authorsrights>



Contents lists available at ScienceDirect

Women and Birth

journal homepage: www.elsevier.com/locate/wombi

How do health professionals support pregnant and young mothers in the community? A selective review of the research literature



Gabrielle Brand^{a,b,*}, Paul Morrison^a, Barry Down^c

^a School of Health Professions, Murdoch University, Mandurah, Western Australia, Australia

^b Education Centre, The University of Western Australia, Faculty of Medicine, Dentistry & Health Science, Crawley, Western Australia, Australia

^c School of Education, Murdoch University, Rockingham, Western Australia, Australia

ARTICLE INFO

Article history:

Received 11 April 2014

Received in revised form 12 May 2014

Accepted 13 May 2014

Keywords:

Young mothers

Models of care

Pregnancy in adolescence

Teenage pregnancy

Stigma

ABSTRACT

Background: The cultural phenomenon of “teenage pregnancy and motherhood” has been socially constructed and (mis)represented in social and health care discourses for several decades. Despite a growing body of qualitative research that presents an alternative and positive view of young motherhood, there remains a significant gap between pregnant and young women’s experience of young motherhood and current global health and social policy that directs service delivery and practice.

Aim: This paper aims to heighten awareness of how a negative social construction of young motherhood influences global health and social policy that directs current community health models of practice and care for young mothers in the community.

Discussion: There is clear evidence on the vital role social support plays in young women’s experience of pregnancy and motherhood, particularly in forming a positive motherhood identity. This discussion paper calls us to start open and honest dialogue on how we may begin to re-vision the ‘deficit view’ of young motherhood in order to address this contradiction between research evidence, policy discourse and current practice and service provision. Qualitative research that privileges young women’s voices by considering the multidimensional experiences of young motherhood is an important step towards moving away from universally prescribed interventions to a non-standard approach that fosters relational and responsive relationships with young mothers that includes addressing the immediate needs of young mothers at the particular time.

© 2014 Australian College of Midwives. Published by Elsevier Australia (a division of Reed International Books Australia Pty Ltd). All rights reserved.

1. Introduction

Effort to present a widening perspective of young motherhood has seen a growing body of qualitative research being published that describes an alternative and positive view of young motherhood. Research documenting young peoples’ views, interpretations and insights into contemporary issues (like young motherhood) is an important step to ensure policy, practice and community services are congruent with young people’s needs and lives. This was recommended in a report on pathways to success and well-being for Australia’s young people,¹ that state without their valuable input “policies, interventions and services for young

people are likely to be fragmented and silo-based and out of step with their lives” (p. 42). However, it appears the shift to a more positive discourse of young motherhood, has not filtered down to how we respond and care for young mothers, with some studies reporting a real and perceived stigmatisation by health and social services towards young mothers.^{2–6} This deficit view affects how young women experience and transition to motherhood, especially the way health and maternity care is provided in the community. Allen and colleague’s⁷ recent literature review confirms that non-standard models of maternity care improve young pregnant mothers’ attendance and engagement in regular antenatal care.⁷

A broad search of the major databases was undertaken including nursing journals, allied health journals, reports and theses, drawing mainly from the Cumulative Index for Nursing and Allied Health (CINAHL). The selective key words in the search included teenage pregnancy, adolescent pregnancy, teenage mothers, adolescent mothers, young mothers, young motherhood, social support and community and social health services. Much of

* Corresponding author at [REDACTED]

the research literature affirms that social connectedness and access to support networks in the community are vital for pregnant and young mothers, especially in the face of a multiplicity of challenges whilst transitioning to adulthood and motherhood simultaneously.^{8–13} Qualitative research further suggests that given a supportive environment, young motherhood can be a transforming turning point in a young women's life,^{14–16} or as Smith et al.¹⁷ describe a 'life-line' that fosters personal growth. However, despite this emerging picture there remains a significant gap between pregnant and young women's experience of young motherhood and current global health policy, practice and service provision. Therefore, the focus for this discussion paper grew from the sense that it is important to explore the literature on what the 'right type of support' is for young mothers and question why incongruent policy and service responses to young motherhood continues to persist.

2. Social construction of young mothers

From a public health perspective a recurring theme in the literature conceptualises youth as vulnerable and/or 'at risk'.¹⁸ These terms label young people in terms of their "risky behaviours" categorising them as "vulnerable so the problem becomes *theirs*, rather than the social circumstances that create the conditions" (p. 15). This shift and emphasis in public health discourse on the moral and social responsibility of individuals to manage their health and wellbeing has been extended to a "blaming the victim" mentality. This concept blames the individual for failing to make the moral and correct choice in their lives¹⁸ and neglects to acknowledge or address the sociocultural context of a young person's life. This "blaming the victim" mindset extends to how the wider community views young mothers by shaping the way we perceive and respond to young motherhood,¹⁹ "as a cultural phenomenon and as a social, political, or moral problem" (p. 25). Thus, these wider discourses are powerful social and psychological forces that shape young women experience of motherhood.

The most dominant of these "teenage mothers" discourses is what Kelly²⁰ describes as the "wrong-girl frame" which holds the most influence in the public's understandings of young mothers. This frame is centred on the discourse of bureaucratic and academic experts that depict young mothers as the cause and consequence of poverty and welfare dependency.²⁰ This perspective scrutinises and labels young mothers as deviant for making the "wrong" choice, a choice that does not follow the 'normal' life trajectory (i.e. finish school, get a job, marry and have children).¹⁹ This frame is what Lesko²¹ describes as the "disorderly, out of time act" of teenage pregnancy that faces some deeply entrenched beliefs that oppose the coming-of-age narrative. She states:

"Teenage motherhood appears to be a narrative of swift and all-at-once growing up. Thus the problem of teenage motherhood is a violation of proper age chronology and what is believed about biological age; it is also a compacted or condensed narrative of growing up that violates the leisurely, extended adolescence." (p. 141).

The current health care focus on 'risk factors' and 'risky behaviours' that target deficiencies is another version of the "wrong-girl" discourse that directs attention towards the deficit frame deflecting the issues away from the root cause of young motherhood which includes the inequitable distribution of social and cultural resources.¹⁹ Health and social research that focuses on the 'risk factors of teenage pregnancy' reinforce the negative public and health professional discourse. This was highlighted in a recent paper by Breheny and Stephens²² who used discursive analysis to

understand how the construction of teenage mothers in medical and nursing journals influences the shaping of dominant attitudes towards teenage mothers. They identified four discourses that influence the construction of teenage mothers, "as a disease, as expensive, as resisting mainstream culture and as reproducing disadvantage through reproduction" (p. 309).

This negative discourse, together with the influence of liberal political ideology on an individualised view of health has informed health professionals' approach and delivery of health and social services to young mothers in the community and may explain the " yawning gulf between experience of teenage parenting and policy"²³ (p. 307). Whether the 'problem' of 'teenage motherhood' is portrayed as a moral, social or economic one, it further legitimises the 'at risk' concept that requires a public health response. The health system reaction has positioned its response accordingly tending to focus on targeted, interventionist responses rather than acknowledging the bigger picture and honouring the complexity of young people's lives and the social conditions in which they live. This reaction has caused fragmented and inadequate youth health services in Australia.¹⁸

3. Stigmatisation of young mothers

Research studies have revealed the real and perceived stigmatisation of young mothers by the wider community, including young mothers feeling they are 'living publicly examined lives'² and being subjected to 'formal and informal societal surveillance'.⁵ This has extended to a distrust between young mothers and health and social care services, including young mothers believing they are treated differently because they are young⁶ and being reluctant to ask for help in fear of being judged or their motherhood capabilities doubted.^{4,5} One study revealed that the potential benefits and helpfulness of formal social and health care settings are negated and compromised by the reluctance of young mothers to be honest and ask questions in fear of judgement,⁵ some claiming the support they received from nurses and support professionals, lacked in both care and helpfulness.²⁴

A comprehensive qualitative study¹² of low income mothers suggests support is delicate, precarious and labour intensive for young mothers, whereby a loss of a single support system could cause a dramatic consequence. In order to survive many of the young mothers displayed entrepreneurial qualities and valuable life skills such as practicality, quick decision making skills, and sharp observation and assessment skills to meet basic fundamental survival needs. The authors conclude that nurses need to be aware that the notion of 'ideal support' may substantially differ from young mothers actual needs proposing that a rejection of technical support approaches may be a result of a mismatch of their expressed needs at that particular time and the supportive resources delivered by the nurse.¹²

In order to bridge the gap between young mothers' experiences and current service provision, practitioners and policy makers need to start to critically examine and reflect on their own personal assumptions and values so they can begin to appreciate young mothers lived experiences and direct their care accordingly. This viewpoint was echoed by Brady et al.⁴ in their research project exploring how services can better meet the needs of pregnant teenagers and young parents. They found that many of the young parents may not disclose important information in fear of stigmatisation and a lack of confidence:

"as a result of negative stereotyping, practitioners too can misjudge and mislabel young women in their care. This means that relationships between young pregnant women and mothers and professionals are often complicated by unspoken misunderstandings on both sides. This lack of effective

communication can lead to frustration and tension between both practices” (p. 579).

This was further highlighted in a Canadian study²⁵ that explored the experiences and perspectives of social workers working with young women who became mothers while in the care of government agencies. The study found that the social workers deeply entrenched middle class values that reflected what they viewed as “good”, “bad” and “deserving” mothers influenced their fatalistic beliefs that these young women would inevitably repeat “the deprivation cycle”. These pathologising attitudes were in contrast to the young mothers in the study who viewed their pregnancy as a positive turning point, an opportunity to break the “cycle” and change unhealthy behaviours. The mismatch in perspectives between the young mothers expressed need and resources delivered by the social worker resulted in social workers perceiving the young mothers as refusing support or being non-compliant. Rutman and colleagues²⁵ concluded that young mothers face both stigma and bias:

“as a result of their age, class, race and family history. This stigmatisation segues into systematic and often relentless scrutiny and surveillance, oftentimes by the very state “parent” whose job it is to raise and support them in their transition to adulthood” (p. 158).

However, a number of more recent studies have describes how young mothers are pushing back against stigma, including, one study²⁶ which found that young women viewed their motherhood experiences in a positive light and did not believe that they were less competent or economically self-reliant than older mothers. In this study, the way young mothers experienced and coped with stigma was largely influenced by pre-existing value systems; if young women view their motherhood experiences in a positive light, a role that was both worthy and esteemed, they were less likely to report negative effects of stigmatising experiences.²⁶ Interestingly, a recent Canadian study by Romagnoli and Wall²⁷ explored the influence of neo-liberal notions of individual responsibility and risk management on the experiences of young, low income mothers within the context of mandated educational and parenting programmes. The research found that the young mothers resisted the internalisation of middle class, intensive ‘good’ mothering ideals and, instead, choose to value their own positive self-perceptions regarding their motherhood experiences and skills. The study also found that neoliberal policy direction of targeting the “at risk”, surveillance and education may be unsuitable for improving child and maternal wellbeing because it neglects the basic needs of providing nappies, formula, respite and free activities for their children to enjoy.²⁷ This is all part of a growing body of literature that has found young mothers are rejecting the deviant label and moving towards an alternative, more positive discourse of young motherhood. An essential part of this resistance is the presence of a strong social and supportive network that empowers young women to resist the stigmatised master narrative and allow a positive sense of self to emerge.²⁸

4. An alternative view of young motherhood

Most of the social and health care literature that reinforces the ‘deviant’ view of young mothers are large scale empirically based research that focuses on links between lower socio-economic status and risk factors of teenage pregnancy, highlighting negative outcomes for mothers including poor school performance, lower maternal education, poverty²⁹; lower self-esteem and more depressive symptoms³⁰; intergenerational teenage motherhood and cycles of deprivation³¹ and negative outcomes for children born to teenage mothers.³² However, an alternative view of young

motherhood is emerging, suggesting that it is not the young women’s pregnancy that results in poor economic and social outcome but rather the contaminating effects associated with poverty that limit young women’s life chances. Geronimus³³ advises that regardless of services or guidance offered some young women make the rational choice to become pregnant because they feel it is the right decision. Her pioneering research with African American teenage mothers proposes that early childbearing may be an adaptive response to socioeconomic environments of poorer health, poverty and limited employment and educational prospects, a finding that still has not filtered into or informed current policy and practice in working with young mothers.³⁴ These findings have been confirmed in a large United Kingdom study conducted by Cater and Coleman³⁵ who explored motivations and perspectives of young parents from disadvantaged backgrounds who planned their pregnancy. The study found the planned pregnancy was influenced by the desire for more stability which they viewed as:

“an opportunity, one that was within their own control, to change their life for the better. Becoming a parent was a route out of family hardship and unhappiness, a chance for independence, and an opportunity to gain a new identity” (p. X).

This research found that pregnancy offered young women an alternative life course including escaping home life, gaining a purpose in life and proving their capability as a parent including being more competent than their own mothers. Young motherhood was viewed as a valued identity, one that they knew how to achieve because of a previous love and caring of younger children. These findings have been affirmed in other research that suggests that ‘low expectations’ and community structural factors may play a more powerful role than issues relating to sexual attitudes and knowledge³⁶ or that young motherhood presents a welcoming life option against a backdrop of limited socio-economic opportunities.³⁷

Contrary to the larger empirically based studies of the negative outcomes of young motherhood, the emergence of qualitative research that privileges the voices and perspectives of young mothers has portrayed an alternative story, one that has been largely missing in the literature on young mothers. Highlighted in qualitative research is the transformational role pregnancy and motherhood play in the young women’s lives.^{15,38} Research exploring how young mothers construct their identities as they negotiate their new motherhood roles has been strongly linked with having a supportive context. This was explored in SmithBattle’s³⁹ longitudinal interpretive study that revealed how young mothers define and redefine themselves over time. Early mothering experiences were described positively with a growing sense of responsibility and desire to be a good parent revealing a transformed sense of identity and future, especially for those who had strong family and community support. Four years later the narrative revealed that the young mothers’ views of self and future were organised by the meanings and practices of their communities and families.¹⁴ Some young mothers had developed positive responsive behaviours to motherhood including sustained engagement and agency in their mothering. However, for others their experiences exposed a closed future of passive resignation. SmithBattle’s findings³⁹ suggest that young mothers “require a stable social world with adequate resources and responsive relationships that support care giving and family life” (p. 12). Implications from this study suggests that there is a multitude of factors that shapes young mothers’ sense of self, future and emerging responsiveness to their new motherhood role. These include her family, community, professional views and public policy as well as social practices and relationship with others.³⁹

5. What do young mothers need in a community service?

Access to quality social and material resources in the community are integral in scaffolding a young person through challenging life transitions,¹⁸ and a key protective factor for building psychosocial resilience in young people.⁴⁰ There is strong research evidence of the interrelationship between a young mother's support systems and experiencing a positive transition to motherhood.¹⁰ Moreover, social support has been found to be equally important following birth as it diminishes feelings of stress and prevents adverse developmental effects on both mother and child,¹¹ including linking social support to young mother's positive interactions with their infants,¹⁵ and increased emotional support received from the adolescent's own mother improves the young mother's self-perception of mothering^{13,41} and leads to improved behavioural intentions among young parents.⁴²

Research exploring the effectiveness of formal support programmes for young mothers has focused mainly on quantitative outcomes, including two United States studies reporting an increase in the young mothers' nurturing behaviours⁴³ and improved adolescents mother's school continuation and the parenting.⁴⁴ However, qualitative research exploring and describing service models that offer the 'right type of support' for young mothers are limited. This paucity of research has been attributed to the difficult nature of describing the intangible aspects of support services that promote and foster a positive sense of self, identity and autonomy in young mothers. Health care interventions and programmes that are multidimensional and customised based on each individual woman's needs and circumstances are more complex and therefore challenging to evaluate in relation to health outcomes.⁴⁵

A common theme to the few studies on the effectiveness of community maternity services suggests non-standard group models of care may improve antenatal attendance,⁷ especially if services foster meaningful encounters that engage young mothers.⁴ Some studies claim that parenting programme are not serving young mothers well because their needs are excluded and little effort is made to engage in trusting and transformational relationships.⁴⁶ In an Australian context, a recent qualitative research paper⁴⁷ exploring the roles and experiences of professional staff working with young mothers found less formalised approaches that are based on the young woman's individualised needs are required. The two main themes of first 'connecting' followed by 'facilitating learning' were interdependent and based on a trusting relationship whereby the staff focused on connecting and "taking time to get to know the mother, and sharing experiences and stories" (p. 669). The study found that utilising a strengths based group approach where social and parenting skills developed through role modelling allows young mothers to set the agenda and the health professional to deal with the young mothers issues 'in the moment' identifying the benefits of less formalised approach that is based on the young woman's individualised needs.⁴⁷

Similarly, Brand and colleagues⁴⁸ present a strong argument for radical re-visioning of community and social health policy, practice and service delivery for young mothers. Their research (from the young mother's perspective) describe how judgement free community services that foster narrative and social learning are fundamental to young mothers developing positive motherhood identities, including finding their own voices and becoming active agents in re-authoring future narratives of hope, autonomy and agency.⁴⁸ The need to provide responsive and appropriate care was highlighted in SmithBattle's⁴⁹ interpretative study of teen mothers "Learning the Baby" which attributes incongruent policy response as a significant barrier to young mothers learning about mothering. She recommends a focus on relational nursing care that is guided

by each individual mother's situated learning, and is adapted to fit into the young mother's life world. This is especially important for young mothers who are trying to forge a future amidst a lack of middle class opportunities and resources or skills from the past to guide her in her new motherhood role.⁴⁹ In attempting to reconstruct the dominant discourse based on scientific norms, SmithBattle⁵⁰ recommends public health nurses use a relational approach that shelters and mentors young mothers, a strategy that replaces a "reliance of the "rule book".[that] dismiss teen mothers perspectives and fail to take into account the family worlds and social contexts that shape their lives" (p. 369).

6. Where to from here? Re-visioning young motherhood

Over the past decade, global policy has narrowly focused on intervention and efforts to reduce teenage pregnancy and directed resources to education, training and/or work as a viable solution to the "problem" of teenage pregnancy.⁵¹ However, this approach is based on a foundation that privileges the voices of middle class health professionals whose different interpretation and misinformed judgements are not necessarily representative of the clients they are providing services for. Kidger⁵¹ argues that current policy responses to 'teenage pregnancy' are unjust, demanding that young mothers are at fault and should reform their (inadequate) values and actions rather than call for social and health care services to start to examine and reform their own values and perceptions towards young motherhood. This discussion paper⁵¹ calls us to start by re-visioning young mothers from "passive recipients of social policies determined by more powerful voices" (p. 298) to listening and starting from, what Rolfe⁵² describes the "young women's experiences of themselves as sufficiently 'grown up', resourceful and resilient, to acknowledge their own understanding, and work with them" (p. 312).

Many qualitative Australian research studies have called for an alternative approach to close the significant gap in service provision for young mothers.^{16,47,48} The findings from this literature review illustrates the importance of alternate and supportive models of health that include nonstandard strengths based approaches that foster meaningful relationships with pregnant and young mothers. This approach allows health professionals to address an individual's needs at a particular time in the context of their present lives and experiences. Embodied in the literature around young motherhood is the need to listen, consult and consider what life is really like for young mothers in the community before we begin to plan and direct policy and community practice. By putting listening on the agenda before the posing of solutions,⁵³ a shift in our thinking and service response needs to move from a 'what is wrong with you?' to: 'how can we best resource you?' focus (p. 189). An integral part of young women negotiating the transition to motherhood is the presence of social support networks that support their experiences of pregnancy and motherhood. This paper has highlighted the need to provide the 'right type of support' for young mothers, including the fostering of meaningful responsive relationships and approaches to practices.

7. Conclusion

This qualitative selective literature review on young motherhood presents a different perspective to dominant discourse that negatively portray young mothers and is consistent with Duncan's²³ review surrounding teenage motherhood suggesting that "teenage pregnancy may be more of an opportunity than a catastrophe, and often makes sense in the life worlds inhabited by the young mothers" (p. 307). However, current social and health care policy and practice is informed by a deficit view of young

motherhood, a view that neglects to consider the broader context of their life worlds. This deficit viewpoint perpetuates the widening gap between young women's experiences of pregnancy and motherhood and global health and social policy that directs service delivery and practice. In addition, the neoliberal, individualised view of health has fuelled a real and perceived stigmatisation of young mothers in mainstream health and social services, some research claiming it is because of a mismatch in values and misinformed notion of what is ideal and the 'right type' of support.

What was clearly evident from the literature was the vital role social support plays in young women's experiences of pregnancy and motherhood, particularly in forming a positive motherhood identity. However, the majority of studies evaluating community services and programmes for young mothers are quantitative, taking a simple, universally prescribed intervention approach that provides little new information on how we can better support young mothers in the community. There is a clear need for more qualitative research studies that position young mothers as the 'experts' of their own lives and consider the multidimensional experiences of young women as they transition to motherhood. Re-visioning how we view and respond to young motherhood is an important step in re-aligning service delivery to a primary health care 'bottom up' approach that focuses on building and sustaining relational relationships that responds to young mothers' unique needs.

References

- Eckersley R, Wierenga A, Wyn J. *Flashpoint and signposts: pathways to success and wellbeing for Australia's young people*. Melbourne: Australia 21 Ltd., The Australian Youth Research Centre and Victorian Health Promotion Foundation; 2006.
- Hanna B. Negotiating motherhood: the struggles of teenage mothers. *J Adv Nurs* 2001;34(4):456–64.
- de Jonge A. Support for teenage mothers: a qualitative study into the views of women about the support they received as teenage mothers. *J Adv Nurs* 2001;36(1):49–57.
- Brady G, Brown G, Wilson C, Letherby G. New ways with young mothers – how services can better meet their needs. *MIDIRS Midwifery Dig* 2008;18(4):579–81.
- Whitley R, Kirmayer LJ. Perceived stigmatisation of young mothers: an exploratory study of psychological and social experience. *Soc Sci Med* 2008;66(2):339–48.
- Redwood T, Pyer M, Armstrong-Hallam S. Exploring attitudes and behaviour towards teenage pregnancy. *Community Pract* 2012;85(3):20–3.
- Allen J, Gamble J, Stapleton H, Kildea S. Does the way maternity care is provided affect maternal and neonatal outcomes for young women? A review of the research literature. *Women Birth* 2012;25:54–63.
- Logsdon M, Social DD. Professional support for pregnant and parenting women. *MCN: Am J Matern Child Nurs* 2003;28(6):371–6.
- Bunting L, McAuley C. Research review: teenage pregnancy and motherhood: the contribution of support. *Child Family Soc Work* 2004;9(2):207–15.
- Logsdon MC, Gagne P, Hughes T, Patterson J, Rakestraw V. Social support during adolescent pregnancy: piecing together a quilt. *J Obstet Gynecol Neonatal Nurs* 2005;34(5):606–14.
- Logsdon MC, Koniak Griffin D. Social support in postpartum adolescents: guidelines for nursing assessments and interventions. *J Obstet Gynecol Neonatal Nurs* 2005;34(6):761–8.
- Beeber LS, Canuso R. Strengthening social support for the low-income mother: five critical questions and a guide for intervention. *J Obstet Gynecol Neonatal Nurs* 2005;34(6):769–76.
- DeVito J. Self-perceptions of parenting among adolescent mothers. *J Perinat Educ* 2007;16(1):16–23.
- SmithBattle L, Leonard VW. Adolescent mothers four years later: narratives of the self and visions of the future. *Adv Nurs Sci* 1998;20(3):36–49.
- Clemmens D. Adolescent motherhood: a meta-synthesis of qualitative studies. *Am J Matern Child Nurs* 2003;28(2):93–9.
- Larkins SL. *Attitudes and behaviours of teenage indigenous women in Townsville, Australia, with respect to relationships and pregnancy: the U Mob Yarn Up Young Parents' Project*. [Ph.D. thesis] Townsville, QLD: James Cook University; 2007.
- Smith J, Skinner R, Fenwick J. Perceptions of teen motherhood in Australian adolescent females: life-line or lifefailure. *Women Birth* 2012;25:181–6.
- Wyn J. *Youth health and welfare: the cultural politics of education and wellbeing*. South Melbourne: Oxford University Press; 2009.
- Luttrell W. *Pregnant bodies fertile minds: gender race, and the schooling of pregnant teens*. New York: Routledge; 2003.
- Kelly DM. Stigma stories four discourses about teen mothers: welfare, and poverty. *Youth Soc* 1996;27(4):421–49.
- Lesko N. *Act your age: a cultural construction of adolescence*. New York: Routledge Falmer; 2001.
- Breheny M, Stephens C. Youth or disadvantage? The construction of teenage mothers in medical journals. *Cult Health Sex* 2010;12(3):307–22.
- Duncan S. What's the problem with teenage parents? And what's the problem with policy? *Crit Soc Policy* 2007;27(3):307–34.
- Herrman JW. The voices of teen mothers: the experience of repeat pregnancy. *MCN: Am J Matern Child Nurs* 2006;31(4):243.
- Rutman D, Strega S, Callahan M, Dominelli L. 'Undeserving' mothers? Practitioners' experiences working with young mothers in/from care. *Child Family Soc Work* 2002;7(3):149–59.
- Yardley L. Demonstrating validity in qualitative psychology. In: Smith JA, editor. *Qualitative psychology: a practical guide to research methods*. London: Sage Publications; 2008. p. 235–51.
- Romagnoli A, Wall G. 'I know I'm a good mom': young, low-income mothers' experiences with risk perception, intensive parenting ideology and parenting education programmes. *Health Risk Soc* 2012;14(3):273–89.
- Brubaker SJ, Wright C. Identity transformation and family caregiving: narratives of African American teen mothers. *J Marriage Family* 2006;68(5):1214–28.
- Meade CS, Kershaw TS, Ickovics JR. The intergenerational cycle of teenage motherhood: an ecological approach. *Health Psychol* 2008;27(4):419–29.
- Wahn EH, Nissen E. Sociodemographic background: lifestyle and psychosocial conditions of Swedish teenage mothers and their perception of health and social support during pregnancy and childbirth. *Scand J Public Health* 2008;36(4):415–23.
- Wilkinson R, Pickett K. *The spirit level: why more equal societies almost always do better*. New York: Penguin Group; 2009.
- Shaw M, Lawlor DA, Najman JM. Teenage children of teenage mothers: psychological, behavioural and health outcomes from an Australian prospective longitudinal study. *Soc Sci Med* 2006;62(10):2526–39.
- Geronimus AT. Teenage childbearing and personal responsibility: an alternative view. *Pol Sci Q* 1997;112(3):405–30.
- Geronimus AT. Damned if you do: culture, identity, privilege, and teenage childbearing in the United States. *Soc Sci Med* 2003;57:881–93.
- Cater S, Coleman L. *Planned teenage pregnancy: perspectives of young parents from disadvantaged backgrounds*. Bristol: Policy Press; 2006.
- Arai L. Low expectations, sexual attitudes and knowledge: explaining teenage pregnancy and fertility in English communities. Insights from qualitative research. *Sociol Rev* 2003;51(2):199–217.
- Mitchell W, Green E. 'I don't know what I'd do without our Mam' motherhood: identity and support networks. *Sociol Rev* 2002;50(1):1–22.
- Spear HJ, Lock S. Qualitative research on adolescent pregnancy: a descriptive review and analysis. *J Pediatr Nurs* 2003;18(6):397–408.
- SmithBattle L. Beyond normalizing: the role of narrative in understanding teenage mothers' transition to mothering. In: Benner P, editor. *Interpretive phenomenology*. California: Sage Publications; 1994. p. 141–66.
- Lee TY, Cheung CK, Kwong WM. Resilience as a positive youth development construct: a conceptual review. *Sci World J* 2012;2012. <http://dx.doi.org/10.1100/2012/390450>.
- Morehead A, Soriano G. Teenage mothers: constructing family. *Family Matters* 2005;72:64–71.
- Turney HM, Conway P, Plummer P, Adkins SE, Hudson GC, McLeod DA, et al. Exploring behavioral intentions among young mothers. *J Family Soc Work* 2011;14(4):298–310.
- Matthews R. Do peer-led parent groups make young mothers better parents? *South Online J Nurs Res* 2009;9(4).
- Barnet B, Liu J, DeVoe M, Alperovitz-Bichell K, Duggan AK. Home visiting for adolescent mothers: effects on parenting, maternal life course, and primary care linkage. *Ann Family Med* 2007;5(3):224–9.
- Azzi-Lessing L. Home visitation programs: critical issues and future directions. *Early Child Res Q* 2011;26(4):387–98.
- Chablani A, Spinney ER. Engaging high-risk young mothers into effective programming: the importance of relationships and relentlessness. *J Family Soc Work* 2011;14(4):369–83.
- Mills A, Schmied V, Taylor C, Dahlen H, Schuiringa W, Hudson ME. Connecting, learning, leaving: supporting young parents in the community. *Health Soc Care Community* 2012;20(6):663–72.
- Brand G, Morrison P, Down B, WestBrook B. Scaffolding young Australian women's journey to motherhood: a narrative understanding. *Health Soc Care Community* 2014. <http://dx.doi.org/10.1111/hsc.12106>.
- SmithBattle L. Learning the baby: an interpretive study of teen mothers. *J Pediatr Nurs* 2007;22(4):261–71.
- SmithBattle L. Pregnant with possibilities: drawing on hermeneutic thought to reframe home-visiting programs for young mothers. *Nurs Inq* 2009;16(3):191–200.
- Kidger J. Including young mothers: limitations to new labour's strategy for supporting teenage parents. *Crit Soc Policy* 2004;24(3):291–311.
- Rolfé A. 'You've got to grow up when you've got a kid': marginalized young women's accounts of motherhood. *J Community Appl Soc Psychol* 2008;18(4):299–314.
- Wierenga A. *Young people making a life*. New York: Palgrave Macmillan; 2009.