

# My Pregnancy Story Project Report

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December 6, 2012

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This project was funded by Ford Foundation-University of Arizona Crossroads Collaborative in partnership with the Southwest Institute for Research on Women



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## PROJECT DESCRIPTION

The My Pregnancy Story Project (MPSP) is a mixed-methods research project that draws on local young women's perspectives to provide the community with a better understanding of their lived experiences with pregnancy and motherhood. MPSP looks, specifically, at the support systems available and unavailable to pregnant and parenting teens. By asking local pregnant and parenting young women for their stories about pregnancy and motherhood, the researchers sought information about how to

- improve services and support for pregnant and parenting teens,
- advocate for respectful and just treatment of pregnant and parenting teens,
- find ways to reduce stigmas attached to “teenage pregnancy,” and
- increase pregnant and parenting teens feelings of self-confidence while sharing their perspectives with others.

Through a brief questionnaire and focus group discussions, we learned directly from pregnant and parenting teens about their

- feelings about being pregnant and how those feelings changed over time,
- levels of family and social support including support from systems of care (medical, social service, institutional, education, employers) and how support/care might be improved,
- understanding of sexual health/pregnancy prior to pregnancy and what information they would like to know about now as mothers,
- levels of confidence in making their own decisions about their bodies, sexuality, and pregnancy,
- views on how teen pregnancy is portrayed in the media, and
- perceptions of other people's reactions to their pregnancy.

Based on the stories of pregnant and parenting teens, this report will describe our findings and recommendations to improve the experiences of pregnant and parenting teens in our community.

## Acknowledgements

Thanks to all those who assisted with this study and report including those involved with the Crossroad Collaborative and SIROW; the school and community administrators and volunteers; and the participants who shared their pregnancy stories.

## RESEARCH SITES

Data was collected between October 2011 and January 2012. The lead researchers facilitated 9 focus groups at 4 sites which serve pregnant and parenting teens in Phoenix and Tucson, Arizona. These sites include:

(1) Teen Outreach Pregnancy Services (TOPS) at 3024 E. Fort Lowell Rd. in Tucson, Arizona. This local non-profit organization provides health resources, social support, and some material necessities for pregnant and parenting people aged 21 and under in the Tucson community who are primarily referred to the organization by local schools and OB/GYNs. The average age of TOPS clients is 18 years old (H. Friedman personal communication June 27, 2012).

(2) Arizona Department of Juvenile Corrections' Black Canyon School (BCS) at 24601 North 29<sup>th</sup> Avenue in Phoenix, Arizona. This correctional facility offers rehabilitative services such as counseling, substance abuse recovery, and education to males and females under the age of 18. A Providing parenting education, assistance and support for the few pregnant and mothering inmates and their children is Head Start, a state-funded program that helps low-income families and children under three prepare for school.

(3) Marana Unified School District's Teen Parent Program (TAPP) at Marana High School at 12000 W Emigh Rd in Tucson, Arizona. This school is located in Marana, a small rural town on the outskirts of Tucson's northwest side where the majority of the student body is white (67%, National Center for Education Statistics 2010). Their TAPP program offers pregnancy and parenting-related services for students in the school district, including on-campus daycare.

(4) Sunnyside School District's Teen Parent Program (TAPP) at Sunnyside High School at 1725 E. Bilby Road in Tucson, Arizona. This school is located on Tucson's south side, situated in a neighborhood near the Tucson International Airport. The students attending this school are predominantly Mexican American (93%, National Center for Education Statistics 2010). The TAPP program offers pregnancy and parenting-related services for students in the school district, including on-campus daycare.

## PARTICIPANTS

The MPSP reflects findings from 27 pregnant and parenting women, ages 15-20. Figure one shows demographic information about the participants according to the research site, including their average age, ethnicity, and pregnancy status. At the time of the focus group, 6 participants were currently pregnant with their first child, 2 participants were currently pregnant and parenting 1 additional child, and 19 participants were not pregnant but parenting. Of the 19 parenting participants, 2 had 2 children while the rest had only 1 child. We asked participants if they were planning to have more children. Thirty percent (n=8) of participants reported that they did plan to have another baby in next 2 to 3 years, sixty seven percent reported that they did not want more children at this time or in the near future (n=18), and one participant reported that she would like to have another child as soon as possible.

Research Site	Sunnyside	Marana	TOPS	Black Canyon
Average Age	16.3	17.0	19.3	16.5
Ethnic minorities*	100%	44%	50%	100%
Currently Pregnant	0%	56%	25%	50%

Figure 1 Participant Demographic Information

\* Overall 26% (n=7) were multiracial

## METHODS

MPSP is a mixed-method research project, meaning that the researchers used both a quantitative and qualitative approach to finding out more about the lives of pregnant and parenting teens. Specifically, the MPSP included focus groups, otherwise known as small group interviews, and anonymous questionnaires. Each focus group was facilitated by the two lead researchers. In order to accommodate the scheduling needs of the research sites, focus groups were either conducted in one 2-hour session or multiple shorter sessions.

Prior to the start of each focus group, the researchers administered a brief (3 page) questionnaire that asked participants to provide information about their demographic background, family background and support, and pregnancy (see Appendix A). The questionnaire did not ask for any identifying information and the participants completed the questionnaire on their own. The two researchers were present and assisted participants who needed help with reading or understanding the questions. The questionnaire took about 10 minutes to complete. Once all participants completed the questionnaire, the facilitators collected the questionnaires, placed them in a sealed envelope, and, later, transported them to the University of Arizona for data entry and analysis.

The focus group immediately followed the administration of the questionnaire. The researchers asked a total of nine questions (see Appendix B). The focus groups were audio-taped and later transcribed. During transcription identifying information was deleted and each participant was assigned a letter-number combination.

## FINDINGS

In this section we describe the data and themes that surfaced during the MPSP. Each section reflects one of the questions we posed to participants either during the focus group or on the brief questionnaire (see Appendix A and B for exact questions). When participants are quoted in this report, they are identified by a letter and number. We do not mean to dehumanize the participants; instead, we intend to protect participants' privacy as this report is shared with teachers, administrators, institutional staff, and researchers.

### Sexual and Reproductive Knowledge

In order to better understand what young women know about sex, reproduction, and resources before and after pregnancies, we asked participants to rate their general level of knowledge about sex and reproduction on a scale of 1 to 5. As illustrated in figure 2, participants reported that prior to their pregnancies they knew the least about where to get social services related to pregnancy (e.g., support groups, the Women Infant and Children [WIC] program), followed by mothering a newborn, the birthing process, and men's reproductive anatomy.

Knowledge	Prior to Pregnancy	Current	Change in Score
Where to get social services related to pregnancy	2.7	4.7	+2.0
Mothering a newborn	2.8	4.6	+1.8
Birthing process	2.9	4.5	+1.6
Where to get medical services related to pregnancy	3.0	4.7	+1.7
Men's reproductive anatomy	3.0	4.3	+1.3
Where to get information about reproduction and contraceptives	3.1	4.4	+1.3
Women's reproductive anatomy	3.6	4.5	+0.9
Contraceptive options	3.7	4.6	+0.9
Sexually transmitted diseases	4.0	4.6	+0.6

Figure 2 Sexual and Reproductive Knowledge

1=No knowledge; 2=Very little knowledge; 3=Some knowledge; 4=Quite a bit of knowledge; 5=A lot of knowledge

After pregnancy, changes in knowledge levels were greatest for where to get social services related to pregnancy, mothering a newborn, where to get medical services related to pregnancy, and the birthing process—all which had change in rating equal to or more than 1.5 points. This indicates that while pregnant and parenting, mothers received important information critical to new parenthood.

Participants also wrote in other topics they would have liked to have known about before becoming pregnant including “comprehensive sex education,” “where to get contraceptives,” “birthing,” and “parenting.” Together, these findings suggest that youth in our community may benefit from more discussion of men’s reproductive anatomy along with information about healthy sexuality that may help them avoid unwanted pregnancies. Furthermore, open discussions of the birthing process, mothering a newborn, and social services that support pregnancies may help young women who discover they are pregnant to feel less scared and disappointed.

Participants were also able to circle what they would like to know more about now, at the time of the focus group, and they had the option of filling in anything that was not included on the list above. When asked what the participants would like to have more information about *now*, participants reported wanting to know more about the following:

- Children/toddlers
- Finances/work
- Effects of drug use during pregnancy on the baby
- Contraceptives
- How to continue their education—high school *and* higher education

## Feelings About Pregnancy

From our participants, we learned that young mothers experience a variety of emotional reactions to pregnancy that shift throughout the pregnancy. The trajectory many young mothers described is as follows:

- Shock and disbelief about being pregnant
- Disappointment about what the pregnancy may mean for their future or for their family
- Fear about the consequences of telling others
- Excitement about motherhood (generally emerged with sonogram or feeling fetus kicking)
- Continued enthusiasm during the remainder of pregnancy
- Reflection on how life has changed (after baby’s birth) with both gratefulness and sadness

Participants’ feelings differed based on the circumstances of their pregnancies. For example, some young women had wanted children and had planned to be moms fairly soon. Although they were still a bit shocked by unplanned pregnancies, they were able to adjust fairly quickly to the news. Other shocked young mothers were encouraged by the enthusiasm of happy partners. Yet

other participants explained that they felt disappointed with the prospect of being forever tied to the men that fathered their children.

One of the most prominent feelings participants shared during their pregnancy stories was the fear of telling others, especially their families. One young mother explained, “I was scared, I didn’t want to tell nobody.” Another participant hid her pregnancy from family and friends, leading to the unexpected birth of her child at her school.

Young mothers in this study were appreciative of people who supported the process of sharing the news of the pregnancy. For example, one participant went to her room while her boyfriend stayed in the living room to announce the news to her mother. Another participant brought a supportive school staff member to her house to mitigate the angry response of her family.

## Support

Pregnant and mothering women of all ages need emotional, financial, social, and medical support during pregnancy. During the MPSP we asked participants a series of questions to determine the level of support they received from family, school, the medical community, and other social supports.

### Supportive Households

In order to learn more about support for young women who become pregnant we asked the participants to report the “emotional environment” of their primary household as they grew up. Participants rated the emotional environment on a scale of 1 (not supportive) to 5 (very supportive).

Sixty-three percent of youth (n = 17) reported that their homes were either “very emotionally supportive” or “supportive” when they were growing up. In contrast, the remaining 37% (n=10) responded between “somewhat emotionally supportive” to “not at all supportive.” We found that the more supportive the environment the participant grew up in, the more help they received with their pregnancies or with raising their children.

### Supportive People

Supportive Figure	Mother	Father	Baby’s Father	Grand-parents	Other relatives	Friends	Someone else
Help during pregnancy	77%	41%	48%	41%	59%	67%	26%
Help raising child	81%	48%	59%	41%	56%	26%	15%

Figure 3: Help with Pregnancy and Parenting

As figure 3 indicates, in general, mothers were reported to be one of the most supportive groups for pregnant and parenting teens. This was confirmed during focus group discussions when participants often mentioned mothers in stories about going to health clinics and managing childcare. Friends were also a strong source of support during the pregnancy. One participant explained how a friend helped to keep her pregnancy a secret from people who might judge her. Another participant explained how a friend encouraged her to take a pregnancy test so that she could get medical care if needed. She explained, “my friend, we were walking home from the bus and she was like, ‘I heard you missed your period and if you are pregnant then you need to find out and if you are, if you had a miscarriage you need to have the baby removed.’”

From our quantitative evaluation we learned that family help increased after the birth of the child while friend support decreased. During our focus group discussions of the participants’ experiences with mothering a baby, there were few mentions of “friends.” Some participants explained that they no longer “went out” to socialize after having their baby, which may explain why friends are less present as sources of support when raising children. In fact, it became clear that many young mothering women feel obligated to stay at home with their children all the time. At least two participants mentioned this was their responsibility for “opening their legs.” For participants who had previously struggled with drug addiction, getting away from former friends was necessary. One participant explained, “they don’t have kids and they don’t have nothing to worry about so” they can continue using drugs while mothering young women have to think about themselves and their children.

The implications of a lack of family support during pregnancy were reflected in the focus group discussions when some participants explained how hard it was to not have family support during the pregnancy. One participant tearfully explained that her mother and father were extremely angry with her when she told them she was pregnant. Throughout her pregnancy she continued to live with them, but they continued to convey their anger toward her. It was only when her son was born that they changed their attitudes and provided emotionally positive support. Another participant explained,

In the beginning it was horrible; I didn’t have anyone helping me. Of course my friends, but I don’t live with my friends, they can’t like give me money, they can’t be there through all the really important stuff. So, like, my Nona and Tata they were just like SO mad, my dad didn’t talk to me for like four months, therefore his girlfriend didn’t talk to me for four months, my Tio [names him] didn’t really talk to me either but then he would come and be like, “oh fine I guess I will support you but you know I wanted to give you the day after pill” . . . And then like my Nona and Tata kept calling me a whore even though I had sex with one guy, I was with him two years and he was the dad of my baby. Like I was a whore to them. My Tia was like pretty supportive but then like I don’t live with her so it was still hard because the people that I did live with were like very like against it.

As these two participants explain, friendships are helpful but support systems in the home have the most immediate and material effects on the experience of the pregnancy. However, it is important to note that many young mothers who told stories about unsupportive family members were shocked by the stark change in those family members’ feelings after the birth of the child.

For instance, one participant was surprised that her grandmother who voiced disapproval of the pregnancy and refusal to help ended up taking time off of work to care for the child while the mother was at school. Young mothers may be encouraged by the fact that many family members “come around,” although much may be lost in the time waiting.

### *Living Situations*

Many young mothers (40%, n=11) experienced a change in living situation before or after their baby’s birth. Prior to pregnancy, sixty-eight percent of participants reported living with their parents and/or grandparents and 3.7% lived in an institution such as a juvenile detention center or foster home. At the time of the focus group, 51% of participants lived with parents and/or grandparents and 18.5% lived in an institution/foster home.

Living situation was not connected to how participants reported their emotional environment growing up. That is, participants with less supportive emotional environments growing up were not more likely to move during or after pregnancy. Instead, changes in living situations seemed to correlate with the pregnancy itself. During focus group discussions we learned that six participants moved out of parents/grandparents’ homes, while two moved back into their primary family homes from the street or boyfriends’ family homes in order to receive more help with the pregnancy or raising their child. The reasons for moving varied. Some left their original homes to start their own family home with the father of their child. Others were asked to leave their homes by angry parents. Yet others left voluntarily because they feared their parents’ response or thought their parents’ reactions and demands were unreasonable. One young mother explained:

Well my dad was definitely disappointed and he wanted me to do an abortion and he was like if you don’t do that then you need to get another job and you and [boyfriend] need to get married and you don’t need to focus on school. You need to just save up as much money as you can. I pretty much told him, I am not doing an abortion and I’m not getting married to [boyfriend], and I am staying in school so what does that leave for me? So he said then you can go live with your mom, and he kicked me out. And that was like very unsupportive. . .So I stayed with my friend for a few days and then I went to my mom’s in [another city], my real mom, and then I like, from [that city], I moved with my boyfriend and his parents and all that.

For some young mothers, shifts in living situations affected the progress of their schooling as well as their general emotional well-being during pregnancy. Furthermore, a challenge facing our local community is the lack of availability of housing for minors *with* children, who need to live on their own.

However, at the time of the focus group, the participants who experienced a shift in living situation explained that school credits were being made up and they had teachers and counselors’ support in moving forward with their goals. Clearly, these young mothers are determined and resourceful in seeking out contexts for support as they balancing shifting living situations, a new baby, and (often) schooling/work demands.

## *How can people be supportive of pregnant or parenting young women?*

A good portion of each focus group was spent on general discussions of who was and was not supportive and how. The figures of support varied, with only “fathers” surfacing as a recurring issue in mothers’ lives (see discussion below). The following list illustrates the ways that young pregnant and parenting women felt supported:

- By people who helped them **figure out they were pregnant** by providing transportation to a testing site or by purchasing the test and staying with them for the results. This included friends, counselors, boyfriends, and mothers.
- By people who helped them **process their feelings about their pregnancy** and who **offered resources and insights into all options** available to them without pressure or judgment. This included mothers, fathers, friends, counselors, sisters, and extended family.
- By people who **helped them tell their family members** about their pregnancies or who helped protect them from violent family responses. This included boyfriends, friends, mothers and school staff.
- By people or organizations/institutions who **provided a new place to stay** when they needed to leave their homes or communities, even if only for a while for things to cool down at home. This included boyfriend’s families, friends, sisters, non-custodial parents, and the juvenile detention center.
- By people who **provided transportation** to doctors’ appointments and social services appointments. This included mothers, friends, boyfriends, school counselors, and social service personnel.
- By people who were **with them at the hospital for the birth and who stayed through the recovery process** at the hospital and later at home during the first week. This included grandmothers, mothers, siblings, boyfriends and their parents, and uncles.
- By people who help with **watching their children**. This included family members such as mothers, grandmothers, the children’s fathers, uncles, aunts, step-mothers, and siblings.
- By people who provided **emotional support in the way of excitement** about the pregnancy, help with choosing a baby name, and throwing a baby shower. Overall, young mothers appreciated people who avoided saying negative or hurtful things. This included boyfriends, grandmas, and other family members.

Specifically, through the focus groups we discovered the young mothers’ really appreciated the following types of *family support*:

- Expressing a **desire to help** when and how needed. Most participants expected family members to be disappointed, but young mothers appreciated family members that paired their expression of disappointment with a supportive question about what the young mother needed to make and act on her decision.
- Reassuring the young woman that **everything will be okay** and that the family will remain a source of support.
- Help or verbal **encouragement to stay in school** and continue on with life goals.
- **Guidance** from mothers or sisters with experience with young motherhood.

- **Explanation of all options available** to the young mother and **support for her decision** whatever it may be. One participant told a story of her family who “at first, the first week they weren’t really supportive or negative they just threw facts out like, it’s going to be harder if you do have a kid then what are you going to plan?” This was echoed by other participants who expressed both frustration and satisfaction with parents who withheld *any* judgment on the pregnancy so that the parents’ feelings would not influence a decision the young woman may resent them for later. Another participant told a story of her father helping to hide her pregnancy from other family members while she decided whether to pursue the adoption option.

While most young mothers had some figures of support in their lives, the focus groups discussions illustrated that young mothers have faced stressful reactions. Participants found the following things unsupportive:

- **Living by yourself.**
- Living with **family members who only express disappointment and anger** about the pregnancy and new child.
- **People telling you what to do.** For example, participants told stories of being pressured to have an abortion or place their children for adoption. Others were pressured to carry the pregnancies because “they opened their legs.” One participant also expressed frustration with people who consistently monitor what they are doing while pregnant so that they can tell them how to do it better.
- **People who do not recognize the hard, good work they are doing.** Young mothers pointed out that many people focus solely on the pregnancy and assume the young mother’s life is over. Participants expressed disappointment that few people recognized their efforts to continue their education or raise the child in conscious, healthy ways.
- The **dual standard for men and women** in terms of responsibility for unplanned pregnancies (discussed further below).

## Fathers

This last point above brings us to recurring issues with “fathers” that surfaced during the focus group discussions. During some focus groups, it was difficult to broach the subject of fathers’ reactions to their daughters’ pregnancies as well as the contributions and reactions of the babies’ fathers because it was obviously a painful topic for some of the participants.

### *Mother’s Father*

Overall, from the focus group discussions, we learned many participants’ fathers played a limited role in supporting the pregnancy and the upbringing of their daughters’ children. As illustrated in figure 3, less than half of participants reported fathers as a source of support during the pregnancy (41%) or with raising the child (48%). If their fathers were present in their life, most participants explained that their dads were simply angry with them for being pregnant or quiet about the matter.

## *Child's Father*

At the correctional facility where we conducted a focus group, the majority of the participants did not have any contact with the baby's fathers, and some of the participants at the school and community-based research sites did not either. As illustrated in figure 3, less than half of participants reported the child's father as a source of support during the pregnancy (48%), although support from the child's father seemed to increase after birth (59%). In fact, some young mothers maintained that this is typical for young moms—their partners leave upon the news of their pregnancies. At least three participants reported a marked change in the contributions of the child's father once he got a new girlfriend. Usually if the boyfriend/baby's father was distant, the family of the father was too.

Young mothers expressed disappointment that the babies' fathers did not make plans upon learning of the pregnancy or change their behaviors to support the pregnant mother or the upcoming child. Many young mothers explained that the fathers of their children remained "unstable" or needed to "grow up." The father of the child was a source of disappointment for some participants, who were less than happy that having the baby meant continued contact with the boyfriend/father of the child.

A1: My baby's dad, he was supportive, he was happy that I was pregnant but I think it was more of the fact that like I would always like be around now.

Facilitator: So he had you.

A1: Yeah he had me. And like yeah. But he loves the baby but I think it's more that he just wants to have me around.

A2: Same here. I think my baby's dad uses it as like "oh well I'll have this baby with her." But a lot of times it's just like well "how are *you* doing?" or "what are *you* doing?"

A1: Yeah, "Why are you doing this?"

A2: He uses the baby as an excuse to check up on me and see what I am doing. And like keep me around.

The stories exchanged during the MPSP challenge gendered stereotypes that presume teenage pregnancies are the result of young women's desires to sustain a loving relationship with their boyfriend. In fact, as illustrated by the exchange above, there was evidence that men may benefit from young women carrying pregnancies and keeping their children so that they may continue to be in contact with the young woman.

Also challenging gendered stereotypes, many young mothers reported feelings of empowerment at the discovery or pregnancy or after the birth of the child, that inspired them to ask unstable or self-destructive boyfriends to leave for the well-being of themselves and their children. One young mother shared how her thoughts about her child's father changed after she moved back in with her parents and reflected on the father of the child's behavior:

But I really feel like, I do love him, the fact that he's the father of my kid, but then a part of me tells me I deserve better, cuz I mean when I was with him I wasn't allowed to really do much you know, it was like his way or no way. And I wasn't allowed to wear makeup, or make myself feel pretty and I told my mom the reason why I don't wanna go

back to him is because I enjoy being able to go out places and not having a boyfriend texting me, where you at, what time are you gonna be home. I enjoy that freedom, but whenever I'm with him, he'd be texting and blowing up my phone all day. Like I'd have 30 or 40 missed calls from him and then like 10 voicemails so I told my mom and I enjoy being single. I mean I do love him and always will, like I told my dad, but it has to go this way, cuz then if both of my daughters be the way that he is like you're not allowed to wear makeup, you can't dress this way, then they're gonna think that when they get a boyfriend, that it's okay for their boyfriend to talk to them that way you know and pretty much like control them and it's not like that you know, and they shouldn't be in that kind of relationship and that's something I don't want my daughters seeing, not letting a guy tell them what to do, what they can look like you know.

In this case, the experience of motherhood (along with the opportunity for distance from the baby's father) helped this participant come to an understanding about what she and her daughters deserve—a partner and father figure who respects them as individuals with rights to freedom. The experience of motherhood can lead to better understandings of the importance of healthy relationships.

Many participants who experienced frustration with a lack of effort on the part of the child's father were in the process of getting court-ordered child support, full custody, or sole parental rights. Such legal action takes time, money, and incredible amounts of effort for busy single mothers. It is important to understand the resourcefulness and strength of young mothering women in our community who are engaging in these efforts. At least one participant expressed a desire for more assistance with taking legal action.

### *Gender Issue: Dual Standards for Mothers and Fathers of Teen Pregnancies*

Although not originally one of our planned focus group questions, most group discussions touched on the unfair dual standard for teen pregnancies. Participants were very aware of the undue burden that women carry for unplanned pregnancies.

A3: It's not on the guy. It's like if they want they can walk out whenever they want and we can't.

A4: It's crazy cause there's moms like that. Some moms do walk out but. . .

A1: But it's usually assumed that the mom

A4: Has to be [there].

A1: Its assumed that the mom is there for the baby, and that if the mom's not there it's like really bad. But the guys . . . it's like something that is normal.

A3: The pressure's not on them!

At another focus group a participant stated “I think that people are more accepting if they [fathers of teen pregnancies] decide not to do something. Not enough people are standing up and saying, ‘Hey, you’re in this too. Just because you are not the one who is physically attached to it.’ I think people are just letting them off really easy. . . I mean if he does decide to stick around people really don’t do anything. . . I don’t think he gets judged, he gets congratulated.”

The passion with which young mothering women spoke about gender inequalities with pregnancy and motherhood suggests that they would like to see changes in society for equitable treatment of young men and women who are parenting.

### *Positive Experiences of Fatherhood*

While there were recurring issues with the contributions of men in these stories, there were other experiences that reflected positive contributions from fathers of the child. For example, the participants in the exchange above later reflected that:

- A1: There *are* exceptions like [A5], and then [another girl at the school] too. . .  
A2: and her, like [A4's] boyfriend, even though it's not her [baby's] dad.  
A4: When we first like when we first got back together his friends he graduated last year from [school] but his friends whatever would tell him, "Oh you're stupid." This and that . . .  
Facilitator: To go with a girl who has a baby?  
A4: But then, yeah, but like it's not. Like even his cousins have told him—cause like they're married—they're like, "you're not stupid you're actually one of the very, very few men out there who would stand up"  
A2: *That's* a man!  
A3: That's a real one!  
Facilitator: [to A5] And your boyfriend's around a lot?  
A5: Yeah.  
Facilitator: And you live with him right?  
A5: No I don't.  
Facilitator: So you live back with your mother? And where's he?  
A5: With his mom. [laughs]  
Facilitator: With his mom that's interesting but you've stayed together as boyfriend and girlfriend and mom and dad.  
A5: Yeah.

At least two participants had boyfriends who functioned as the father their child in the absence of the biological father. Other participants lived with the biological fathers of their children, or explained that they were a part of their lives. The following list illustrates the ways that fathers of the babies were described as supportive:

- Helped to discover the pregnancy by arranging the pregnancy test
- Helped to tell the families about the pregnancy
- Lived with the mother of the child
- Expressed excitement about the pregnancy and child
- Contributed to picking out the name
- Provided transportation to appointments
- Purchased things for the child, on their own without prompting from the mother
- Shared the child-rearing duties
- Called the child their child → did not call watching the child "babysitting" As one participant put it, "Not all of [fathers are bad], I mean there are good dad's out there. . . Or, like [my son's] dad, where I know he loves him, but he loves him like an uncle—he

loves to be around him and would do anything for him but he likes to give him back at the end of the day kind of a thing.”

From these findings, it becomes apparent that schools, families, and other social supports need to educate and guide men to be a supportive partners in relationships and while raising children.

## Schools

Most MPSP participants were attending school when they became pregnant with their first baby (93%; n=25). Moreover, many were attending school at the time of the focus group (92% n=23). Thus, we were particularly interested in how schools were supporting students who are pregnant and parenting.

Educational ethnographer Wanda Pillow’s 2004 study *Unfit Subjects: Educational Policy and the Teen Mother* explained that although Title IX mandates equal education for students who are pregnant or mothering, there is very little follow through to ensure that students are being offered appropriate accommodations at their school (see also NWLC 2012; Luttrell 2003, 15-21). A recent report from California’s Latinas For Reproductive Justice (CLRJ 2010) maintains that despite federal and state laws requiring equal treatment for pregnant and parenting students, their focus groups with Latina mothers illustrated that young mothers are sequestered off in their schools, pressured to leave their original school for a special school for pregnant students, and/or given substandard educations at these pregnancy programs (6).

Three MPSP participants’ experiences corroborated the findings of the CLRJ as they shared that they had transferred to schools with services for young parents because their original school administrators explained that they could not support them. Focus group participants who attended schools without programs for young parents noted that they did not see many pregnant students at their schools, but commented that they thought students who become pregnant often left before the administration found out.

During one focus group discussion, participants talked about why some schools do not offer services for pregnant students. One participant suggested it may be thought to be “ghetto,” or low-class, to have services for parenting teens. Another participant explained that schools “don’t want that, like, image of like, you know, oh we have a nursery here for girls that get pregnant. Them? Like other schools are just like get out if you don’t like it. I’m sorry but we don’t have anything here for you.” One participant hoping to return to school lamented that schools with helpful services for parents might be difficult to find and/or find transportation to. In fact, Pillow writes that “less than 5 percent of schools nationwide provide childcare services to teen mothers” (153).

Otherwise, we received an overwhelmingly positive response regarding schools’ reactions to young motherhood. Participants who attended schools or institutions with multiple pregnancy and parenting-related services appreciated having everything in one place. Participants from the juvenile detention center particularly admired the Head Start program and wished that all young

mothers to have an opportunity to take part in such services. Students at schools with programs for young parents really appreciated the efforts of the program's teachers and school counselors who coordinated services for them such as TOPS, WIC, and applications for federal assistance. A strength in these programs seems to be their ability to get the word out to participating mothers about social services available to them. This may be a contributing factor to the significant 2 point shift in knowledge level about services available to pregnant and parenting teens (figure 2).

### *Schooling Options*

We took an informal tally of what option mothering students preferred in terms of schooling accommodations: staying at their regular high school, attending a school designed only for pregnant and parenting students, or attending a comprehensive high school with an established program and services (like daycare) for pregnant and parenting students.

Interestingly, all participants at the correctional facility said they might prefer a program that included only pregnant and parenting teens because of the built-in support and unlikelihood of being judged by non-parenting peers. All MPSP participants from schools with services for young mothers said they preferred that option because it allowed them to continue at their original school and feel "normal"—not like pregnancy changed everything about them or that their life is all about pregnant and motherhood. Finally, 2 participants who contributed to the focus group session at TOPS explained that staying at a school without pregnancy services is beneficial because 1) they did not like the quality of daycares at the local schools with daycare programs and 2) they did not like the idea of attending a full school day as required by the pregnancy programs. Since most teen pregnancies occur with women who are 18-19 years old, many young mothers are seniors who may have only a few credits to finish up. Staying at a regular high school allows them more time because they are not required to have a full school schedule. Other ways regular high schools provided support included:

- letting the student leave class for pregnancy or lactation purposes when and if needed,
- counseling and supporting pregnant/parenting students when peers or teachers harassed them,
- giving them options for where to go for school (without pressuring them to choose),
- excusing tardies or absences related to pregnancy and parenting,
- and sending work via email when the student needed to remain at home or in the hospital.

Both students remarked that specific teachers and administrators stood out as especially helpful in negotiating the demands of parenthood and student work. One participant originally left school during her pregnancy and chose to continue her education through an online school. She had trouble focusing and chose to return to her high school with a program for young parents. Other students expressed the importance of being in a physical space with an actual teacher in front of them.

Overall, it is important to highlight that many of these pregnant and parenting teens conducted research on what schools they should attend and what school arrangement would be best for their babies. Many then acted upon what they learned to enroll in the school of their choice.

School Type	Alternative for Parents	Regular with Services	Regular
<b>PROs</b>	<ul style="list-style-type: none"> <li>• Opportunity to bond with other pregnant women</li> <li>• Feel “normal”</li> <li>• Opportunity to support and mentor each other</li> <li>• Avoid fears and harassment because of pregnancies</li> </ul>	<ul style="list-style-type: none"> <li>• Provides daycare</li> <li>• Encourages graduation</li> <li>• Provides help in getting needed services</li> <li>• Allows a break from children and a chance to feel like just a “normal” student</li> </ul>	<ul style="list-style-type: none"> <li>• Provides a rare break from child</li> <li>• Opportunity to participate in activities with original peers (prom, graduation, etc.)</li> <li>• Allows part time schedules for students with enough credits</li> <li>• Individual teachers/administrator attention to and accommodation of matters</li> </ul>
<b>CONs</b>	<ul style="list-style-type: none"> <li>• Feel abnormal to be at a “different” school</li> <li>• Less quality education (no AP courses or college credit courses)</li> </ul>	<ul style="list-style-type: none"> <li>• Potentially problematic daycare (too many rules or not clean enough)</li> <li>• Requires a full schedule &amp; helping at the center</li> <li>• Extra rules for the students who have to sign a contract to participate in parenting program</li> <li>• Peer and teacher judgment</li> </ul>	<ul style="list-style-type: none"> <li>• No daycare</li> <li>• No services</li> <li>• No built-in cohort of other parenting students</li> <li>• Peer and teacher judgment</li> </ul>

Figure 4: Pros and Cons of Schooling Options

One recurring issue that surfaced in the focus groups was judgmental comments given to pregnant and mothering students on school campuses. Some teachers, substitute instructors, and non-pregnant/parenting students were explicitly hostile toward pregnant or parenting female students attending their school. This may be because schools struggle to balance efforts to prevent teen pregnancies by socializing students to think negatively of teenage pregnancies, while also supporting pregnant and mothering teen students’ efforts to continue their education. This leads to conflicts between parents, students, teachers, and parenting students.

### Teachers

When asked about the support of teachers and staff at the school, our participants seemed to generally approve of how they were treated at their schools. Many had attended their schools for multiple years prior to their pregnancy so while some teachers expressed a little disappointment

at the news of their pregnancies, most just supported them as students. However, at each focus group we learned of incidences with teachers and substitutes who were not supportive and who would discuss the students' pregnancy negatively in front of the other students.

For example, one participant explained that she was "kicked out" of a class because the teacher did not approve of the fact that she was pregnant at 16 years old. When asked about how the teacher could expel the student from the classroom the participant replied, "Legally, no she can't do that, but she did it anyways." This participant later explained that the final straw was one class period in which the teacher looked at her and announced to the class, "We're gonna have a conversation on teen pregnancy today" which humiliated the student. The participant said, "Yah like I was gonna defend myself. My friends were defending me in the classroom too so we all got referrals and got kicked out, but it was worth it to me in the long run." It was clear that this student felt walking out of the class was an empowering decision in response to mistreatment and judgment of her by the classroom authority. The administration upheld the students' referrals for walking out of the class, but also helped the pregnant student switch classes to avoid future conflict.

Along with educating teachers (both temporary and permanent) about the inappropriateness of commenting on a student's pregnancy, schools should also consider their approaches to teenage pregnancy prevention efforts. Some preventative strategies may make pregnant and parenting female students (who embody the "issue" more visibly than male students at school or in the community) feel judged. For example, at one school where students receive education in the physical demands of pregnancy by wearing pseudo-pregnant bellies, a pregnant student felt upset when another student wearing the fake belly exclaimed, "Oh God! I would never! Like, who would want this?" While schools have a responsibility to educate students on the demands and tasks of pregnancy and parenthood in general, they should be mindful of the effects of stigmatizing pregnancy at the school.

Another student participant reflected on a recent encounter with a substitute teacher at her school. She requested to go to the nursery during class time (an option available to students attending schools with daycares for student parents) and the substitute teacher questioned this request, "For what? What are you gonna do in the nursery?" When she explained that she needed to see her baby, he asked, "Oh! How old are you?" Focus group participants were astonished that the substitute would ask judgmental, personal questions of the young mother in front of her entire class. This student responded to the teacher by saying "shit happens" and pointing out that "back in the old days girls used to get pregnant at 13." She then walked away to the nursery. Students in the class supported this student by explaining to the instructor that she had a baby and was allowed to check on him in the nursery.

### *Student and School Responses to Judgmental Teachers and Staff*

Again, it is important to emphasize the both student peers and administration seemed to actively respond to these incidences. One participant explained,

I would have this one substitute and she hated the fact that I was pregnant. She was like, 'I look down on you cuz your pregnant' and I just got up and walked out of the classroom, I just got up and walked out. . . went into the principal's office, told the

principal what happened and he immediately went into the classroom and he was like [to the substitute] ‘you can leave now, I’ll sub the class.’

Acknowledging students’ complaints of mistreatment by teachers or substitutes validates the young mothers’ experiences and helps them to feel supported at school and confident to continue their education. It would be wise for schools to consider educating both teachers and students alike in the importance of supporting all students in school—regardless of differences in class, race, age, ability, or pregnancy/parenting status so that these incidences are less likely to occur. Efforts to prevent teen pregnancy should not come at the cost of making pregnant and parenting students feel ashamed and potentially unmotivated to come to a school where they are made to feel inferior.

### *Peers*

Participants also reported incidents with peers at their school. For example, students at a school that positions its daycare and pregnancy/mothering program services at the back of the campus experience hostile stares and rude comments as they walk across campus to the support center. One student explained that she catches parents staring at her as she walks through the parking lot. Another student experienced male students who yelled “MILF” (slang for “Mom I’d Like to Fuck”) at her as she strolled her infant to the school daycare. Another mothering student was told by a fellow student passing by her that she “shoulda wore a condom!” The students at this school discussed the possibility that these comments come mostly from freshman students who do not know the pregnant/parenting students and who may see sex and pregnancy as more foreign and abnormal than older students.

A participant at another focus group called such peers “enemies”:

You know, they be like ‘She wrong, having that baby, she’s young.’ You know, people that just be hating you, that say something about you, so. That’s what I had in school. People just looking at me while I am in there. Like ‘What you all looking at?’

Understandably, this young mother hid her pregnancy from family, teachers, and most students for the majority of her pregnancy leading to a dramatic start of her labor at the school nurse’s office. Later, in that focus group, when discussing the pros and cons of different school options for young parents another participant spoke positively of the idea of a space just for pregnant and parenting teens: “You wouldn’t be like, um, afraid of showing your stomach, showing that you’re pregnant because you would see other girls pregnant. It would be good because you would feel the same as them.” At least one focus group participant in our study said that she left another school because “the kids, you would just want to knock them out.” Though the teachers at that school were supportive, the students were excessively hostile. Yet schools that serve pregnant/parenting students alongside non-pregnant/parenting students can also make efforts to educate all students at the school in the importance of supporting people who do the hard work of parenting and schoolwork—regardless of age.

School efforts to create a supportive environment are especially important considering that responding to peers and teachers is tricky for young women who are part of programs with

special rules about their behavior and conduct. For example, on her first day at the detention center, one student received judgmental comments from a peer.

J1: Like somebody asked me “You’re pregnant?” and I was like “Yeah, this is my second one.” [He] was like “You’re serious? How old are you?” It’s like, “What do you care?” You know? I was like “Uh, 17.” And he was like “Dang, how old did you have with your first one?” I was like “14.” She [sic] was like “Damn, you’re young, that’s crazy.” I was like, “Okay, whatever.”

Facilitator: Is that what you said “Okay whatever” and rolled your eyes and walked away?

J1: I walked away, I was like, I don’t care. It’s my responsibility not yours. That’s what I said in my head though [laughing]. But, it’s kinda weird. It’s like “Dang, she’s judging me already.”

Facilitator: Were you happy with how you responded? Just to walk away and then say that little retort in your head, you know?

J1: Well, if I would have kept talking somebody would have called me. The staff they wouldn’t have allowed us to keep talking.

Another student explained that, “a lot of people, they like they just come up to me and just touch my stomach. I am like ‘We’re gonna get boundaries!’ cause you can’t touch each other in here.” Since this school had strict rules about talking in the hallways and touching each other’s bodies, peers’ persistent line of questions and uninvited touches were especially discomforting because it could get them both in trouble with the administration. Students at a school with services for pregnant and parenting students mentioned that enrolling in the special program required signing a contract with special code of conduct provisions. Thus, when students yelled hurtful things at them, they felt like all they could do was walk away: “You can’t be in fights and you can’t be in like altercations and stuff. . . We get kicked out like one fight or anything we get kicked out” of the program and have to find other accommodations for pregnancy/parenting related services and childcare for their children.

Situations in which peers talk down to young mothers cause the pregnant and parenting students to feel anxiety, anger, irritation, and potentially distracted from coursework and the other positive aspects of the school. It would be beneficial for local schools to make an effort to broaden the awareness of these incidences and the ways it makes young parents feel, perhaps highlighting the dual standard for young mothers versus young fathers (who don’t visibly “embody” the problem and thus, presumably, don’t get comments as much).

## **Young Pregnancy/Motherhood and Public Confrontations**

Especially important for young pregnant and parenting women are safe spaces where they are not harassed because of their teenage pregnancy. The importance of a safe space became apparent during participants’ discussion of negative comments from people they did not know—outside of the school context. While many young mothers received positive remarks about their upcoming births and the cuteness of their children, most mothers also reported receiving scrutinizing stares in public places such as grocery stores and shopping malls. Strangers approached them to ask about their age (and then tell them they are “too young” or “stupid”), their boyfriends/husbands

(“are you married?”; “do your children have the same baby daddy?”), and their future plans (“what have you done to yourself?” or “what are you going to do?!”). Such comments often upset young mothers and reduce their self confidence, sometimes causing them to question what they are going to do to cope with the unexpected pregnancies. During the MPSP focus groups, young mothers pointed out the uselessness of such remarks—what do these strangers seek to accomplish by making hurtful comments to a woman who is already pregnant?

### *How to Respond?*

Young pregnant and parenting mothers are strategic in responding to uninvited comments from strangers. As mentioned above, many just **walk away** and find comfort in turning to the people in their lives who do not judge them. Others confront the comment maker to **bring attention to the rudeness** of such a personal question. For example, one mother responded to an inquisitive shopper at a grocery store, “That’s none of your business.” Another participant brought attention to privacy issues by saying “What do you care? I don’t even know you.” A few participants brought up **humor** as a way to respond to such questions. When students gave one participant a hard time for waddling when she was pregnant, she joked, “Yep, I am a penguin!” One young mother suggested wearing a shirt that says “Yes, I’m young, I’m pregnant, get over it.” She explained, “Well think about it. If someone is staring at you and, like, you are at the grocery store and you know they are staring at you and you do that ‘What? I see you staring at me!’ It makes them lose their power of judging you because it’s like, ‘Hey she doesn’t care.’” Other participants also talked of the value of **staring back** at people who stare, in order to take back the power in that moment. At least two participants told stories of mothers (either their own or their boyfriend’s) **standing up for them** in response to terrible comments about their pregnancies.

I remember one time I was sitting at the store with my mom and I was still pregnant and some old lady comes next to me and was like, ‘mi jita you’re so young why would you do this to yourself’ and I was all like [makes a face like “oh my god!”].... and my mom was just looking at her all like ‘get away from her!’ . . . my mom told her to leave, if she could please leave.

It is clear that pregnant and parenting young women creatively respond to strangers’ remarks. However, many young mothers also appreciate others’ efforts to stand up for them in response to such judgments.

### *What Can We Do?*

We asked participants what the community could do (if anything) to prevent such anxiety-provoking and invasive incidents. Some focus group participants stated that there was really nothing to do. “It’s always going to happen,” one mother said. “I guess it is just their opinion about it.” Some focus group participants thought that such comments were just part of the curiosity that is human nature and some pointed out that no matter what, there will always be those judgmental people in the world.

Other participants thought that more could be done to prevent these comments or to prepare young mothers for the scrutiny they may receive. When brainstorming what the community could do about these incidents we discussed the following ideas:

- **The community should foster and support discussions among young pregnant and parenting mothers so that they can discuss these confrontations and share their strategies for responding to strangers. This may lead to feelings of empowerment and supportive bonds among parents.**

Even those participants who did not believe anything could really be done about the rude comments people make to pregnant and mothering teens thought that preparing teens for such remarks might be helpful:

A6: It would have been helpful to have like prepared yourself, like, to know that, like, oh yeah people are gonna say that about you. That would have been like easier instead of like, “Wow, I can’t believe they just said that!”

At another focus group a pregnant mother suggested:

J3: Maybe you can build the confidence. Cause you know you can get like, whatever, hurt inside. But like, we should be able to accept the fact because like it’s gonna happen.

Facilitator: Right. And so maybe doing exercises and talks like this where we can be like “What can we say in that moment?” Or, “How can we blow this off?”

J3: Ya, everybody just tell like what has been said to them and they could be like “Oh ya? Well. . .” and relate to each other.

- **The community could promote a general awareness of the need to respect young mothers for the hard work they do and the sources of support that they have to raise their children. This may encourage people to think before they judge.**

S4: I think they should give like us, since we are continuing with school, and we’re trying our hardest to give our kids a good life and a good future. They should give credit to the ones that are still trying to, you know, do what they can and get their education and stuff like that. Instead of just jump and judge all of them in general. . . the thing is people just automatically assume “oh well, you know, their life is screwed.” They don’t think, “yeah, well they’re trying to get a good life.” They don’t recognize that people *are* trying . . .

One student pointed out a need to understand the diverse and complicated contexts for “teen pregnancy” instead of just focusing on an individual girl and thinking she is just a badly behaved person:

A2: I think people need to be more like, I mean, I know its kinda hard, like, again girls our age *shouldn’t* be getting pregnant but you know it happens. So you know I think that people need to be more educated on the whole . . .because I’m not trying to put anybody’s business out there. But like at the same time, like, we come from some pretty, I don’t wanna say, messed up families?

A6: Not perfect families.

A2: Yeah, uh, we have some issues. I know everybody does but, like, I believe that girls that get pregnant at an early age - they have some issues in their family and stuff since we were little, and I um think that they need to be aware of like how we grew up and like stuff like that before their like, “oh you just got pregnant.” No, there’s a back story to it, you know?

Another participant pointed out that people should “understand like, you could be with one person and you make a mistake or you could be using birth control and it fails but you don’t believe in abortion so it’s kind of like, you’re just going to have this baby” so it is unfair to judge such a person as irresponsible, promiscuous, or to tell them they are doomed. This participant also pointed out that other people escape public judgment, such as women who choose abortions and men (the fathers of teen pregnancies and sexually active men in general).

Perhaps more complicated views of young mothers would lead to what young mothers would really appreciate—acknowledgment of the hard work that they do. “I just think we should, I don’t know if you guys feel the same way, but just being told, like, ‘You’re doing a good job. Keep it up.’”

### *Concerns about Promoting Fair Treatment of Young Mothers*

It is important to note that during one of the focus groups, participants expressed hesitance about a general awareness campaign that might bring *more* attention to their position as teen mothers. Some thought young mothers should accept such comments as a consequence of their “choice” to become pregnant (although only one young mother in our study indicated that her pregnancies were planned). For example when the facilitator asked about promoting a campaign to say, “Hey teen pregnancy is not end of the world. These are parents trying to do their best. Lay off”, young mothers at one school responded:

S3: Well it’s not, I mean, like there’s so much focus on teen pregnancy. Which makes it more, like. . .

S4: That’s just how it is supposed to be.

S3: We might of not all been like “hey let’s not get pregnant,” but we *chose* to have a child.

S4: We did what we did and put ourselves in that situation.

Facilitator: But do you think there should be some public awareness, like “if you see a teen mom, don’t judge”?

S3: I don’t think it really matters. Like.

S2: I think they’ll just still judge.

[talking over each other]

S4: They’ll probably just judge about that comment. People are dumb that’s just it.

Facilitator: You think they’ll judge about that comment ?

S3: [laughs] Yeah. That would make it more noticeable.

## Teenage Pregnancy in the Media

There is considerable coverage of teenage pregnancy in the media, so we asked our participants how they felt about shows about teenage pregnancy and motherhood. At least half of the mothers we interviewed (n=14) watched MTV's reality television shows *Sixteen and Pregnant* and/or *Teen Mom* and two participants regularly watched the ABC Family television show about a pregnant teenager called *The Secret Life of an American Teenager*. Others joined the discussion about such media from what they had heard about the shows.

### *The Positive Aspects of Teenage Pregnancy on TV*

Overall, the participants had different views about current teenage pregnancy-related shows. Some young mothers found the reality television series helpful and enjoyable to watch because the shows seemed to depict both the good and the bad aspects of motherhood. This was something the young mothers could relate to.

J2: I think it's like, really helpful, because you can see the good things and the bad things that you will always have problems and everything. And you will need to solve them, like, I don't know. It actually helps me.

J1: Ya, I was like "Hey, that's me, I have been through that!"

...

P1: I mean, for me I think it is helping. And I think it is okay. But then there are those people who just they hate the shows. They don't want to hear about it. They don't want to see it. They think that is the worst possible thing you could be doing because, you know, other teens may think, "Oh, that looks fun." Or "oh, what a cute little baby. I want one." But you do see at the end they are always fighting and crying and, you know, having a hard time at school. So I mean it does show that it is not a walk in the park.

### *The Negative Aspects of Teenage Pregnancy on TV*

However, many of our participants found it frustrating that the shows leave out a primary daily struggle of teenage years and motherhood—financial hardship. Participants from low-income families hypothesized that the characters on these shows are from well-off families or that the shows pay them well enough. So, some participants pointed out that characters in these shows do not struggle for money as some of the MPSP participants do. Some also thought the attitudes and values of the characters on the reality shows reflected their financially prosperous family background.

All participants agreed that the reality television shows were definitely *not* realistic in terms of the dramatic plotlines of the show. Participants complained that the shows focus too much on the young women's relationships with their boyfriends, often focusing on dramatic fights between teenagers or adults instead of focusing on the child and what the young woman does to bond with the baby and balance school/work. One participant explained, "Them girls are crazy on there." Many wished that the shows would highlight that young mothers *do* focus on their kids. One young mother suggested that focusing on drama between boyfriend and girlfriend glorifies young motherhood as if it is about troubled love instead of the struggle to provide for your child.

S1: I think they glorify it too much. Like they focus on the drama and not the babies and them being the mom, like they focus on, like, the drama with but on the boyfriend. Not actually like their real struggles of actually being the parent themselves.

Other participants feared it painted too positive a picture of young motherhood because they include characters who attend college, who get back together with their boyfriends, who have help getting jobs, and who have families that babysit and support them throughout. One mother explained, “My parents don’t [babysit]. I don’t go out. Ever.” Many of the concerns about “glorifying” teenage pregnancy came from the participants’ assumption that the primary purpose of the shows was teenage pregnancy prevention. They came to this conclusion because of the teenage pregnancy prevention public service announcements that run before and after each episode as well as the way that media pundits present the reality shows as potentially helping to prevent teenage pregnancy. Most participants agreed that the shows would not prevent anyone from getting pregnant.

### *Effects of Media Portrayals on Real Teenage Mothers*

When asked what the effects of these shows are for real young mothers such as themselves, participants answered that it makes others think that the participants’ lives are just as dramatic as the characters on the show. Participants made clear that not *all* young mothers want to party all the time. Most young mothers prioritize their children. Some participants thought that the shows could potentially help because it may make young motherhood more normal for young mothers who watch the show or more acceptable to non-young mothering audiences who may sympathize with the characters on the show. Some were concerned that discussion about the characters on the reality television shows planning more children just to remain on the show could make others think young women get pregnant for money. Others feared that such shows make people think it is horrible to be a teen mom and, thus, may inspire the rude comments from people who think these young women’s lives are over.

A1: I think they over exaggerate like *a lot* like a lot a lot. . . Ya I’ve watched them and it’s like ya it’s hard at times but like.

A3: It’s not as hard as they show it.

A4: [It makes others] think we have so much trouble. My friend and her boyfriend are planning to have a baby but then she’s like, ‘no cause you guys have it the hard way.’ We don’t have it that hard. It’s *not* as hard as it seems.

P3: I think a lot of that show’s dramatized whether they want to admit it or not. They make it look like it’s so horrible to be a teen mom. It’s not the best thing to be a teen mom, but it’s not horrible.

### **What Can People Do to Be More Supportive of Young Parents?**

We concluded each focus group with one last open-ended question calling for our participants to tell us “how can people be more supportive of pregnant and parenting teens?” In response, many participants expressed appreciation for the services they already received. They were grateful for organizations and mentors who provided materials for themselves and their children (toys and books), who provided services free of charge or at reduced costs (healthcare, childcare,

transportation), and who provided encouragement as they balanced child-rearing tasks with other life demands (like schoolwork or sobriety).

Here are some other things our participants said would support young parents in our community:

- Legal support for issues related to parental rights, custody, and child support. This support should be articulated and delivered in an accessible way for busy teens
- More schools with childcare assistance
- Childcare options for sick kids that cannot attend daycare. Options for mothers who have to stay home with these kids and miss school
- Solidarity among students, teachers, administrators, medical staff, social service providers, and strangers to stand up for the dignity and respect of young mothers
- Verbal encouragement in recognition of the hard work pregnant and parenting teens do.

## CONCLUSIONS

Findings from the MPSP reveal that pregnant and mothering young women in our community are doing difficult, good work to care for themselves and their children as they balance many obligations. This report described and validated the many ways young mothering women in our community are supported by the individual actions of family and friends as well as the programmatic support of social services, medical services, and school institutions. The detailed lists of ways young mothers describe what they find supportive may be used as guidelines for family members, fathers of teen pregnancies, and other adult-allies who seek to assist in building a healthy and supportive context for youth and parenting people.

However, the MPSP also revealed the need to

- 1) challenge stereotypes about teenage pregnancy and young parenthood that may fuel hostile reactions or confrontational interactions,
- 2) combat the dual gender standards for reproduction responsibility, and
- 3) develop initiatives that prevent unfair or disrespectful treatment of young pregnant and mothering women.

Below we further discuss the implications of our findings about young pregnancy and motherhood.

### *Improve Sexuality Education and Access to Contraception*

Young men and women need comprehensive education about healthy sexuality along with information about how to prepare for the shared responsibility of pregnancy and parenthood. Our study indicates that young women in our community (and presumably young men as well) would benefit from more information about men's anatomy, pregnancy-related social services, and pregnancy-related medical services prior to becoming pregnant. Furthermore, young women would especially benefit from unmediated access to contraception and guidance in how to deal with family disapproval of contraception. For example, one participant shared a story about her grandmother throwing away her birth control pills shortly before she became pregnant. This,

along with our finding that most participants' pregnancies were unplanned, suggests the need for more access to information and contraceptive recourses.

### ***Support the Announcement of a Teenage Pregnancy and Counter Misconceptions***

Our report suggests that young pregnant women need resources and support for announcing their pregnancies, particularly to family members. Many young mothers delayed the process of telling family members, teachers, or friends about their pregnancies because of the fear of reactions. Most young mothers expected disappointment from their families and some feared being kicked out or physically abused. D'Arcy Lyness' (2009) short article "Telling Parents You're Pregnant" on *Kidshealth.org* offers advice to young women who need to announce a pregnancy to family. Institutions that serve youth could develop and make readily available pamphlets or handouts that include pragmatic tips for telling parents about pregnancies as well as resources they can turn to for support.

Furthermore, action needs to be taken so that family, teachers, and friends do not think that news of a young pregnancy means the end of a young woman's life. A website designed by and for young mothers called *Girl-Mom* includes many feature articles designed to build the confidence and knowledge-base of newly pregnant young women in terms of their rights and other resources that may help them. In addition, the National Latina Institute for Reproductive Health (2011) has constructed an informative poster, "What's the Real Problem," designed to combat misrepresentations of the consequences of teenage pregnancy. These resources could be used to broaden awareness of the misinformation circulated about young motherhood, potentially leading to the empowerment of young mothers and the end of negative stereotypes.

Families may also need information about legal and social supports in place for school-age parents, so that they can be prepared to advocate for their daughters' well-being while being informed that a teen-aged pregnancy should not mean the end of her education or career ambitions. The National Women's Law Center (2012) recently released an accessible report called "A Pregnancy Test for Schools: The Impact of Education Laws on Pregnant and Parenting Students" that includes wallet cards for student mothers that outline their rights as students and what to do if they face discrimination or mistreatment at school.

### ***Improve School for Young Parents***

From the "pros" our participants listed in terms of schooling options, it is clear that young mothering women benefit from schools that provide quality, affordable on-site daycare for students and staff; opportunities to bond with other parents at the school; standard school activities (like advanced courses, college counseling, and prom); an emphasis on graduation; and protection from harassment or mistreatment because of their pregnancy or mothering status. Schools that serve pregnant/parenting students alongside non-pregnant/parenting students can also make efforts to educate all students at the school in the importance of supporting people who do the hard work of parenting and schoolwork—regardless of age. It would be beneficial for local schools to make an effort to broaden the awareness of these incidences and the ways it makes young parents feel, perhaps highlighting the dual standard for young mothers versus young fathers (who don't visibly "embody" the problem and thus don't get comments as often).

Considering that many schools already have bullying-prevention initiatives in the works, young mothers could be identified as another group needing protection from harassment. Furthermore, circulating more nuanced information about pregnancy or parenthood may help students and teachers better understand the context and outcomes of teenage pregnancy. The Crossroads Collaborative (2012) recently put out a research brief called “Busting Myths” that challenges many misconceptions about young mothers.

### *Address Issues of Fatherhood*

Our study has highlighted a lack of support from both the fathers of young mothering women and the fathers of teenage pregnancies. Programs that aim to provide support for young mothers should take strides to increase the participation of men. Teenage parent groups that only include women may reinforce the belief/assumption that only women are responsible for pregnancy and child rearing. Schools can do more to educate young men on the responsibilities of sexuality and fatherhood. De-stigmatizing “teenage pregnancy” may encourage men to participate more in the pregnancy and upbringing of the child. Researchers find that the majority of the fathers of teen pregnancies are not teenagers so reaching young men before they leave school—whether they are fathers or not—may be the prime time to make an impact in terms of dual standards.

### *Challenge Stereotypes of “Unstable” Teenage Mothers*

In addition, it is important to recognize that many participants made informed decisions to emotionally and physically move away from the father of their baby. Some noted that the father of their baby was not stable or engaged in activities that did not promote a healthy adult relationship and/or fatherhood. Thus, while some may view the relatively frequent moves in living situation as unstable, these moves often reflect good decisions by the mother. We encourage others to take a deeper look at the reasons behind a pregnant or parenting teen’s behaviors - from a strength-based approach that first assumes decisions are made for sensible reasons and in the best interest of themselves and their baby.

### *Develop Skill-Building Support Groups for Young Parents*

While many of our participants benefitted from supportive programs established in their schools and institutions, it is clear that support groups for mothering women are needed community-wide. Considering that many participants expressed sincere gratitude for the supportive staff and programs on their campuses, schools without established teen-age parent programs should consider implementing groups as well.

Furthermore, pregnant and parenting teen mothers would benefit from skill building in ways not readily apparent. Young women in these focus groups talked a great deal about unwanted comments from people they know as well as strangers in public settings. It seems important that young mothers have a safe space for discussing unwelcome questions and comments from peers, teachers, strangers, and others. Young mothers benefit from the opportunity to vent about uncomfortable or frustrating interactions and develop strategies for dealing with such situations. Similarly, public awareness campaigns may assist others in developing positive approaches and interactions with pregnant and parenting teens.

## *Question Teenage Pregnancy in the Media*

Finally, critical thinking and reflection skills with regard to understanding how and why the media portrays teen mothers the way it does may assist pregnant and parenting teens (and others) and to decipher myth from reality, illuminate “accepted” gender norms that may not be in their best interest, and foster empowerment through advanced awareness.

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## APPENDICIES

### APPENDIX A: MPSP PROJECT BRIEF QUESTIONNAIRE

1. Today's Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_
2. How old are you today? \_\_ \_\_
3. What ethnicity best describes you? (circle all that apply)
  - Alaska Native ..... 1
  - Asian..... 2
  - African American/ Black..... 3
  - Caucasian/White..... 4
  - Hispanic/Latina..... 5
  - Native American.....6
  - Pacific Islander..... 7
  - Some other group..... 8 Specify (\_\_\_\_\_)
4. Are you currently pregnant? \_\_\_\_ yes \_\_\_\_ no
  - 4a. If yes, how many months pregnant are you? \_\_ \_\_
  - 4b. Was your pregnancy planned? \_\_\_\_ yes \_\_\_\_ no
5. How many times have you been pregnant (not counting current pregnancy)? \_\_ \_\_
6. How many biological children have you given birth to? \_\_ \_\_
  - 6a. Do you have legal custody of these children? \_\_\_\_ yes \_\_\_\_ no
  - 6b. If yes, how many do you have legal custody of? \_\_ \_\_
7. Are you planning on having another baby in the next 3 years? \_\_\_\_ yes \_\_\_\_ no
  - 7a. If yes, how soon would you like to have another baby? (circle one)
    - As soon as possible..... 1
    - Between 1 and 2 years..... 2
    - Between 2 and 3 years..... 3
8. Did you have health insurance when you were pregnant? \_\_\_\_yes \_\_\_\_no

9. Do you currently have health insurance for yourself? \_\_\_\_ yes \_\_\_\_no

10. Do you currently have health insurance for your child? \_\_\_\_ yes \_\_\_\_no

11. What services/benefits are you currently receiving? (food assistance programs, WIC; Headstart; DES childcare support, support groups)

12. Do you consider the financial environment/home in which you grew up to be: (circle one)

- Very poor ..... 1
- Somewhat poor..... 2
- Not poor and not well off (middle class)..... 3
- Somewhat well off..... 4
- Very well off financially..... 5

13. Do you consider the emotional environment/home in which you grew up to be: (circle one)

- Not at all supportive ..... 1
- A little supportive..... 2
- Somewhat supportive..... 3
- Very supportive ..... 4
- Extremely supportive..... 5

14. Whom/where were you living when you became pregnant with your first baby? (Circle all that apply)

- With your parents..... 1
- With the father of your baby..... 2
- By yourself..... 3
- With grandparents..... 4
- With other relatives..... 5
- With friends..... 6
- In foster care..... 7
- In a group home or other group type care.... 8
- On the streets..... 9
- Some other place..... 10 (Specify\_\_\_\_\_)

15. Where are you currently living? (Circle all that apply)

- With your parents..... 1
- With the father of your baby..... 2
- By yourself..... 3
- With grandparents..... 4
- With other relatives..... 5
- With friends..... 6
- In foster care..... 7
- In a group home or other group type care.... 8
- On the streets..... 9

Some other place..... 10 (Specify \_\_\_\_\_)

16. Did/is anyone help you through your pregnancy? (circle all that apply)

- Friend(s)..... 1
- The baby's father..... 2
- Your mother..... 3
- Your father..... 4
- Your grandparents..... 5
- Other relatives..... 6
- Someone else..... 7 Specify (\_\_\_\_\_)

17 Is/will anyone help you to raise your child? (circle all that apply):

- Friend(s)..... 1
- The baby's father..... 2
- Your mother..... 3
- Your father..... 4
- Your grandparents..... 5
- Other relatives..... 6
- Someone else..... 7 Specify (\_\_\_\_\_)

18. Were you attending school when you became pregnant with your first baby? \_\_\_yes \_\_\_no

19. Are you currently attending school? \_\_\_ yes \_\_\_ no

19a. If yes, is it a special school for pregnant teens? \_\_\_ yes \_\_\_ no

19b. If no, are there any services on site for pregnant/parenting teens? \_\_\_yes \_\_\_no  
If yes, what do they include?

20. What is the highest grade of school that you completed? (circle one)

- Never attended school..... 1
- Less than 5<sup>th</sup> grade..... 2
- Between 6<sup>th</sup> and 8<sup>th</sup> grade..... 3
- 9<sup>th</sup> grade..... 4
- 10<sup>th</sup> grade..... 5
- 11<sup>th</sup> grade..... 6
- 12<sup>th</sup> grade..... 7
- Some college or trade school after high school..... 8

21. Prior to becoming pregnant with your first baby, what was your knowledge level of:

**1= None    2= Very little    3= Some    4=Quite a bit    5=A lot**

\_\_\_ Women's reproductive anatomy (menstrual cycle; ovulation; cervix; uterus)

\_\_\_ Men's reproductive anatomy (testicles; prostate gland; scrotum)

\_\_\_ Contraceptive options

\_\_\_ Sexually transmitted diseases

- \_\_\_ The birthing process
  - \_\_\_ Mothering a newborn
  - \_\_\_ Where to get information on reproduction/contraceptives
  - \_\_\_ Where to get medical services related to pregnancy
  - \_\_\_ Where to get social services related to pregnancy?
- 21a. What would have been helpful to know more about before you became pregnant?

22. What is your current knowledge level of:

- 1= None    2= Very little    3= Some    4=Quite a bit    5=A lot**
- \_\_\_ Women's reproductive anatomy (menstrual cycle; ovulation; cervix; uterus)
  - \_\_\_ Men's reproductive anatomy (testicles; prostate gland; scrotum)
  - \_\_\_ Contraceptive options
  - \_\_\_ Sexually transmitted diseases
  - \_\_\_ The birthing process
  - \_\_\_ Mothering a newborn
  - \_\_\_ Where to get information on reproduction
  - \_\_\_ Where to get medical services related to pregnancy
  - \_\_\_ Where to get social services related to pregnancy?
- 22a. What would you like to know more about now?

## APPENDIX B: MPSP PROJECT FOCUS GROUP SCRIPT AND QUESTIONS

**Instructions:** Prior to facilitating the focus group, hand out the three-page brief questionnaire and have participants complete it and place it in an envelope.

**To Participants:** Thank you for participating in this focus group. As you know, our purpose here today is to discuss teen pregnancy and parenting in order to better understand the topic, to improve supportive services, and to find ways to help young pregnant and parenting women feel confident in being a parent and interacting with others. We will be audio-taping today's focus group discussion. Later we will transcribe the tape to look for ideas and themes based on your contributions. We have about 1 and ½ hours, but not more than 2 hours - so let's get started.

1. Talk about when you first found out that you were pregnant (first pregnancy) and your feelings about being pregnant. Did your feelings change over the course of your pregnancy and/or after the child's birth? If so, how did your feelings change?
2. Who was/was not supportive of your pregnancy? How so? (Probe for father of child, family, friends, employers, teachers, educational system, medical doctor/personnel, strangers, etc)
3. Prior to your first pregnancy, did you feel that you could make your own decisions about your body and about having sex? What about after you became pregnant?
4. Was the school that you attended or are attending supportive of you during and following your pregnancy? If yes, how so? If no, what could be improved?
5. Did you find the medical care team supportive of you during and following your pregnancy? If yes, how so? If no, what could be improved?
6. Did you find social type services supportive of you during and following your pregnancy? If yes, how so? If no, what could be improved?
7. How is teen pregnancy portrayed in the media? Do you watch TV shows on teen moms? What do you think of the shows?
8. Have you received comments from strangers relating to your pregnancy or motherhood? If so, can you give examples? How did you respond? Were you able to express what you felt at the time?
9. How can people be supportive of pregnant and parenting teens?

Thank you!