

**Teenage Motherhood: An insight into the discourses
concerning teenage mothers as expressed in popular media**

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ABSTRACT

Background: Teenage motherhood was identified as a public health issue in 1999 influencing NHS services and potentially affecting the way teenage mothers were spoken about and seen within society. There has been a suggestion that a societal stigma and negative assumptions may exist around teenage motherhood (SmithBattle, 2013). Discourses and societal assumptions can impact on societal treatment and on the mental health of those affected by the dialogues (Cree, 2010). Research also suggests that societal discourses impact on whether or not individuals seek help if needed (Spencer et al 2015). As a result it was deemed important to explore discourses concerning teenage mothers. **Aims:** The aim of this study was to explore the discourses concerning teenage mothers as portrayed in English newspapers from 1999 until 2018. It hopes to understand more about societal ways of talking about teenage motherhood since the introduction of NHS services for teenage mothers in 1999. Furthermore, it also hopes these themes may be useful in understanding barriers to services and the impact on teenage mothers' mental health. **Method:** one hundred and fifteen newspaper articles matching the research criteria were selected and analysed using a Thematic Analysis. This analysis was underpinned by a critical realist epistemology and was informed by the Braun and Clarke (2006) six-phased model of Thematic Analysis. **Results:** Three themes were constructed following the analysis: 1) it's a problem we need to fix, 2) negative stigma, treatment and fighting the stereotype and 3) it's not all bad. **Conclusions:** The findings are discussed within the context of the relevant literature and suggest there is societal stigma concerning teenage motherhood. The implications of this are discussed for clinical practice and future research.

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1. INTRODUCTION

1.1 Overview

This thesis is a qualitative exploration of the discourses (written or spoken communication) concerning teenage mothers as expressed in popular media. It aims to identify the way teenage motherhood is spoken about within society and later reflect upon the potential implications of this on both teenage mothers and on mental health provision. The research recognises the biological basis of motherhood (via the process of giving birth) but acknowledges that the discourses laid down in society both before and after the birth of the baby can impact on the experiences faced by mothers. This research focuses on the portrayal of teenage motherhood in English newspapers from 1999 until 2018. In 1999 teenage motherhood was identified as a public health issue and subsequently NHS services were structured in order to support teenage mothers (Hadley, Ingham, & Chandra-Mouli, 2016). It is likely that this will have affected the way teenage motherhood was viewed and talked about within society and this is why this timeframe was selected. This research aims to understand more about the themes of discourses in newspapers since the introduction of NHS services in 1999. This was deemed important for clinical psychologists to be aware of as there is evidence to suggest that societal assumptions and discourses can impact not only on societal treatment but also on the mental health of those affected by the dialogues (Cree, 2010). Furthermore, research also suggests that these societal discourses can impact on whether or not individuals seek help if needed (Spencer et al 2015). Knowing the discourses concerning teenage motherhood can therefore allow space to reflect upon the impact on teenage mothers' mental health and help to understand any barriers to services. It is hypothesised that the themes of discourses concerning teenage motherhood will influence how teenage mothers are positioned and viewed within society. As a result, this may also potentially impact on their wellbeing and treatment by both society and services.

During this chapter, I will set the context for this research by reflecting firstly on the concept of motherhood generally and how this has been viewed historically across different times and cultures. This will include the history of the NHS involvement in the mothering experience. It will also think about the impact of

psychological theories on the way motherhood has been perceived within society. This inevitably will have influenced the concept of teenage motherhood. As motherhood is such a broad topic, encompassing many different types of mother, I will then focus on some of the types of motherhood which have been viewed as problematic across time, before focusing on teenage motherhood specifically. Following this I will reflect on research suggesting there may be a stigma attached to teenage motherhood (SmithBattle, 2013) and think about the impact this can have on teenage mothers' mental health. I will then think about the role of the media in influencing societal discourses and the impact this can have on mental health and help-seeking. I will end the chapter by summarising the information presented and finish by describing the rationale and question for the current research.

1.1.1 The history of 'motherhood'

Historically, motherhood was not seen as an area which warranted particular attention within England until second wave feminism campaigned for it to be placed on the agenda (Woodward, 1994). Prior to this, the role of the mother within the family was assumed to be 'natural' and universal and therefore not necessary to investigate (Beechey, 1985). Becoming a mother was seen as a biological activity and only worth paying attention to if mothers 'failed' in their mothering abilities (Woodward, 1994). However, when the National Health Service was established in 1948 regular monitoring of the pregnancy and of the mother and child during the postnatal period became commonplace. The involvement of the state meant that mothers were now observed in a way they had not been before, resulting in the generation of new discourses around motherhood (Woodward, 1994). The NHS interest in the mothering period can be seen as both enabling and constraining (Woodward, 1994) as support was offered yet these interventions were used as a means of regulation and involved the 'policing' of mothers (Donzelot, 1980). It is very likely that this will have contributed to the way motherhood was spoken about and the way it is viewed within society. Although the NHS involvement led to renewed interest in maternal health (Davis, 2013) the focus remained largely on the biological process of becoming a mother and the concept of maternal mental health was largely ignored (Rivett, 1998). This focus on the biological aspect of motherhood perhaps reflects the social context of the time, with the impact of the Second

World War resulting in a real effort to increase the population due to declining birth rates for example (Smith, 1996). This was also seen within Nazi Germany where policies such as tax concessions and increased penalties for abortions aimed to increase birth rates (Gupta, 1991). More recently, in contrast, China has attempted to prevent families from having more than two children by utilising alternative policies (Levin, 2014). How motherhood is viewed within society is therefore largely dependent upon the social and political context of the time (Tummala-Narra 2009). As a result the concept of motherhood is likely to change across time in line with political discourses and the social circumstances of that period. Furthermore, not only does the political context influence the ways of speaking around a particular topic; but the discourses themselves are likely to feed back into the political and social context of the time. This can happen by societal and political assumptions influencing political decisions and policies (Foucault, 1980a) and by policies influencing how society perceives certain topics. This will influence how society talks about certain topics and will influence the subsequent treatment of particular groups.

This is further demonstrated via the differences in the way motherhood is seen across different cultures. Within England for example, teenage motherhood was signalled as a public health issue in 1999 and NHS services became involved to help tackle this 'problem' (Social Exclusion Unit, 1999). In contrast in Niger, teenage motherhood is not seen in this way and is instead embraced within society, with fifty-one percent of women having a child by the time they are eighteen years old (United Nations, 2016). The ways of speaking around motherhood are therefore heavily dependent on the socio-political context in which it occurs. As previously mentioned it is likely that these discourses influence societal and political policies but it is also likely that they will have an impact on the services supporting mothers.

Although the biological focus of motherhood resulted in a lack of attention towards the mothers' themselves (Davis, 2011), as time progressed more consideration was given to the experience of the mother. This largely resulted from the regular monitoring of NHS services, the subsequent interest in the mother and child relationship and the differences observed between mothers (Woodward, 1994). This led to an increase in the publication of psychological theories which attempted to explain the mothering experience and consistently

reflected the importance of the mother's role (Phoenix, Woollett & Lloyd 1991). These theories undoubtedly led to the generation of the good/bad mother binary (Ladd-Taylor & Umansky, 1998), a dichotomy which continues to be a key feature of maternal discourses today. Mothers who fail to meet normative expectations of the mothering role were and continue to be positioned as the deviant 'other' and viewed as a 'bad' and unfit parent (Wilson & Huntington, 2005). The influence of the socio-political context can again be seen via the psychological theories as they often provided support for the political and traditional ideas of that time period (Phoenix, Woollett & Lloyd 1991). As previously shown, this is not unusual and scientific culture is frequently influenced by political and social agendas (Suhay, 2017).

At the time of the increase of psychological theories, explorations of welfare policy show that 'traditional' beliefs about families and motherhood still prevailed (Henwood et al, 1987). These traditional beliefs included the idea that families should consist of a mother and a father, that it was the parents responsibility to ensure economic support and care for their children, as well as being able to teach them behaviours that were acceptable to society (Wicks, 1987). Furthermore, the mother was seen as almost solely responsible for ensuring her child 'turns out right' (Hardyment, 1990). Families who did not conform to these traditional beliefs, such as single mothers and those who were not financially secure were viewed negatively and positioned as 'bad' mothers; again contributing to the good/bad mother binary. The impact of being viewed as a 'bad' mother has been shown to have a detrimental effect on mothers' mental health (Cree, 2010) and can lead to a concealing of any difficulties in order to portray a 'good' mother image (Spencer et al 2015). It is therefore important to identify discourses around teenage motherhood in order to see whether teenage mothers may be positioned as 'bad' mothers as a result. Furthermore, research into teenage motherhood highlights the enhanced efforts made by teenage mothers to prove themselves as "good mothers" (Romagnoli and Wall, 2012). This effort suggests that on some level, teenage mothers feel judged and stereotyped. Feeling the need to 'prove' they are coping with motherhood may result in them not accessing help if needed (National Childcare Trust, 2016). This may act as a barrier to accessing support services and these ideas will be thought about in more detail later in this chapter.

Some of the psychological theories which have most noticeably influenced how motherhood is perceived within society were introduced by Kanner (1949), Bowlby (1953) and Winnicott (2005) and the influence of the socio-political context can be seen throughout. The traditional beliefs discussed above can be detected in Bowlby's (1953) psychological theory of attachment, through the impact of 'bad' mothering on children and the strong importance placed on the presence of the mother. These beliefs informed many parenting and child care manuals (Woodward, 1994) and frequently emphasised the vital role of the bond between mother and child and prescribed the qualities necessary for "good mothering" (Richardson, 1993). Furthermore, Bowlby's concept of 'maternal deprivation' whereby reported negative outcomes arose following children's separation from their mothers, was increasingly guiding health and social care professionals (Appignanesi, 2009; Lewis and Welshman, 2003; Riley, 1983; Rose, 1999). Following Bowlby, Winnicott was beginning to describe a theory he called the 'facilitating environment and the good enough mother' which again reflected traditional ideas of the important role of the mother. For him a facilitating environment for a child was created by the 'good enough' mother who was able to respond to her baby in a way that was advantageous to normal development (Winnicott, 2005). Despite their differences, Bowlby and Winnicott both asserted that the relationship between the mother and her baby in the early years of their life would have a significant impact on their future mental health. Kanner's theory of 'refrigerator mothers' (1949) also supported this view by suggesting that a lack of maternal warmth caused Autism in children. Although this theory has since been discarded, its effects lingered on into the 21st Century (Breggin, 1991).

These theories placed mothers at the forefront and showed them to be fundamental in determining whether their children 'turned out right' (Hardyment, 1990). As a result of their proposals, the relationship between the infant and mother became infused with political significance (Rose, 1999). Within society, these views were felt through the involvement of the state in 'supporting' mothers as it was deemed necessary to identify and help the mothers who were seen as likely to raise future delinquents (Koffman, 2012). Many have argued that motherhood still carries a much greater responsibility compared to fatherhood (Lupton, 2000) and this is shown by a lack of research into the experienc-

es of fathers (Nyland 2006). This ultimately provides society with a one dimensional and limited perception of parenthood (Phoenix & Woolett, 1991) but also increases the pressure placed on the mothering role and therefore on mothers themselves. This pressure is likely to not only lead to a greater desire to prove oneself as a 'good' mother (Cree, 2010) but can also create anxiety around being seen as a 'bad' mother. Fear of being seen as a 'bad' mother has been identified as a barrier to accessing services (Cree, 2010) and as mentioned above this can have a detrimental impact on mothers' mental health via a concealing of any difficulties (Spencer et al 2015). Perceived failure to meet the good mother image can also lead to maternal shame, shown from research of not being able to breastfeed (Ebisch-Burton and Flacking 2015) and for difficulties in bonding with the baby (National Childcare Trust, 2016). Shame is a self-conscious emotion which affects how someone views and evaluates themselves and it impacts negatively on self-esteem (Miller-Prieve, 2015). It has been linked to mental health diagnoses such as anxiety, depression, post-traumatic stress and eating disorders (Brown, 2006; Gutierrez & Hagedorn, 2013). Maternal shame is therefore likely to impact on individuals' psychological wellbeing and functioning (Scheel et al., 2014).

As time progressed, the increase in attention on the mothering role and the importance assigned to it, did lead to an acceptance of the need to assess maternal mental health. The transition from pregnancy to the postnatal period has been shown to bring about some of the most significant psychological, social and physical changes a woman will face in her lifetime (Mercer, 2004). Therefore, the impact that motherhood can have on mental health can be substantial (Barba & Selder 1995). More recently, studies have shown that a failure to adequately assess maternal mental health can have a detrimental impact on mother's future mental health and ability to seek support if required (Bright & Becker, 2019). Although historical accounts have described postnatal distress as early as the 4th century BC, postnatal depression was not recognised by the psychiatric community until its inclusion in the Diagnostic and Statistical Manual in 1994. This helped lead to a greater awareness and maternal mental health is now routinely assessed when midwives meet new mothers (Button et al, 2017). However, it is also possible that the inclusion of this diagnosis in the DSM may have enhanced the stigma of experiencing difficulties in the postnatal period. Greater

awareness of maternal mental health was further enhanced in 2007 when the Family Nurse Partnership (FNP) was introduced in England. This attempted to make support (including mental health support) for young mothers more accessible. This was originally open to mothers under the age of nineteen years, but has since risen to include mothers under the age of twenty-four. The FNP is an evidence-based programme delivered mainly by nurses and aims to improve the well-being, health and autonomy of young first time parents and their children. Following this, in 2015 NHS England pledged £365 million for specialist NHS perinatal mental health support. Although the initial involvement of NHS services was focused on the medical process of labour, more recent developments have therefore seen an increase in the attention on maternal mental health. Various celebrities have also used media outlets to talk about postnatal distress which has further contributed to a greater awareness and potentially helped to reduce any negative assumptions around it (Seale, 2002). This is likely to have impacted on the way motherhood is viewed within society by helping to start conversations about the difficulties associated with motherhood. As a result this may begin to normalise the experiences and consequently break down any negative assumptions. The media has been found to have a particularly powerful role to play in determining the construct of the 'good mother' (Pedersen, 2016) and consequently stories portrayed through media channels are likely to impact on how motherhood is viewed. The impact and influence of the media on societal perceptions and discourses concerning teenage motherhood will be discussed later in this chapter.

As this chapter has shown so far, motherhood is arguably a social construct (Silva, 1996) and therefore dependent on the socio-political context, culture and time in which it exists. Societal discourses around motherhood appear to focus on whether a mother is 'good' or 'bad' (Ladd-Taylor & Umansky, 1998). This may ultimately position particular mothers as inferior to what at a given time is considered 'good' mothers. This coupled with the unequal attention paid towards mothers and not fathers may add to a pressure on mothers to prove they are 'good' mothers. This potential pressure has been shown to impact negatively on mothers' mental health (Cree, 2010) and studies have shown it can create a barrier to accessing services due to a fear of being viewed as a 'bad' mother (Bright & Becker, 2019). As motherhood is a general term it

encompasses many different constructs of mothers, such as single mothers, older mothers, stay at home mothers, working mothers and teenage mothers for example. It is likely that the constructs of motherhood which a society chooses to speak about is also dependent on the context at the time.

1.1.2 The many constructs of motherhood

As motherhood is such a broad concept, there are lots of different constructs of mothers encompassed within it. Due to the scope of this thesis, there is not space to adequately reflect on the constructs, so as a result I will only briefly touch upon these here. Throughout history, different aspects of motherhood have been deemed as relevant to discuss. These have included working mothers versus stay at home mothers, with both being criticised at different times (Steinzer, 2006), single mothers, older mothers and motherhood amongst teenagers to name a few. At different times, different constructs of motherhood have been identified as a 'problem' within society which again potentially links to the socio-political contexts of the time. For example, single mothers were viewed as problematic throughout the 20th century and were seen as bringing 'shame' to their families (Kotwal & Prabhakar, 2009). This view was largely a result of the traditional beliefs mentioned previously whereby 'good' families had both a mother and a father (Wicks, 1987). This view has lessened as time has progressed due to a weakening of this traditional belief within society (Furstenberg et al, 1987).

Another construct of motherhood which has been deemed as 'problematic' is teenage motherhood. As previously outlined, teenage motherhood was identified as a 'problem' in 1999 when the Social Exclusion Unit defined it as a public health issue (SEU, 1999). The SEU reported a number of apparent 'difficulties' faced by teenage mothers which they said would lead to poor outcomes for both teenage mothers and their babies. As a result of this, the SEU reported that teenage mothers were at an increased risk of living a life of disadvantage (SEU, 1999). Following this report, NHS services accepted teenage motherhood as a 'problem' by structuring services to help try and prevent teenage pregnancies and support teenage mothers (Hadley, Ingham, & Chandra-Mouli, 2016). The way teenage motherhood was spoken about at the time may have impacted on how the mothers were viewed and positioned within

society. The identification of teenage motherhood as a 'problem' may also have influenced how teenage mothers viewed themselves in light of the perceived societal assumptions (Cree, 2010). Research suggests that societal assumptions can become internalised via an impact on self-esteem (Corrigan, 2004) which has been shown to affect mental health as a result (Hall et al, 1996). This idea will be discussed in greater detail later in this chapter.

1.2 The 'problem' of teenage motherhood

Despite the fact that teenage girls have always fallen pregnant, the construct of teenage motherhood did not exist in England until the 1960's (Bloom, 2009). Prior to this time, the age of mothers was not important and instead what mattered was whether they were married or not (Thane & Evans, 2012). Mother and baby homes, surrounded in secrecy, existed to provide residential support to unmarried women. Becoming a mother outside of 'wedlock' was considered shameful at the time, with mothers and their children disgraced, abandoned and cast out by society (Thane & Evans, 2012). This applied to all unmarried mothers regardless of age or background. As a result teenage unmarried mothers faced a similar trajectory and treatment to older unmarried mothers. It was only in the late 1950's that the government argued teenage unmarried mothers needed to be housed separately in order to "keep them away from repeat offenders" (Bloom, 2009) referring to older mothers who had more than one child outside of marriage. Officials said this was also a better tactic so they could provide teenage unmarried mothers with longer term support and schooling (Bloom, 2009). It was these separate mother and baby units for unmarried teenagers which increased the public perception of teenage motherhood as being problematic. Many psychiatrists and psychologists were recruited to work in the units and discourses began to arise around the mothers being "children in adult bodies" (Bloom, 2009) and therefore being unable to adequately raise their children.

As time has progressed the 'unmarried' part of this concept has been reduced due to an increase in the number of births occurring outside of marriage and a subsequent change in societal perceptions (Furstenberg et al, 1987). As a result, these ideas have now been generalised to all teenage mothers, regardless of marital status (Duncan, 2007). Discourses presented in the past

via the media have reinforced these assumptions by suggesting when mothers *“are children themselves... too often everyone suffers: the mother the child and the community in which they live”* (MacCormack, 2004). David Cameron, the Conservative Party leader, also spoke about *“how worrying”* it is that *“in Britain today children are having children”* (Cameron, quoted in Hagan 2009). These discourses are likely to position teenage mothers as ‘bad’ mothers who are less capable of raising their children when compared with older mothers. As previously discussed, fear of being seen as a ‘bad’ mother can be a barrier to help seeking and can impact negatively on mothers’ mental health (Cree, 2010).

It is possible that this problematic portrayal surrounding teenage mothers arose due to the distinct concepts of ‘childhood’ and ‘adulthood’ being disrupted by teenage motherhood (Duncan, Edwards & Alexander, 2010). When teenagers engage in sexual activity and assume the responsibility associated with becoming a parent they challenge the dominant notions of dependency and children’s purity (Duncan, Edwards & Alexander, 2010). Macleod (2001, 2003) argues that it is these dichotomous concepts that reinforced the “problematization of teenage motherhood” within social scientific research. Motherhood is often viewed as being a symbol of adult status (Schofield 1994) and a ‘socially idealized form of womanhood’ (Phoenix & Woollett 1991). This inevitably is challenged when teenagers have children.

Furthermore, the concept of adolescence and the term ‘teenager’ only emerged as a developmental stage during the industrial revolution when young people left their families to work; signalling a move from dependence to independence (Griffin 1993; Aries, 1973). Griffin (1993) argues that the economic independence of teenagers at this time posed a threat to adult control, and was largely responsible for the way in which adolescence has since been pathologised by adults. The term ‘teenage’ is therefore a relatively new concept which seems to almost hold the individual between being a child and an adult, resulting in confusion about what rights and responsibilities they have. Debates remain around the rights and responsibilities of teenagers with laws such as Gillick competency and Fraser guidelines enhancing the rights of teenagers to be seen as ‘adult’ versus arguments that there should be specific services for adolescents. It is therefore likely that this unease of the teenage time period also contributed to the problematic portrayals of teenage motherhood.

Additionally, historical media portrayals of teenage mothers have suggested that they are more likely to be dependent on state benefits and this is often reported to be a cause of social decay and associated with problems such as crime, poverty and delinquency (Phoenix 1991; McRobbie 2000; Wallbank 2001). These ways of speaking are also likely to have added to the problematic portrayal of teenage mothers in the lead up to the production of the Social Exclusion Report. It would be interesting to see if this portrayal of teenage motherhood still exists in the newspaper articles after the introduction of NHS services in 1999.

The attention and focus on teenage motherhood as a distinct category in the 1960's led to a vast amount of scientific research being conducted into the area. This research ultimately does far more than simply describe teenage mothers; it categorises, constructs and positions them in specific ways (Breheny & Stevens, 2007). As a result of this research, a number of reported health concerns for teenage mothers and their children have been narrated.

1.2.1 Reported health 'problems' as a result of teenage motherhood

The reported 'negative outcomes' found for teenage mothers when compared to older mothers is likely to account, at least in part, for the focus on teenage motherhood as a distinct category and a 'problem' within society. Research has suggested that babies born to teenage mothers may be more likely to be born prematurely and at a low birth weight (Jolly et al, 2000, Gibbs et al, 2012). The infant mortality rate is also reported to be 60% higher in the babies of teenage mothers compared to the babies of mothers aged 20-39 years old (Botting, Rosato, & Wood, 1998; Hodgkinson et al, 2010). Furthermore, research has indicated that teenage mothers are three times more likely to develop Postnatal Depression than older mothers and are more likely to have poorer mental health three years following childbirth (Moffitt, 2002; Rubertsson et al, 2003). Some of the reasons suggested for this increased risk include the proposed existence of stigma around teenage motherhood, both real and perceived, as well as a lack of informal support networks (Boath, Bradley & Henshaw, 2013). There is evidence which shows that if perinatal mental health difficulties are not adequately supported, it can have lasting effects on family relationships, maternal self-

esteem and impact on the mental health of both the mother and child (Royal College of Psychiatrists, 2015).

Research has also indicated that teenage mothers are less likely to access maternity care early in pregnancy and less likely to keep appointments (DoH, 2015). In one study, eighty three per cent of pregnant teenagers did not attend antenatal classes and many had a limited understanding of the progress of their pregnancies as a result (MacLeod, 2003). Teenage mothers have stated that they can feel uncomfortable and judged in classes dominated by older women (Department of Health report, 2008). As a result teenage mothers may withdraw from these situations and can miss out on support (Leese, 2016). It is difficult for maternity services to support teenage mothers' and check in on their mental health if they are not accessing maternity care. It is therefore important for maternity services to be more accessible to teenage mothers and for clinical psychologists to be aware of the discourses and assumptions around teenage motherhood as these can impact on mental health provision (Leese, 2016).

Another reported health concern cited as unique to teenage mothers is adjusting to motherhood due to a "dual developmental crisis" (Shanahan, 2000, Adams & Kocik, 1997). This is where teenage mothers reportedly face a conflict to address both the developmental tasks of becoming a mother and the developmental tasks of becoming an adolescent (Cowan & Cowan, 1991). There have also been reported negative outcomes for the children born to teenage mothers, such as an alleged increase in the risk of children developing intellectual, language and socio-emotional delays (Cornelius et al, 2008). However, adjusting to motherhood can be difficult for all mothers, regardless of age (Cowan & Cowan, 1991) and research often fails to match teenage and non-teenage mothers in terms of background and situation (Kearney & Levine, 2015, Sisson, 2012, Weed et al, 2015). This can be seen in research which compares teenage single mothers with non-teenage married mothers (Barratt et al, 1996). Furthermore, when researchers have used relevant comparison groups to adjust for background factors, the poor outcomes reported amongst teenage mothers and their children have reduced or been eliminated completely (Kearney & Levine, 2015). Researchers have therefore questioned the negative outcomes of teenage motherhood and believe that these have been overstated

within the research (Hotz, 1996). As previously shown, it is also worth bearing in mind how scientific literature can reflect popular discourses of the time, and as a result the lens of objectivity in this research into teenage motherhood may be skewed. Although there is less research into the benefits of teenage motherhood in comparison to the reported 'problems', positive outcomes have been identified.

1.3 The benefits of teenage motherhood

Whilst it is important to identify the challenges faced by teenage mothers and their children, it is also vital to recognise the benefits of being a teenage mother and to ensure these are enhanced through appropriate support services (Mental Health Foundation, 2018). The perspectives of teenage mothers themselves often reveal a number of positive experiences in becoming a teenage mother. Teenage mothers report vast personal benefits of having children, stating that becoming a mother helped them to gain a sense of purpose, to reorder their priorities and prevent a worse fate from happening (Zito, 2018). Becoming a parent can be a time of positive transformation for teenage mothers, with many showing a high level of autonomy in shaping both their own lives and the lives of their children (Shea et al., 2016). Furthermore, research has also found that a younger maternal age can protect children from diabetes (Bingley et al. 2000), protect mothers from breast cancer (McPherson et al. 2000) and is associated with better outcomes during pregnancy and childbirth when compared to older mothers (Wolkind & Kruk 1985).

1.3.1 The 'quiet' stories

The perspectives of teenage mothers themselves are often lacking within society (Arai, 2003) but these reveal a number of positive experiences in becoming a teenage mother. As shown above, these stories suggest teenage mothers face more positive outcomes than society is lead to believe. The reported health problems detailed above can therefore be questioned. It is unlikely that maternal age alone accounts for these apparent 'problems' for teenage mothers and their children. In fact, it has been suggested that the best predictors of adjustment to motherhood are contact with the baby's father and self-esteem (Samuels et al, 1994).

Research suggests that the positive aspects of teenage motherhood fail to demand as much attention within society as the negative outcomes (Hadfield et al, 2007). Furthermore, the anxiety around teenage motherhood has ironically coincided with declining teenage birth rates in the UK (UNICEF, 2001). This may suggest that there is a societal stigma associated with teenage motherhood. It would be interesting to see in the current research whether a stigma surrounding teenage mothers is evident in the newspaper articles.

1.4 Stigma and the impact on mental health

1.4.1 The Process of stigmatisation

Social stigma is defined as the process by which certain groups of people (e.g. teenage mothers) are classified as having undesirable characteristics and are marginalised from those who have more desirable qualities (Goffman, 1963). The process of stigmatisation begins with discourses around labelling, stereotyping and separation and if successful will continue to status loss, discrimination and the exercise of power (Link & Phelen, 2001). Stigma is not viewed as being a 'thing' but instead as a systematic process of devaluation (Aggleton, Parker & Maluwa, 2003). Stigma can operate on two different levels; a societal level and a private level. On a societal level the prejudice against a stigmatised group can be endorsed publicly. On a private level, individuals can internalise these socially endorsed stereotypes (Corrigan, 2004). This can impact on both mental health and help seeking behaviour.

1.4.2 The impact of stigma on mental health and help-seeking

Stigma has been identified as the largest barrier to seeking mental health care (U.S. Surgeon General, 1999) with high levels of stigmatisation being found to reduce help-seeking. Studies have found this to be true amongst men with depression (House et al, 2017) as well as amongst people who self-injure (Long, 2017). Kelly (1996) believes that any associated stigma with teenage motherhood has lessened in recent years. However some researchers have found teenage mothers experience stigmatising treatment from their family, the public and professionals (Yardley, 2008, SmithBattle, 2013). During this research, it would be interesting to see whether there are any representations of stigma around teenage motherhood within the media articles.

Stigma and discrimination surrounding mental ill health is well documented (Martin, Lang, & Olafsdottir, 2008) and the 'Time to Change Initiative' was introduced in 2009 to try and reduce the impact of stigma (Henderson et al, 2012). Stigma has been shown to have profound effects, with studies showing it can result in a lower quality of life and well-being (Markowitz, 1998; Mechanic, McAlpine, Rosenfield, & Davis, 1994), low self-esteem (Penn & Martin, 1998) and high, persistent levels of stress (Wright, Gronfein, & Owens, 2000). It has also been shown to interfere with recovery and influence help-seeking behaviour (Markowitz, 2001). The media has been found to play a role by perpetuating misconceptions about mental illness (Francis et al., 2005; Klin & Lemish, 2008; Nairn, 2007). Media therefore, plays a part in the creation and maintenance of societal stigma around mental ill health (Martin, Lang, & Olafsdottir, 2008). The influence of the media on societal assumptions and stigma will be discussed in greater detail later in this chapter.

If a stigma around teenage mothers does exist, it is likely that this will impact negatively on mothers' self-esteem, quality of life, wellbeing and stress levels. It is also possible that if there is a stigma it may affect whether or not teenage mothers' seek help (SmithBattle, 2013). It is therefore important for clinical psychology and mental health services to know if there are negative assumptions or stigma around teenage motherhood in order to adequately support teenage mothers.

1.5 The influence of the media on stigma, mental health and help seeking

1.5.1 How the media uses its influence

This chapter has made reference to the impact of media forums in the generation and maintenance of societal stigma via the use of its discourses (Semetko, 2000). In terms of ways of speaking about mothers generally, research has shown that the media is vital in disseminating the idealised 'good' mother image, even when mothers actively reject this term (Douglas and Michaels 2005). Media avenues therefore, have the power to decide what information is portrayed to society. Although it may not always be able to determine what the public thinks, media is successful at telling society what to

think about. In this way the media is able to influence public opinion (McCombe & Shaw, 1972).

Media avenues have an influence via agenda setting. This refers to the way media forums will highlight what they deem important topics. Agenda setting within newspapers, for example, happens by utilising a number of techniques such as the size of headings used, where the article appears in the newspaper and how much space is dedicated to it. Newspapers also have the power to prime and frame information in order to get the public to believe one view over another (Semetko, 2000). This is done by providing a prior context which can be used to interpret future communication and by presenting a topic within a field of meaning and therefore framing it in a particular way, influencing how the topic is interpreted (Semetko, 2000).

Adding further to the power and influence of the media, media avenues can simultaneously offer a voice to the ideas of those from dominant or powerful groups, whilst eliminating this opportunity for particular social groupings (Frampton, 2010). The reporting of news doesn't simply reflect everyday events. Instead, it shapes and purposefully constructs our understanding of society and the intricate ways in which we see the world (Frampton, 2010). As individuals construct their views and opinions on particular groups and places, they may include information learnt from media avenues (Shapiro & Lang, 1991). Media messages therefore contain a lot of power to influence (Seale, 2002) and the representations of its discourses are significant to our own understanding of the world and ourselves. For example, research has shown that individuals who heavily watch violent television programmes are more fearful of becoming a victim of crime (Gerbner, Gross, Morgan, & Signorielli, 1980). The messages portrayed in media can therefore become integrated into our everyday activities and experiences (Halkier, 2010).

Within England, there are two main types of newspapers, namely broadsheets and tabloids. The sets of papers contain different news, have a different style of writing and they aim to attract different readers. Broadsheets typically use more sophisticated and formal language within their articles and contain a greater detail to their stories. They are often aimed at a middle-class audience (Yip et

al, 2018) whereas tabloids are aimed at a working-class audience (Yip et al, 2018). Tabloids also traditionally use more colloquial informal language and have shorter articles utilising greater pictures. The current research will analyse both tabloids and broadsheets but it has been argued that these will reflect differing political stances (Yip et al, 2018). The stances incorporated within the different types of newspapers will potentially impact on the ways of speaking about teenage mothers reflected in those articles.

1.5.2 The influence of the media on mental health

This influence can be seen via the discourses in the media around mental ill health. Research has consistently found that newspapers, films and television programmes portray individuals with mental ill health in a negative light (Martin, Lang, & Olafsdottir, 2008). This has been shown to be particularly true in portrayals of individuals with psychosis who are most commonly portrayed as 'dangerous' (Wahl, 2003). Research has found that these media messages impact the judgments people make in their everyday life when encountering situations related to mental illness (Martin, Lang, & Olafsdottir, 2008).

The media has therefore been found to perpetuate misconceptions about mental illness (Francis et al., 2005; Klin & Lemish, 2008; Nairn, 2007) and the negative images portrayed have been shown to lead to a weakening self-esteem in individuals experiencing poor mental health (Stuart, 2006). This weakening of self-esteem may then impact negatively on an individual's mental health (Stuart, 2006). If there are negative portrayals of teenage mothers in the media it may be possible that this could also lead to a weakening of self-esteem in teenage mothers experiencing mental illness. This weakening of self-esteem, as previously shown can lead to higher levels of depressive symptoms in mothers (Hall et al, 1996).

In terms of the current research, the media has been found to reflect differences in the portrayal of mothers from different social classes (Frampton, 2010). Analyses of media articles suggest that social class plays a role in how teenage motherhood is represented in the media (Frampton, 2010). Within newspapers for example, teenage mothers from working-class backgrounds often face an 'othering' against middle-class ideals (Lawler, 2002) resulting in media portrayals of 'chavs' and 'bad' mothers (Frampton, 2010) to reflect those from

working class backgrounds. This again shows the influence of the media in societal understandings of particular groupings. Being viewed in this way by society is again likely to impact on teenage mothers' self-esteem and subsequent mental health.

1.6 Summary of the literature and rationale for this research

1.6.1 Summary of the literature

This chapter has demonstrated that the discourses around motherhood have varied across time and cultures as a result of the socio-political context. Furthermore, the particular types of motherhood deemed as problematic within society were also shown to be dependent upon the socio-political context at that time. Societal discourses can influence how certain topics are viewed within society and how particular groups of people are positioned within it. This can lead to the generation of a societal stigma towards certain groups, with some suggesting stigma exists around teenage motherhood (SmithBattle, 2013). The potential implications of the discourses concerning teenage motherhood on mothers' mental health and help-seeking behaviours was also discussed, with research indicating the impact can be vast. This idea will be picked up throughout the remaining chapters and during the discussion; reflections will be made about the potential impact on mental health provision and how services should respond to the themes of discourses identified.

1.6.2 Rationale for the research

This project aims to provide an insight into the societal ways of speaking and thinking about teenage motherhood. As a result it is interested in how society and the media portray and view teenage mothers. It is not interested in the individual experiences of teenage mothers but rather how teenage mothers are viewed and positioned within society. As a result this research did not include any interviews with teenage mothers and instead focussed on the discourses and conversations about teenage mothers within the media as this fulfilled the research aim.

One way of identifying the discourses about a particular topic is through media channels. This chapter has reflected upon the influence of the media in

generating and maintaining societal assumptions and its powerful influence on how concepts are talked about and seen by particular communities. This research will focus specifically on newspaper articles to identify the discourses concerning teenage motherhood.

Newspapers were selected over other forms of media due to the time frame analysed in this research. In 1999 media was consumed in the main via newspapers and television (McNair, 1999). The online social media websites were yet to generate their popularity. Newspapers remained one of the most accessed forms of media when retrieving news within England; with research suggesting eighty percent of adults would regularly read at least one daily newspaper (McNair, 1999). As a result it was felt that newspapers would be a good source for this research. Although a few social media platforms did exist in 1999, these were not popular within England and were largely accessed in America. The popularity of social media began most noticeably with the launch of Facebook in an American university in 2004; however it wasn't until later in 2006 that Facebook could be accessed within England. Other social media platforms followed such as Twitter and Instagram. Although these websites are now hugely influential as a media and news outlet, the relevance of it to the timeframe of this research is limited as there would be a gap of almost 7 years prior to its existence.

This research was particularly interested in the different ways of speaking about teenage motherhood from 1999 onwards as this is when the Social Exclusion Unit produced its report saying teenage motherhood was a public health issue. Consequently this generated a lot of media talk about the issue which would be lost if the research focussed on social media alone. It was also felt that it would be detrimental to the study to mix two different forms of media due to their differences in reach and influence and therefore it would be difficult to compare results. Furthermore searches for teenage motherhood on social media most typically results in platforms for teenage mothers to discuss their experiences of being a teenage mother with others in their situation. The focus of this research was not on teenage mother's experiences but instead aimed to explore the ways society speaks about the concept of teenage motherhood. As a result it was not deemed appropriate to analyse social media platforms for this research.

Although social media may be the most relevant form of media to teenagers and young people today, this research is interested in how society generally speaks of teenage motherhood and utilising social media alone may isolate an older generation perhaps. It is worth noting that newspaper articles became accessible via social media as its popularity increased and as a result the reach of newspaper articles was felt to be available to all.

Newspaper articles were also selected instead of television. Although television news channels were the most popular way to access news during the timeframe of this research, it is much more likely that these would have been more neutral and factual than newspaper articles (Stevens, 2007) perhaps resulting in less societal assumptions being portrayed. Television news channels are restricted to portraying factual evidence whereas newspaper writers can recall what they have not witnessed (Stevens, 2007). Television news reporters also have less space for words as they report in minutes as opposed to column inches. As a result it was felt that newspapers would allow for a greater opportunity to access societal assumptions than television news channels. There have also been a few television soap storylines, which have featured stories of teenage motherhood. However, these were far fewer than the number of newspaper articles used (six found in the timeframe of the research) and reflected a portrayal of one teenage mother and their experience of navigating becoming a mother as a teenager. As previously stated this research is interested in the societal ways of speaking about teenage motherhood and not on the individual experience of becoming a mother as a teenager; which was portrayed throughout the soap storylines.

There have also been some reality television programmes about teenage mothers, such as Teen Mum UK. However, similarly to social media platforms, these were not introduced until much later, with Teen Mum UK first airing in 2016. Furthermore, these reality shows have been criticised for 'glamourizing' teenage motherhood (Kearney and Levine, 2004) and again portray the views of the teenage mother more than societal assumptions of teenage mothers. Although it could be argued the portrayal of teenage mothers in the show will reflect societal views on some level, this will be far less than the newspaper articles reporting a news story.

It was also hoped that by utilising newspaper articles a more diverse range of views would be captured due to the differences identified with tabloid and broadsheet papers and the range of audiences these target. It can be argued that the audiences for certain soap operas and reality shows are less diverse in range, with some arguing a lack of diversity narrows the audience appeal (Mulcahy, 2011). As a result it was considered useful to analyse media newspapers for this research.

This research aims to understand more about the discourses concerning teenage motherhood as portrayed in English newspapers since the introduction of NHS services in 1999. It also hopes that the resulting thematic themes may be useful in understanding any potential barriers to services and may allow for consideration of any possible impact such discourses may have on teenage mothers' mental health. Although this research is interested in identifying the discourses concerning teenage motherhood, it will not utilise a discourse analysis. This is because the research question 'How are teenage mothers spoken about in English newspapers from 1999 until 2018?' is most compatible with a thematic analysis. This project is interested in identifying the ways of talking about teenage motherhood; it does not aim to deconstruct the language used to identify how it constitutes one's social context. It also does not emphasise the relationship between discourse and power, nor is it interested in the social action of language or the function of the talk used. Furthermore, discourse analysis best fits with a social constructionist approach, rather than the critical realist approach of this research. As a result, this research will not look to conduct an in depth analysis of the construction of language as this is not deemed to be helpful in answering the research question. At the thematic level, the analysis can be more widely used to aid the understanding of the themes associated with teenage motherhood. This will allow consideration of the potential impact of the discourses; the minutiae of the language will not help this.

The way concepts are spoken about can determine how affected individuals are perceived and positioned within society. The implications of this can result in these individuals experiencing mental ill health (Cree, 2010) and can act as a barrier to help seeking (Leese, 2016). If the negative ways of speaking about teenage motherhood within society continue to be perpetuated, it is possible

that this may impact on teenage mothers' mental health and whether or not they access services. As teenage mothers have already been identified as being less likely to access support for their mental health (Brady et al., 2008) it is important for clinical psychologists to be aware that the ways of talking about teenage motherhood can impact on psychological wellbeing and behaviour. It is hoped that this awareness will allow a reflection upon the best way for mental health providers to support teenage mothers

1.7 Research question

This thesis aims to attend to the following research question:

1. How are teenage mothers spoken about in English newspapers from 1999 until 2018?

This research will begin to think about the potential implications of the discourses identified in the newspapers within the discussion section.

2 METHOD

During this section I will talk about the epistemological and methodological positions selected for this research, including the characteristics of these stances and the assumptions they make. I will outline the procedure taken to conduct the research and discuss the ethical considerations of the project. I will finish by discussing the importance of reflexivity throughout the research process.

2.1 Epistemological position

Willig (2012) argues that epistemological positions can be viewed under three broad categories: phenomenological, social constructionist and realist. Realists aim to gather knowledge from a world which exists separately from an individual's awareness of it. Realism is viewed on a continuum from naïve to critical with the former deeming knowledge as directly reflecting a universal reality and being parallel to fact. As a result this position, referred to as positivism, believes that phenomena can be objectively substantiated by logical testing. A more critical shift began to emerge with the idea that the observer will inevitably influence what is perceived. Researchers have therefore questioned whether observations can ever be unbiased and neutral with some stating that there is a 'theory-ladenness' to observation (Godfrey-Smith 2000). This questioning around the neutrality of observations became the basis of a more critical, post-positivist opinion.

The current research assumes a critical realist epistemological position which has developed through writings by Bhaskar (1998), alongside other significant authors such as Sayer (1997). This position fits well with previous research that suggests there may be negative ways of speaking about teenage motherhood, despite the reduction in the rates of teenage motherhood (UNICEF, 2001). This implies there is something about the way humans shape society which in turn affects human activities (Wikgren, 2005). This idea is reflected within critical realism.

Similarly to a more naïve position, critical realism defines an objective reality which exists independently of individual insight; but it also acknowledges the role of subjective interpretation in defining reality (O'Mahoney & Vincent, 2014).

Acknowledging the role of subjective interpretation, phenomena are viewed through an explorative process which aims to identify the underlying mechanisms that both generates the phenomena (Alvesson & Skoldberg, 2009) and functions as a result of human liberation (Bhaskar, 1998). As a result the principal purpose of critical realism lies in identifying 'what is objectively real and what is subjectively accepted as truth' (Abdul, 2015). In relation to the current research, critical realism recognises the material reality of motherhood; that the actuality of pregnancy will result in a number of bodily changes for the mother, for example. Pregnancy will also result in another life being born. This will undoubtedly have some very real consequences, such as the physical reality of having another mouth to feed. Critical realism therefore accepts that the difficulties arise in the way that this reality is spoken about. In terms of this research, critical realism recognises the objective reality of giving birth and looks to identify what is subjectively accepted as truth via the discourses of teenage motherhood as portrayed within the newspaper articles.

Critical realism accepts that science is shaped by a variety of social, ideological and political contexts but argues that the mechanisms it identifies "operate prior to and independently of their discovery" (Bhaskar, 1998). This position therefore says that although data can expose features of reality it doesn't see this as directly mirroring truth. Critical realism encourages a cautious and critical approach to investigating reality. It acknowledges causal arguments but remains aware of the relationship between social and political interests and empirical approaches. It has been argued that this awareness allows researchers to move beyond the talk/text under analysis, thus adopting a greater ethical research framework (Parker, 1998; Edley, 2001). Within the current research this was implemented by engaging with and being aware of the deeper socio-political aspects of the human context. This included knowledge of government initiatives and implementation of policies at the time, as well as an awareness of the socio-political climate during that time period.

In critical realism, language is recognised as constructing social realities (Sims-Schoeten, Riley & Willig, 2007). It views discourses, language and culture as interacting and interactive processes between individuals and society and believes that these processes can then shape the available ways-of-being within the world (Elder-Vass, 2012). Central to this position is the idea that, as

individuals, we hold certain beliefs about the world based on our socio-cultural context and lived experience. Social standards and rules govern which beliefs about reality are legitimised as knowledge. As a result, certain claims will be more or less available to us; or will have more socio-cultural acceptance than others.

The critical realist position therefore notes the importance of these extra-discursive factors (Lau, 2004). These can include ideas such as how institutional structures are expressed in individual lived experiences. Application of this in the current research meant attending to the extra-discursive power of legislation and governmental policy in shaping NHS services. Although direct links between discourse and service/governmental policies were not analysed during this research, inferences and interpretations were made in the discussion section where appropriate. The critical realist approach believes that by investigating associations between discourse and practice, one is able to locate conversation within extra-discursive factors such as institutional embodiment and power (Losifides, 2011).

In line with the critical realist position, this research aims to investigate and quantify the ways of speaking about teenage motherhood within a material reality that exists independent of individual experience. However, the concept of teenage motherhood is recognised as a socially constructed category as opposed to a 'real' physical entity. As a result this concept will change over time and across historical, cultural and socio-political contexts (Tummala-Narra, 2009). The current attempt to measure the teenage motherhood construct is not aimed at mirroring reality or identifying absolute truth; instead it is indirect and interpreted within the present context. From this stance, knowledge is fallible and results must be interpreted cautiously in light of their limitations.

2.2 Methodological position

Given the epistemological stance described above and reflecting on the proposed research, a qualitative approach was selected for the analysis of data. A Thematic Analysis, following the guidelines by Braun and Clarke (2006), was used to identify meaningful patterns of discourse across the articles collected from the preliminary search. Braun and Clarke (2006) report the compatibility of

Thematic Analysis with a critical realist position and the method's ability "to unpick or unravel the surface of subjective 'reality'" (Braun & Clarke, 2006, p. 81). Thematic analysis focuses on examining, identifying and recording patterns or 'themes' within a data set (Braun & Clarke 2006). Themes are particular patterns found amongst data which are important in the description of phenomena (Daly, Kellehear, & Gliksman, 1997). Thematic Analysis was selected due to its 'theoretical flexibility' which enables it to fit within a critical realist stance (Braun & Clarke, 2006; Clarke & Braun, 2013; Willig, 2013) and because it allows a space to explore experiences and the sociocultural processes which facilitate these (Braun & Clarke, 2015). The Thematic Analysis will be informed by Braun and Clarke's (2006) six phased guide.

An inductive approach to Thematic Analysis will be used whereby the themes were strongly connected to the data because assumptions are data-driven (Boyatzis, 1998; Patton 2015). In this approach, the data was coded and interpreted without trying to fit it into a pre-existing theoretical model. It is hoped that this allowed for a greater exploration of the dataset and helped to reduce reading the articles via a narrower lens. However, it is virtually impossible to conduct a purely inductive thematic analysis as the identification of themes will inevitably be influenced by researcher assumptions, beliefs and experiences (Taylor & Ussher, 2001). It is also likely that the analysis will be affected by the previous literature search which informed the research. The approach therefore partially assumed a deductive stance as well, which is in accordance with the opinion that themes are actively formed by the researcher, rather than 'emerging' from the data (Taylor & Ussher, 2001).

2.3 Procedure

2.3.1 Data collection

Newspaper articles published in England were analysed to examine the ways of speaking about teenage motherhood. The database Nexis was used to collect the texts for this research. Nexis provides access to the full texts of UK newspapers as well as quality business information on the macro-environment, specific markets, specific industry sectors and financial data. It also provides content from the world's leading news sources including the full text of the Financial Times.

The newspaper articles were selected initially from six broad search terms of “teenage mother”, “teenage mum”, “teen mother”, “teen mum”, “pramface girl” and “gymslip mother”. These terms were selected following the literature search as they were the most frequently occurring terms used when describing this group of mothers during the time frame specified by the research. Although ‘young mother’ was also utilised at this time, it was done less frequently and included mothers up until the age of twenty five. Consequently this was not selected as a search term as the focus of this research is on the experience of becoming a mother within the teenage years. Following the initial search it was deemed appropriate to include a seventh search term of “teenage pregnancy”. This term links in closely with the Social Exclusion Unit’s report which researched teenage pregnancies and subsequently detailed the need to reduce the rates of teenage motherhood. The production of this report forms the starting point of this research as this impacted on the generation and restructure of NHS services; so it was deemed important to look at articles which talk of reducing teenage pregnancies. Furthermore, discourses and societal perceptions of teenage motherhood are inevitably impacted by talk of reducing teenage pregnancies as these position teenage motherhood in a certain way (i.e. as a negative event). As a result articles were included on this basis.

At the start of the searches, a box was checked to state that the articles must have “at least three occurrences” of the term within them. This was because during preliminary searches there were many generic articles which reflected the terms only once throughout the articles and these were deemed not suitable as a result. The resulting articles were then filtered by the country ‘England’ and by dates from the 1st June 1999 up until the 31st December 2018. England was selected because this is where the NHS exists and as a result the SEU publication would have had the greatest impact in England. As reflected in the introduction section, different cultures and countries view teenage motherhood in different ways and as I am interested specifically in English culture this is why England was selected. While I recognise there will be variability amongst it, using newspapers from England alone is likely to reflect more shared experiences and understandings than within the world or the United Kingdom.

The timeframe was chosen to start from 1st June 1999 as this was when the Teenage Pregnancy Unit was set up in response to the report which brought perceived challenges faced by teenage mothers to the forefront (Social Exclusion Unit, 1999). This included factors such as alleged health differences of teenage mothers and their children when compared with older mothers. Due to greater public awareness of the “issue” following this report, more articles were also written after this time (Furstenberg, 2003). This date was also the first time that the NHS publicised teenage motherhood as ‘problematic’ and as a result structured their services in light of this. I am aware that there were discourses about teenage motherhood prior to this date and potentially these may have led to the introduction of the teenage pregnancy unit. However, I am concerned with the societal ways of speaking about teenage motherhood following the Social Exclusion Report in 1999 and as a result the discourses present prior to this time are not relevant to this project. Following the report, conversations began about how NHS services could better support teenage mothers. This may have had an impact on the way in which teenage motherhood was viewed in society again impacting on NHS services. The latter date was selected as this was when the search was conducted and allowed for the greatest range.

Having completed the initial searches, the articles were then filtered down to the ones which reflected upon the concept of teenage motherhood. This included; the general physical or mental health of the mother and/or the baby, services and support available for them, government schemes to support mothers and reduce teenage pregnancy and any discussions about teenage motherhood generally. Articles were also included if they spoke about the need to reduce teenage pregnancies and if they reflected upon the experience of becoming a mother and the impact on mental and physical health. This was either through talk with teenage mothers themselves, or via any mention of societal perceptions around teenage motherhood. Articles were excluded if they spoke only of teenage pregnancy rates within certain areas as this is not relevant to the project or if their focus was solely on contraception, abortion or sexually transmitted infections.

As previously mentioned, I chose to use seven broad search terms (‘teenage mother’ ‘teen mum’ ‘teenage mum’ ‘teenage pregnancy’, ‘teen mother’

'pramface girl' and 'gymslip mother'). The terms "pramface girl" and "gymslip mother" were included as during the literature search and preliminary Nexis searches, these terms seemed to occur frequently. It was felt that because of this apparent prevalence, it would be important to include these phrases. However, an initial Nexis search revealed very few articles based on these search terms, so they were reduced to 'pramface' and 'gymslip' to ensure articles utilising these terms were captured.

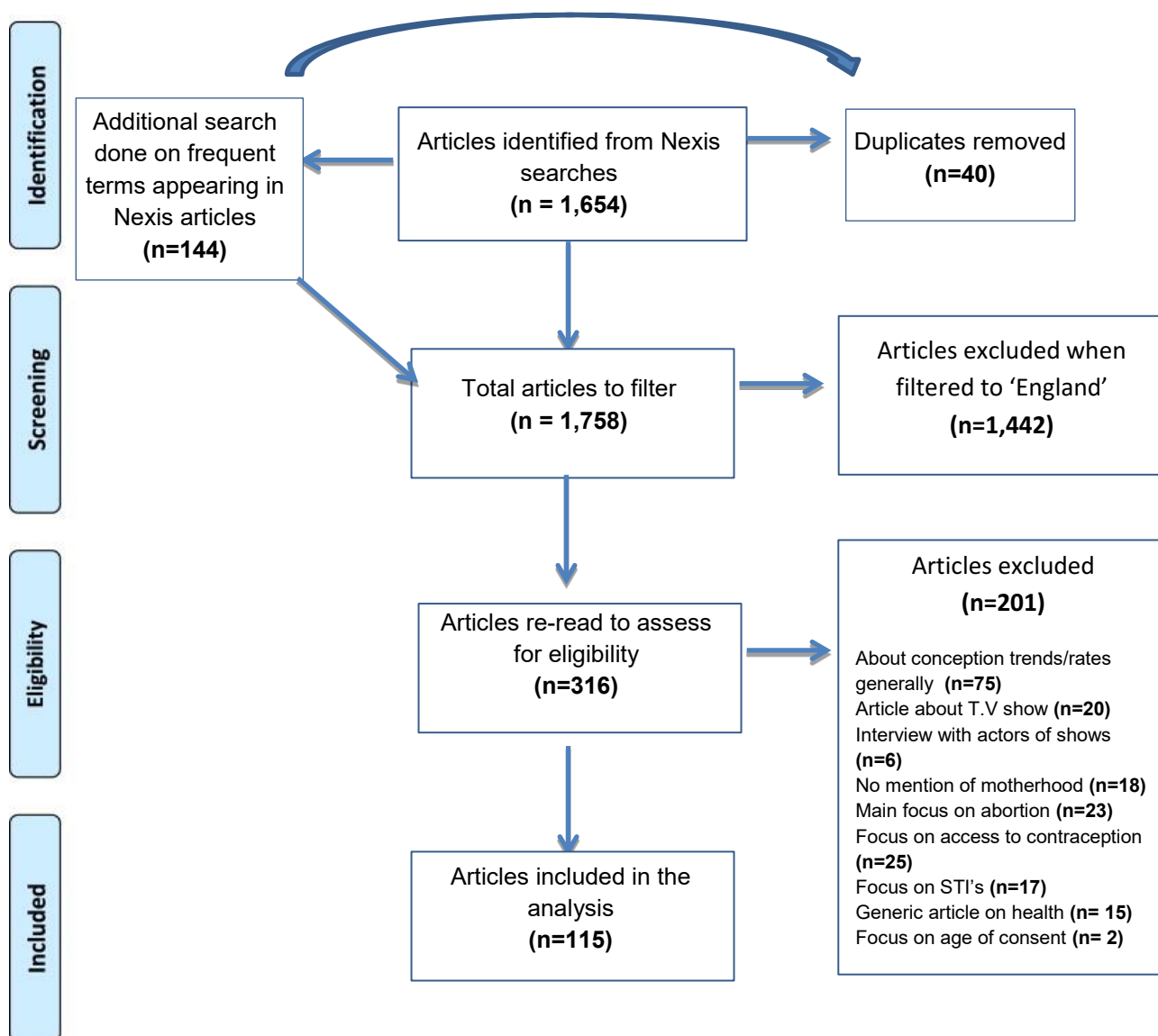
The reason for analysing newspaper articles rather than any other media source (such as television) has already been outlined in the rationale section at the end of the introduction. However, it is worth adding at this point that the range of papers available on Nexis will encompass a range of different political viewpoints (tabloid and broadsheet for example). This is perhaps in contrast to a potentially similar portrayal of teenage mothers incorporated on television (Kearney and Levine, 2004).

The database of Nexis was chosen largely because it was the one available to me within the University of East London resources. UK national papers, filtered by the country England were selected because I am interested in the experience of becoming a teenage mother in England. As mentioned cultural variations may impact on differences in the way teenage motherhood is seen, so there might be quite dissimilar views in Scotland compared to England for example with potentially different NHS structures too. The socio-political context across the UK is also likely to be different, again affecting the way teenage motherhood is seen.

Articles were collected from the following papers; The Independent, The Mirror, The Observer, The Times, The Express, The Daily Telegraph, The Guardian, The Sunday Express, The Daily Star, The Independent on Sunday, The Sun, Morning Star, Mail Online, Express Online, Leicester Mercury, The Bristol Post, Cornish and Devon Post, Community Care, The Times Educational Supplement, Birmingham Evening Mail, Sunday Times, Exeter Express and Echo, Derby Evening Telegraph, Daily Mail, East Anglian Daily Times, The Sunday Telegraph, The Evening Standard, Manchester Evening News, First Edition, Hampshire Newsquest Regional Press and Bradford Telegraph and Argus. These newspapers reflected both tabloid and broadsheet. As previously out-

lined, the political stances of these types of newspaper have been found to differ (Yip et al, 2018) and as such this will be considered further in the discussion chapter.

2.3.1.1 The Nexis search & collection of the data set



2.3.2 Analysis and the rationale for using this approach

As mentioned above, a Thematic Analysis informed by Braun and Clarke's (2006) six-phased model was used. This is not a prescriptive approach so was instead used as a guide, but this hopefully helped to prevent the "anything goes" critique of qualitative research (Antaki, Billig, Edwards, & Potter, 2002). A reflective journal was also utilised throughout the analysis process to help me

remain aware of my emotional responses to or hesitations I had in relation to certain data extracts.

In the initial phase, Braun and Clarke (2006) call for a process to familiarise oneself with the data. This involved a reading and re-reading of the newspaper articles and generating a list of salient ideas about the data. Key phrases were highlighted and similar talk was grouped together. The familiarisation of the articles is important to help retain flexibility and openness to new ideas. Re-reading texts can reveal additional features that may have been missed previously. Tuffin and Howard (2001) believe that 'categories should emerge from the text, rather than being imposed upon it' and that 'similar instances of talk should be identified and grouped together'. These ideas were held in mind during the analysis process and the articles were read in an 'active way' by vigorously searching for meanings and patterns throughout (Braun and Clarke, 2006).

In the second stage of the analysis I began to assign initial codes to the data extracts which were relevant to the research question and focus of the project. This process of coding formed part of the analysis as the data was now organised into meaningful groups (Miles & Huberman, 1994, Tuckett, 2005). Utilising coloured pens to indicate potential patterns, all data extracts were coded and then collated together within each code. Some of the surrounding data was also retained, where relevant, to avoid the context being lost (Bryman, 2001). An example of the coding can be found in Appendix C alongside the data extract from which they were generated.

In the third and fourth stages of Braun and Clarke's (2006) model, the next steps involve organising the different codes into potential themes or subthemes and collating all the coded extracts within them. This theme generation was based on unifying features, similarities or patterns across the data set and resulted in a set of initial candidate themes (Braun and Clarke, 2006).

Once the candidate themes were identified, the analysis moved onto the fourth stage which involved a process of reviewing and refining. At this stage it became clear which themes were valid and which were not. Some initial themes were discarded because there was not enough data to support them, whereas

others collapsed into each other. Patton's (1990) dual criteria for judging categories 'internal homogeneity and external heterogeneity' were used when refining the themes. At the end of this phase an initial thematic map (Appendix D) was generated and assessed. At this stage I believed the map adequately captured the contours of the coded data and accurately reflected the meanings evident in the data set as a whole (Braun and Clarke, 2006).

The fifth phase of Braun and Clarke's (2006) model involved refining the thematic map generated in phase four. This involved defining and further refining the themes identified and analysing the data within them. To do this, the essence of each theme was identified and the data extracts reviewed to see which aspects of them were captured by the themes. The identification of any possible subthemes was also a focus during this stage. The final thematic map can be seen in Appendix E.

The last stage of Braun and Clarke's model (2006) involved the final analysis and write-up of the analysis chapter. The themes were organised into a coherent narrative which formed the write up of the report. This involved ensuring the analysis told a clear, coherent and interesting account of the story reflected by the data set. It also involved demonstrating sufficient evidence of the themes presence in the data.

Thematic analysis was chosen as it was felt that this analytic method best allowed the space to explore the themes of discourses around teenage motherhood. It also enabled a critical reflection upon the data collected and adheres to the epistemological stance of this research.

2.4 Ethical considerations

As the analysed data was acquired from the public domain, there was no requirement to seek ethical approval for the project. There were also no special measures put in place regarding confidentiality or anonymity. Furthermore, because there were no participants involved in the research, approval was not required from NHS or clinical ethics committees.

However, although ethical approval was not necessary, the research was conducted in an ethical manner. By keeping a reflective journal I hope to

prevent reproducing any stigma and if present, I instead hope to draw attention to it to enable a critical debate.

2.5 Reflexivity

As Parker (1994) highlights, different researchers will interpret different results depending on their own context and the meanings they attribute to the data. As a result of this, he argues that researcher bias is an inevitable part of qualitative research and the influence of the researcher can be seen throughout the research process (Parker, 1999). The author's assumptions, values and lived experiences will also determine how they connect with the literature and how they read and interpret the data (Clarke & Braun, 2013). Reflexivity of relationships to the research matter is therefore pertinent to the credibility of the research (Willig, 2013) and a fundamental part of quality-evaluation within research (Fossey, Harvey, Mcdermott, & Davidson, 2002).

As a result of this, I was aware of the ideas I was both drawn to and avoidant of throughout the research process via a reflective journal. This allowed me to remain mindful of the limitations of any claims I made. For example, by adopting a critical stance towards the "gymslip mother" construct, I was aware I was already positioned in and positioning myself in particular ways (Willig, 1999). The reflective journal was used throughout the course of this research from the initial literature searches through to the interpretation of the results. This helped me to remain aware of my own assumptions.

With this in mind there are a number of contexts for me to reflect upon at this stage. Firstly I am a mother, and although this did not occur during my teenage years, it will undoubtedly affect the way I read and analyse the texts. Furthermore, I have also worked with teenage mothers and professionals supporting them. This is also likely to affect the way I view the articles. I am also interested in and curious about the experiences of stigmatised groups and the strength they often show in the face of discrimination. I am mindful therefore not to 'see' stigma where there is none and to not adopt a defensive stance towards certain discourses around teenage motherhood and motherhood in general. I also identify closely with feminist ideas and as a result I will remain aware of the impact this stance could have on my reading of the articles and data set.

3. RESULTS

The analysis resulted in three themes being constructed (see table 1 below and Appendix E for thematic map). During this chapter the discourses within each theme will be explored, with extracts from the data being used to illustrate the entirety of the themes. Although the themes do reflect shared understandings across the whole data set, the frequency with which they were discussed across the articles will be acknowledged. This is important as it will help to highlight the subjectivity and variability of the data. I will begin to mention how the discourses position teenage mothers and the possible implications this may have on teenage mothers themselves. There may potentially be implications which might require support from NHS services and these may include paying attention to psychological wellbeing or mental health needs. However, I will only touch upon these ideas here as I will go into greater depth within the discussion chapter. Towards the end of this chapter, I will reflect upon the key findings in relation to the research question.

Table 1

Theme	Subthemes
1. It's a problem we need to fix	<ul style="list-style-type: none">- The cycle of deprivation & poverty must be reduced- Negative outcomes- Teenage mothers are lost & need extra support
2. Negative stigma, treatment & fighting the stereotype	<ul style="list-style-type: none">- Stereotypes of a teenage mother- Negative treatment- Will not fulfil the stereotype
3. It's not all bad	<ul style="list-style-type: none">- Professionals/society can be supportive- It can be enjoyable- We can be good mothers

3.1 Theme one: It's a problem we need to fix

This theme encapsulates the instances which suggested teenage motherhood was a problem and those which framed it as requiring a solution. Articles frequently portrayed teenage motherhood as problematic, both on a personal and a societal level. Negative outcomes such as a continuing cycle of

deprivation and poverty, poor outcomes for mother and baby and the negative impact on society were noted. As a result, the mothers were often positioned as vulnerable and needing help as it is *“very doubtful that these two sets of children can be assured the provision for normal emotional development”* (article 7). This theme was the largest theme in terms of the repetitive discourse across the articles and as such contains the most data. Implications of this discourse appeared to suggest that without help, teenagers would be unable to cope with motherhood, potentially leading to poor outcomes for both themselves and their children.

3.1.1 The cycle of deprivation and poverty must be reduced

Throughout the articles poverty and deprivation were portrayed as being both a potential cause of and a consequence of teenage motherhood. It was framed as being a continuing cycle which was difficult to break out of, but essential to do so in order to prevent more teenagers becoming *“impoverished teenage mothers”* (article 12). Deprivation and teenage pregnancy was often linked by authors and consistently added to the problematic discourse of teenage motherhood; as the mothers were portrayed as being *“disadvantaged at every turn”* (article 8). The articles seemed to imply that poverty and deprivation were an inevitable part of becoming a teenage mother and that once a mother, this deprivation would continue.

“teenage motherhood is highly likely to lead to disadvantage” (article 12)

“pockets of deprivation where teenage pregnancies are particularly high”
(article 1)

“new research shows that babies born to teenage mothers are 60 percent more likely to die in the first year than those born to older parents and children who do survive are more likely to experience educational problems and poverty” (article 31)

“Young girls from the poorest backgrounds are 10 times more likely to become teenage mothers than girls from better off families” (article 221)

“Stark inequalities in rates persist between local areas and young people in deprived areas are at highest risk of unplanned pregnancy” (article 208)

“they are more likely to be living in poor housing and to be disadvantaged”
(article 19)

“For her, the key to tackling the high teenage pregnancy rates is to tackle social deprivation” (article 93)

“young women in poor communities are more likely to get pregnant than their more privileged peers” (article 27)

“it is designed to offer help and advice on how to make positive choices and avoid falling into a spiral of poverty and disadvantage” (article 1)

“there was a complex web of links to teenage pregnancies but the most common factors were still poverty, truancy and low educational achievement” (article 56)

“we are worried about the welfare of these mothers and welcome anything to get them out of this position of disadvantage” (article 13)

“poverty can be both a cause and consequence of teenage parenthood” (article 31)

“...we need better support for teen parents to stop the cycle of poverty” (article 197)

“to improve the health and wellbeing of the most disadvantaged children and their families” (article 21).

“the decision about whether to continue with a pregnancy appears so manifestly related to social deprivation” (article 51)

“government cash aims to save teenage mothers from life of poverty” (article 1).

“Teenage pregnancy and early motherhood can be associated with poor educational achievement, poor physical and mental health, social isolation and poverty” (article 159)

“what’s more, progress has been made towards halting the cycle of inequality that has long been associated with teenage pregnancy” (article 193)

As a result of the presumed cyclical nature of poverty and deprivation, articles reflected on the need to stop this cycle in order to break a life-long projection of disadvantage. This was shown by discourses attending to programmes or schemes which aimed to ‘rescue’ (article 4) teenage mothers from deprivation and by the focus on the need to reduce teenage pregnancy rates. This was a dominant focus throughout the articles with talk frequently reflecting on the need to reduce the number of teenage pregnancies. Reducing teenage

pregnancy rates was framed as the solution to the problems faced by teenage mothers and in order to prevent more mothers ‘*suffering*’ (article 1) in this way teenage motherhood should therefore be prevented. This potentially positions teenage mothers as almost beyond help because the ‘problem’ of teenage motherhood had already occurred. This is in line with political agendas at the time which framed the rates of teenage motherhood as “shameful” (SEU, 1999) and focussed on bringing the frequency of teenage motherhood down.

“The scheme should help break the cycle of teenage pregnancies (article 1)

“If we can keep them in education and training we can raise their aspirations and can start to break the cycle of teenage pregnancy” (article 13)

“Health chiefs even give out “virtual babies” to young girls in an attempt to put them off having a baby” (article 214)

“A network of nurses has been set up to tackle Britain’s dismal teenage pregnancy record” (article 221)

“Ministers today will unveil a campaign to halve the number of teenage pregnancies” (article 220)

“schemes to prevent underage pregnancies” (article 15)

“develop a countrywide action plan to reduce conception rates among under-18s” (article 19)

“It will fund projects warning young people of the disadvantages of teenage parenthood” (article 219)

“hopefully they won’t have another child within two years of completing the programme” (article 17)

“the day after they deliver their baby, they are given contraceptive advice” (article 17)

“Schemes like this are badly needed. Britain has the highest rate of teenage pregnancy” (article 41)

“In an ideal world nobody under the age of 16 would have sex...but radical action is needed to cut the number of unwanted pregnancies”(article 213)

“Britain has the worst record in Europe for teenage pregnancies, we need to reduce this” (article 219)

“It dovetails with the government’s drive to reduce teenage pregnancy rates in the UK, which are the highest in Europe” (article 24)

“It means Britain will entrench its position, already deeply embarrassing to ministers, as the country with by far the highest teenage pregnancy levels in Europe” (article 98)

“we need to redouble our efforts in the areas that record persistently high teenage pregnancy rates” (article 53)

“All of us would want to avoid teenage pregnancies” (article 103)

“government argues over the best ways to cut teenage pregnancies” (article 8)

“there are far too many teenage pregnancies in this country, we are determined to get this number down” (article 35)

“The government calls teenage motherhood a ‘serious social problem’ and has set up a task force to deal with it” (article 101)

“teenage pregnancy rates fall which is great news ” (article 124)

“This reduction in teenage pregnancy rates is an incredible achievement which we should celebrate and is a great tribute to everyone who has worked so hard to bring down the rates” (article 165)

“it is good news that the rate of teenage pregnancy continues to decline, as it is linked to poor future health for both parents and babies” (article 201)

The “astounding” (article 3) and “alarming” (article 12) rates of teenage pregnancy were often mentioned within the context of ‘failed’ attempts to address the issue. This suggested that teenage motherhood was a problem that had been difficult to ‘resolve’. Using statistics and figures as well as comparisons with other countries appeared to accentuate the ‘problem’ further.

“the number of under-16 pregnancies rose....despite the government’s £138million teenage pregnancy strategy” (article 15)

“The bleak figures mean the government is less than a quarter of the way to meeting its target” (article 77)

“The survey will make depressing reading for the government, which has pledged to cut the number of teenage pregnancies- the highest rate in Europe” (article 216)

“teenage pregnancy rates remain high” (article 17)

“But despite rates reaching an all-time low, there remains pockets of England and Wales where the number of teenage pregnancies continue to rise” (article 177)

“In 1997 more than 55,000 live births in England were to teenagers; there were 90,000 conceptions. It is the highest level of teenage pregnancy in Europe” (article 9)

“The government was accused of failing in its multi-million pound crusade to cut the shocking number of underage mothers yesterday” (article 222)

“Derby has faced criticism for its high teenage pregnancy rate, with latest data from 2009 showing that 51 girls per 1,000 aged 15 to 17 fall pregnant, compared to the national average of 38” (article 11).

“The teenage birth rate in Britain is the highest in western Europe. It is three times higher than in France and six times higher than in Holland” (article 22)

“Despite all the governments smoke and mirrors on teenage pregnancy the fact is that in most parts of the country the situation is getting worse” (article 100)

“Teenage pregnancy rates remain the highest in Europe. In England 1 in 10 babies is born to a teenage mother” (article 51)

“exacerbating Britain’s underage pregnancy rates which is the highest in Europe” (article 15)

“The findings marked a setback for the government, faced with the highest teenage pregnancy rate in Western Europe, it had pledged to halve the rate of conceptions” (article 28)

“the government’s programme to cut the rate of teenage pregnancy has faltered according to official figures showing an increase in conceptions in England among girls under 18” (article 53)

“In 1999 the government introduced a teenage pregnancy strategy to halve rates by 2010. But it has now emerged that since then teen pregnancies have soared by 43 percent in some areas” (article 70)

“That means that 8,196 girls in 2007 alone are more likely to drop out of school, be unemployed and turn to crime, drugs and alcohol than girls of the same age who are not mothers. The rates need to reduce” (article

107)

“However experts warned today that Britain still ‘lags behind much of Europe’ and more must be done to reduce the level further” (article 184)
“The country’s unenviable reputation for teenage births has remained unchallenged even after historic falls in pregnancy over the past decade” (article 204)

This discourse not only enhanced the problematic nature of teenage motherhood but it also reflected underlying feelings of frustration with the use of words such as ‘worse’ (article 12), ‘criticism’ (article 11) and ‘shocking’ (article 222). This potentially served to position the teenage mothers as almost failing to learn, despite all the support from the government. As a result, this discourse may position teenage mothers as less intelligent because they had been unable to ‘stop’ themselves from getting pregnant. Again this served to position teenage mothers as inferior to older mothers.

3.1.2 Negative outcomes

Further to the concern around deprivation and poverty, the articles reflected upon a number of negative consequences and outcomes of teenage motherhood; for society, teenage mothers themselves and their children. This further enhanced the problematic discourse of teenage motherhood.

“There is overwhelming evidence that, overall, teenage parenthood leads to poorer outcomes for both teenage mothers and their children. Our view is that conceiving at a very young age is not a sensible choice” (article 69)

In terms of teenage mothers, the articles reflected on the idea that motherhood is difficult for teenagers. It appeared to imply that this was more difficult than it would be for women of an older age. Emphasising the differences in situations between teenagers and older women (such as schooling) was frequently used to frame motherhood as a more challenging time for teenagers.

“it was now very difficult to join the normal social life of your school friends” (article 5)

“young people who have the highest rate of unplanned pregnancy and teenage parenthood can be at risk of a range of poor outcomes, such as poor educational achievement, poor physical and mental health, social isolation and poverty” (article 165)

“Young mums can be more likely to have chaotic and unstable lifestyles, increasing the likelihood of cot death” (article 17)

“teenage mothers have less support from family and neighbours” (article 12)

“youngsters need to know just how difficult young motherhood is” (article 215)

“how lonely it was to be a teenage mum on her own” (article 1)

“teenage mothers are often vulnerable and isolated from their families as a result of their pregnancies” (article 24)

“I do often feel that I’m struggling to juggle motherhood and college commitments” (article 55)

“Although she stresses she doesn’t regret having her children, she does regret missed opportunities. I was at catering college and would have gone to university, but I had to drop out when I became pregnant” (article 27)

“There is a bit of girls seeing celebrities having a baby and making it look very easy....but if you are young and you don’t have money and not well supported then it is extremely hard work” (article 100)

“teenage parents often have financial problems...the home is very crowded...they may have relationship problems.... you are not set up to provide a home for a baby in the same way that an older mum...is” (article 17)

“I realised the hard way how tough it is having a baby so young, how much you miss out on” (article 123)

“it can be tough for both them and their children” (article 19)

“it is vital to raise the aspirations....as well as to support young parents who often face additional challenges” (article 164)

“finding you are going to be a teenage mum can be a daunting prospect” (article 8)

“I don’t want to live here but I have to. And I realise now if I hadn’t had a baby, maybe I would have saved up for my own place by now” (article 182)

“they have to learn to develop themselves and their own independence, while putting the needs of the baby first” (article 17)

“I don’t think people realise how much work it is to be a young mum. I don’t have any help from my family and the baby’s father only sees him occasionally” (article 121)

“teenagers continue to be at greatest risk of unplanned pregnancy and outcomes for some young parents and their children remain disproportionately poor” (article 182)

“it is very easy to get pregnant, but very hard to be a teenage parent.” (article 213)

This discourse implies that teenage motherhood has challenges which other mothers do not encounter which may mean teenage mothers are positioned as being unable to parent as well as older mothers. This was cited as being due to a lack of finances, secure relationships and familial support; as well as the difficulties of developing themselves at the same time as their children. This again seemed to position teenage mothers as inferior to older mothers and portrayed it as something which should be avoided. Furthermore, by mentioning the negative impact of these challenges on teenagers’ ability to parent served to portray motherhood as almost incompatible with the teenage years. This was shown by the text mentioned above, such as ‘chaotic and unstable lifestyle’ (article 17), being ‘vulnerable and isolated’ (article 24) and ‘not set up to provide...in the same way an older mum is’ (article 17).

Adding to the impact of teenage motherhood on the ability to parent children, articles further reflected on the apparent evidence which showed the children of teenage mothers also faced ‘problems’ and that teenage motherhood would also not be in their best interests.

“statistically, babies of teenage mothers do less well...death rates....are twice that of babies born to mothers over 30...less likely to have enough money to support their children....” (article 3)

“The study highlighted the problems associated with teenage pregnancy, including low birth weights, higher rates of cot death, greater levels of depression among teenage mothers and higher levels of divorce or separation among the parents” (article 223)

“consequences include teenage mothers being more likely to smoke during and after pregnancy, to seek medical advice later than older women and to have a limited understanding of the physical and emotional needs of their offspring” (article 31)

“would be a massive step forward in tackling the teenage pregnancy epidemic that not only harms society but blights so many young lives too” (article 123)

“research showed bleak prospects for many young parents and their children” (article 19)

“it is good news that the rate of teenage pregnancy continues to decline, as it is linked to poor future health for both parents and babies” (article 201)

“...and as a result their children can be at greater risk of developing ear infections, gastro-intestinal infections.....” (article 2)

“I want the best for her and I don’t think having a child as a teenager would be the best thing for her” (article 10).

“Gordon Brown suggested ‘all young mothers should live in supervised homes to learn responsibility and how to raise their children properly” (article 152)

Detailing the negative impact on the children of teenage mothers appeared to position the mothers as selfish for bringing their babies into a potentially harmful situation. This discourse may therefore position teenage mothers as ‘bad’ mothers for ‘failing’ to protect their babies from reported harm. This further enhanced the problematic portrayal of teenage motherhood.

However, in contrast to the selfish discourse, the apparent incompatibility of motherhood with the teenage years seemed to reflect a level of frustration towards the ‘problem’ of teenage motherhood, rather than at the mothers themselves. This appeared to remove blame from the mothers and instead generated a level of sympathy for them. Consequently, as detailed above the

articles then focused on ways to reduce teenage motherhood. This increased drive to prevent teenage pregnancies may lead to the introduction of policies and initiatives focused on this; such as via increased access to sex education and contraception.

This discourse appeared to serve two functions; firstly it again positioned mothers as vulnerable and in need of help, but it now also began to portray the mothers as foolish for becoming pregnant. This began to position teenage mothers as less intelligent for becoming pregnant. There appeared to be an underlying assumption that a lack of intelligence could lead to teenage pregnancy. Teenage motherhood was frequently portrayed as unintentional, unplanned and the result of an accident throughout the articles.

“yes, we as young mothers made a mistake. It’s an easy one to make....but we shouldn’t have to pay for it with the rest of our lives”
(article 9)

“...the vast majority of teenagers who get pregnant do so by accident”
(article 69)

“hundreds of teenagers become pregnant unintentionally either because they didn’t use contraception or because their contraceptive method failed” (article 3)

“accidents will happen and maybe that’s what these pregnancies are”
(article 215)

“despite the best intentions, accidents do happen” (article 1)

“I got pregnant accidentally when I was 16” (article 123)

“finding you are going to be a teenage mum is a daunting prospect”
(article 8)

“it was an accident that I got pregnant as I was just not thinking” (article 16)

“Having James was a complete accident...now I don’t have the time to go out” (article 52)

“I was devastated when I realised I was pregnant...I was panicking as I didn’t know how I would cope” (article 19)

“she was 15 when she became pregnant, claiming the pill had failed”
(article 126)

“The UK has the highest rate of teenage conception in Europe, with more than 8000 girls having unplanned, accidental pregnancies each year.”
(article 217)

“I just wouldn’t be stupid enough to get pregnant when I was still at school” (article 93)

“Why do so many teenage girls in Britain get pregnant? To judge by the policies it has pursued, the government thinks that the basic reason is that they’re stupid- so stupid that they don’t realise that having sex without contraception has a good chance of leading to pregnancy”
(article 129)

Although this could happen to women of any age, the articles appeared to frame the ‘accidents’ as unique to teenagers via a lack of knowledge and understanding on their behalf, particularly around contraceptive methods. The articles also touched upon the standard of sex education in the country and that this was not of a high enough quality to help reduce teenage pregnancies. As a result, teenage mothers were again portrayed as less intelligent, both when compared to teenagers who had not fallen pregnant and to older mothers. This again contributed to the discourse of teenage mothers being vulnerable and therefore in need of support. However, it is also likely that this discourse was viewed not only in a sympathetic way but also in a derogatory way as teenage mothers were seen to have become pregnant because of a lack of understanding and awareness.

“I was on the pill but didn’t take it correctly” (article 16)

“I still can’t believe I’ve already got two girls pregnant. It seems naïve but I really didn’t think it would happen...Toby’s story is far from unique”
(article 31)

“teenagers are confused about where to get advice on emergency contraception and how and when to use it” (article 3)

“some of the teenagers displayed shocking ignorance. One boy confessed to being worried about kissing his girlfriend in case he got her pregnant. Another admitted he never used condoms as he didn’t think he needed to” (article 215)

*“She said young people were often bewildered by poor sex education”
(article 22)*

*“Campaigners have blamed the government for failing to ensure sex education programmes are systematically put in place around the UK”
(article 106)*

“Lack of sex education” (article 16)

“teenagers are not very efficient with contraception, so creating greater access to condom machines will mean less conceptions and sexually transmitted diseases” (article 126)

“A government report into teenage pregnancies found that the problem was caused by factors such as poor sex education and lack of advice on contraception” (article 35)

“the standard of sex education is so different, it would help if someone tried to even it out” (article 16)

“I’d occasionally used contraception, but for the most part I hadn’t bothered” (article 55)

“other proposals include...better sex education at schools” (article 19)

“Rosine aged 16 is expecting a child in September. She had never been told about contraception before becoming pregnant” (article 70)

“Teenagers are being taught sex education so badly in schools that many are left in complete ignorance about how to avoid sexually transmitted infections and pregnancy” (article 85)

“I just wouldn’t be stupid enough to get pregnant when I was still at school” (article 93)

“most of the peer educators I spoke to said they got pregnant because they didn’t take the pill properly, something they weren’t taught about at school” (article 123)

*“The government’s decision to make sex and relationships education compulsory in schools will help young people develop healthy relationships, delay early pregnancy and look after their sexual health”
(article 200)*

This discourse again allowed the reader to feel sympathy for the mothers as they were led to believe teenage motherhood was the result of ignorance.

However, it is also likely that this discourse may have other connotations as if

teenage mothers are viewed as 'ignorant' it may lead to frustration at their lack of intelligence.

Further to reported 'problems' to teenage mothers and their children, discourses also emerged about the 'problem' of teenage motherhood to society. A frustration towards teenage mothers was reflected through talk which focussed on various schemes suggested to 'fix' the 'problem' of teenage motherhood. Frustration was shown via use of terms such as "ridiculous" (article 12) and "waste" (article 17).

"the Governments £138 million teenage pregnancy strategy" (article 16)

"Government millions fail to halt the rise in teenage pregnancies" (article 46) "now the scheme has been given NHS money" (article 11)

"Hundreds more girls aged 15 or younger are getting pregnant despite a multi-million pound government campaign" (article 78)

"waste of public money" (article 17)

"Rising teenage pregnancy rates in Leeds – and a taxpayers' bill amounting to millions of pounds have been discussed by city councillors" (article 130)

"the government care to learn scheme funds her childcare up to £175 a week" (article 1)

"Taxpayers are concerned about teenage mums, particularly about a benefit system that offers financial incentives which encourage single motherhood" (article 121)

"taxpayers money can be better spent than on such ridiculous schemes" (article 12)

"The government has already ploughed £138 million of taxpayers money into the problem" (article 72)

"all at taxpayers' expense, naturally" (article 15)

These 'schemes' were often reflected in a way which suggested teenage motherhood could be problematic to society. This was done largely by reflecting on the financial implications of government initiatives. Reporting the actual amount of money spent served to emphasise the cost of such schemes to the public. This served to position the mothers as taking money away from a hardworking society. This helped to reflect frustration towards the mothers as it

was framed as a lot of money being used for what was positioned as an unworthy cause.

As well as the financial implications, the problematic nature of teenage motherhood was also reflected via a focus on the implications for British society. This appeared to reflect a fear of teenage pregnancy rates increasing and the impact of this on British society was often framed in an undesirable light.

“alarming new evidence of how single parenthood and the breakdown of the traditional family is transforming British society” (article 12)

“Following hard on the revelation that another 12 year old girl from neighbouring Rotherham has given birth to a baby boy, it appeared to be further evidence of urban Britain’s moral freefall” (article 215)

“obviously help should not be withheld...but at the same time do not send out the message.....this is the right way of doing things” (article 15)

“Shocked neighbours and politicians last night claimed a boy of 13 who has become a dad was a ‘tragic example’ of broken Britain” (article 103)

“teenage pregnancy....is the scourge of an immoral generation and unequivocal proof of declining standards” (article 7)

“it’s no wonder we have the highest teenage pregnancy rate....when the government sends messages like this” (article 15)

“Teenage pregnancy has been such a problem in this country” (article 112) “Seaside areas, with their carnival atmosphere of holidaymaking, heightened by easy availability of alcohol....encourage sexual risk taking, increasing the risk of teenage pregnancies which impact on society” (article 52)

3.13 Teenage mothers are lost & need extra support

Teenage mothers were often portrayed as being ‘lost’ (article 57) or as being unable to navigate their way through life due to certain reported ‘difficulties’. This happened throughout the articles, with many suggesting this may have been a contributing factor in the resulting pregnancies. Teenage mothers were

therefore portrayed as needing guidance in order to live a fulfilling life. Teenage mothers were portrayed as 'lost' through discourses reflecting a lack of self-esteem and aspirations and a desire to be loved.

"We need to combat the low expectations of those young girls who think life with a child on benefit is the best they can hope for" (article 3)

"she had talked about being a mum since the age of 10. She told her mother "I want a baby of my own, I want somebody to love, not to go to school" (article 4)

"The new money will support projects in schools aimed at raising attainment, aspirations and self-esteem. " (article 9)

"people from a deprived community often have lower aspirations. They seem to think there is no good reason why they shouldn't get pregnant" (article 42)

"At the root of the desire for a baby is an element of low self-esteem. Many teenagers believe that by having a baby, their life will gain a new focus. There will be someone to love, who loves them unconditionally" (article 55)

"Work in schools is improving young people's emotional health and wellbeing which is recognised as a strong protective factor against a range of outcomes like teenage pregnancy" (article 74)

"Because of peer pressure the more timid teenagers were more likely to have sex and become pregnant" (article 110)

"we know girls have babies because among other things they have low self-esteem and want someone to love who will love them backand because they have low aspirations" (article 123)

"Aspiration is the best contraceptive; our high rate of teenage pregnancies is testament to the dismal level of ambition of many of our teenagers" (article 129)

"several factors that could explain why...increased vulnerability and mental health problems to the absence of a supportive adult in their lives....One of the driving factors of having a baby early in their life, we found is the need to be loved" (article 190)

"somebody was finally going to love me as much as I deserved to be loved and that's what pregnancy was for me- it saved me" (article 206)

“Dr Stammers said teenagers turn to sex not because they had an appetite for sex itself but as a cry for help..... It is frequently part of a search for love and meaning- neither of which is necessarily found in sex and this can result in pregnancy” (article 7)

This discourse positioned teenage mothers as vulnerable, further enhancing the problematic nature of teenage motherhood. It also conveyed a need to provide extra support to teenage mothers. As motherhood was portrayed as problematic for teenagers and with teenage mothers frequently being shown to be lost and vulnerable, it follows that they would therefore need more support than older mothers would.

“...is only one of the extra pressures on teenage mums” (article 17)

“we realise that young people who are themselves still growing up will need as much support as possible” (article 1)

“In cases where young girls do become mothers we need to provide support” (article 3)

“many of the girls are so young they require mothering and their separation from their parents frequently results in the need for psychiatric help” (article 7)

“best ways to help youngsters cope with pregnancy” (article 1)

“There are a lot of very young parents in this area who may have good parenting skills but may need help in other areas. We are able to work with them by providing parenting classes and other initiatives” (article 135)

“it’s important to support and advise them” (article 17)

“we educate teenage mothers to make informed choices” (article 27)

“We should not stigmatise this group of women but instead ensure they have all the support they need to make the choices that are right for them” (article 177)

“young mums.....need antenatal care and support delivered in different and more flexible ways” (article 21)

“can a girl so young face this dichotomy of personality: at school a child, at home a mother?” (article 7)

“Encouraging young girls- most of whom have dropped out of formal education- to have a new stake in their future” (article 24)

One reason cited for the necessity of additional support for teenage mothers was framed around teenagers not being ‘adult’ enough to parent children. This was shown by the many references of teenage mothers being ‘children’ or ‘young’ and the suggestion that they were therefore in need of a mother. It was also reflected through text which implied that teenage mothers needed help to make the ‘correct’ choices. If they did not have this, it was insinuated that they would chose to parent in the ‘wrong’ way and not meet their children’s’ needs.

“She is still only a child herself. I want to turn the clock back and make her an innocent little girl again” (article 4)

“I don’t care if both of them want to keep the kid....those babies should be given away sent out for adoption. People as young as that simply aren’t ready for becoming parents.” (article 5)

“How can he be a dad when he’s only 13, for God’s sake? How can she be a mum?” (article 103)

“it’s a case of children having children” (article 103)

“There is so much stacked against them but we are their parents because they are in care. They are the children of the state” (article 190)

“Gordon Brown suggested ‘all young mothers should live in supervised homes to learn responsibility and how to raise their children properly” (article 152)

“we teach them why it’s important to sit with their baby, instead of plonking them in front of the TV” (article 17)

“I don’t care if both of them want to keep the kid....those babies should be given away sent out for adoption. People as young as that simply aren’t ready for becoming parents.” (article 215)

“with specific care and support they can channel their energies into building a brighter future”(article 8)

“Single mothers under 18 will be looked after in supervised hostels where they will receive parenting lessons, social support and help with education or finding work” (article 213)

“practical help on how to make positive choices” (article 1)

“How can he be a dad when he’s only 13, for God’s sake?” (article 103)

“making sure mums-to-be get the support they need” (article 21)

“it will help young women improve their parenting skills and health and help get them back to work” (article 11)

“teenage mums remain the least likely to breastfeed... scheme to encourage more teenage mums...” (article 2)

“it will help young women improve their parenting skills” (article 11)

Teenage mothers were also positioned as needing extra support through discourses which suggested teenage mothers were unaware of the realities of motherhood.

“It is seen as a way of replacing romantic notions of motherhood with the reality of bringing up a child” (article 4)

“she bought it on her own daughter.. I blame the parents who else’s fault is it? Those young un’s don’t know what they are doing, someone else has to tell them where they stand” (article 5)

“It is absolutely vital that we start to teach teenagers that having a baby is nothing like having a fashion accessory like a new handbag” (article 86)

“which often involves teenage mothers telling girls about the reality of bringing up a child at such a young age- this is important as they don’t realise” (article 156)

“Although she doesn’t regret having her daughter , she wants to help young people understand the realities of teenage pregnancy” (article 190)

“we know girls have babies...because people will think they’re grown up and not tell them what to do anymore” (article 123)

This focus on the need for teenage mothers to have support in order to be effective as a parent, alongside the infantilising language used to talk about teenage mothers positioned them as having limited knowledge and skills. This perhaps adds to the previous discourse of teenage mothers being less intelligent. This discourse again served to position the mothers as inferior to older mothers and portrayed them as being less capable. The implication of

these discourses could lead to teenage mothers being viewed as less effective mothers.

3.2 Theme two: Negative stigma, treatment & fighting the stereotype

This theme reflects the data which talked about the way teenage mothers were viewed and treated both by society and services. The articles often considered negative assumptions and stereotypes surrounding teenage motherhood alongside reported negative treatment. They also frequently reflected on the subsequent frustration teenage mothers faced in wanting to portray a different image. The data suggests that there are negative stereotypes about teenage mothers and as a result they are positioned and seen in a particular way. Within this stereotype, teenage mothers were frequently portrayed as irresponsible and inadequate parents. This discourse is likely to impact significantly on the mothers' mental health, particularly given the identified desire to portray a 'good mother' image (Romangnoli and Wall, 2012).

3.2.1 Stereotypes of a teenage mother

Throughout the articles, stereotypes about teenage motherhood were often referred to. This was always framed in a negative light and seemed to suggest that all teenage mothers were categorised in this way. This seemed to be more apparent in articles which portrayed speech with teenage mothers themselves as they frequently mentioned the way they felt the public perceived them. However, it was also evident in other articles which reflected upon assumptions about teenage mothers and their children.

“teen mums are more than just a stereotype” (article 4)

“to stop teenage mothers being portrayedas the Little Britain character Vicki Pollard”(article 15)

“that they are all irresponsible, bad mothers who put a drain on the welfare state” (article 6)

“you can tell they don't think you are fit to be a parent because you are a young, single mum” (article 10)

“it wants to dispel the stereotype of TV character Vicky Pollard, the iconic chav from Little Britain, that very young mothers are ill-educated dropouts, abandoned by feckless teenage fathers, who will drain the

welfare system and produce children who will soon be collecting ASBOs”
(article 101)

*“to stand up for young mums and break down the negative
stereotype”(article 6)*

*“there is a very negative opinion of young mums, but we are not all like
that. We don’t all smoke, we haven’t fallen pregnant to get a house and
we are not all single” (article 16)*

*“demonization of young mothers...immoral generation...declining
standards” (article 7)*

*“there is a lot of stereotyping that goes on...I’m still with the father of my
baby which I think surprises a lot of people” (article 121)*

“I wasn’t some stupid girl who had been careless” (article 8)

“I get angry at the stereotype of teenage mums” (article 36)

*“teenage mums are twelve times more likely to be associated with the
word irresponsible than mums in general” (article 18)*

*“Teenage parents are frequently used to represent the shameful morals
of today: the feckless, the selfish, the underclass, the other” (article 152)*

*“gymslip mums... motherhood used to be a one-way street out of the
education system” (article 5)*

“common perceptions of teenage mothers are all wrong” (article 10)

*“The fall has been attributed to.....the stigma of being a teenage mother”
(article 184)*

The stereotypes referred to in the articles seemed to focus around ideas that teenage mothers were irresponsible and therefore not capable of parenting, were single and got pregnant just to get a council house. The Vicki Pollard character from Little Britain was mentioned to reflect the portrayal of teenage mothers as “sub-literate, sexually promiscuous, teen chavettes” (Tyler, 2008). This character is often shown as possessing only negative parenting skills (Frampton, 2010) and as a result this discourse positions the teenage mothers as ineffective and negligent parents. Teenage mothers were again positioned as inferior to older mothers but the power of this discourse also sought to position them as ‘bad’ mothers who do not care about their babies, potentially positioning them as a risk to their child.

Utilising language such as *'all wrong'* (article 10), *'stand up...and break down'* (article 6) and *'more than'* (article 4) showed the strength of the stereotype and allowed the reader to generate some sympathy towards the mothers for being seen in this way. This again served to position teenage mothers as victims who needed help but this discourse did not contain underlying frustration towards the mothers and consequently did not imply any blame. As a result this discourse portrayed the mothers as having strength for managing in the face of reported adversity. This positioned teenage mothers as strong and courageous and as potentially more resilient than mothers who do not face automatic negative assumptions.

The consideration of the stereotypes allowed some space to reflect upon the reason for their existence. Articles alluded to the media's influence in maintaining this discourse. Although the articles did not reflect on the reasons why, they did suggest that the media failed to portray the 'true' picture of a teenage mother. The sympathetic tone of the articles implied a sense of injustice towards the teenage mothers. However, this discourse was only evident in a few of the articles as opposed to the other more negative discourses which were in the main body of them.

"programmes about teenage mothers ...show girls who smoke and drink and who want free houses. They never show positive role models"
(article 16)

"social stigma are reinforced in the media" (article 17)

"In the media 'teen moms' have become a code word for drama. The 'real life' documentary producers' start with promises of showing the 'true' story, but then can't resist twisting a storyline to get their ratings up"
(article 152)

"I think the media is sometimes irresponsible in how they portray teenage mums in such a poor light. They are misrepresented" (article 14).

"As long as young parents themselves continue to be excluded from having a real voice, then assumptions will continue to be made about what is 'right' for them by people who have no idea what it is like to be a young parent" (article 55)

The articles also thought about the potential impact of these stereotypes with some questioning whether the perceptions would influence how the mothers were treated by society and whether they would prevent teenage mothers accessing services.

“these attitudes still determine how teenage mothers are perceived and treated today” (article 7)

“Portrayals of teenage parents tend to fall into two categories; vulnerable and neglected, or devious, destructive and manipulative. Clearly neither of these inspire confidence in the parenting skills of young people” (article 152)

“through the training we try to challenge {the stereotypes} because they stop people accessing services” (article 4)

“evidence to show that under-20s feel excluded from mainstream antenatal care or judged by their peers” (article 21)

“how easy it is to give young people the impression that services don’t think much of them and as a result they don’t come” (article 5)

The assumption was that if people (society or professionals) believed these negative stereotypes about teenage mothers they would consequently treat them in a negative way. It also implied that the mothers’ awareness of the stereotypes would prevent them from accessing services if required. In contrast to the courageous discourse, this dialogue served to position teenage mothers as helpless victims isolated and suffering because of societal treatment.

3.2.2 Negative treatment

The stereotypes mentioned in the articles were portrayed as leading to negative treatment. The articles which included the voices of teenage mothers and professionals working with them often reported on feelings of being treated unfavourably by society and services. This was reflected in talk which reported the negative reactions to the teenage mothers, both subtly and overtly.

“hostile attitudes they encounter from support services” (article 4)

“My mother supported my decision. Other reactions were less positive. I was asked “how did an intelligent young girl like you become pregnant?”

Most people thought I should have an abortion and carry on with my life”
(article 55)

*“some people give you dirty looks and you can tell they don’t think you
are fit to be a parent”* (article 10)

“they can be really quite rude because they know you are younger”
(article 4)

*“when I was 15 and pregnant, people would throw stones at me and say
that I wouldn’t do anything with my life”* (article 121)

“teenage mothers.....still unfairly suffer from stigma and abuse” (article
14)

*“one young girl was...heavily pregnant and an old man started pointing
his walking stick at her and shouting”* (article 16)

*“under-20s feel excluded from mainstream antenatal care or judged by
their peers”* (article 21)

“teenage mums face prejudice” (article 18)

*“They are labelled promiscuous, branded as benefit scroungers who
have fallen pregnant in order to bag a council flat, cruelly nicknamed
‘pram faces’ and mocked by everyone”* (article 47)

*“as a teenage mum you come up against a lot of stigma and negativity....
some people cross the road to avoid talking to my family”* (article 14)

“bullied or excluded by their friends” (article 215)

The frequent use of the words ‘teenage’ and ‘young’ implied that the treatment of teenage mothers was different to that of mothers who were not teenagers. The teenage mothers’ voices often reflected a belief that they were treated differently to mothers of an older age. Reports of *“not being taken as seriously as older mums”* (article 14) and having difficulties *“overlooked...as I was just a young mum panicking”* (article 4) were included alongside talk of hostile and rude attitudes. The voices of teenage mothers portrayed in the articles spoke of being dismissed and being seen as not able to make the correct choices for their children. They were consequently portrayed as being treated unfairly.

The implications of the reported negative treatment were reflected upon by the authors and appeared to suggest that the mothers were left feeling a range of negative emotions. The articles considered the impact these emotions would

have on the mothers and pondered on how these feelings would be difficult to move on from, suggesting an impact on future mental health. This discourse further helped to position teenage mothers as victims in need of support.

“they felt like they were being judged, and they were fearful and intimidated” (article 4)

“they are left feeling self-conscious” (article 5)

“They are offended and upset by what they see as widespread negative portrayal of teenage motherhood....and say they speak for thousands of others in their belief that Britain’s young mothers should be treated with more respect” (article 121)

“the girls feel very strongly about the negative view society has. They still face prejudice” (article 16)

“you are part of a marginalised group, it is very difficult to shake off and this gets you down” (article 14)

“people do look down their nose at you when you have a baby so young, it is upsetting” (article 28)

In contrast to the victim discourse, some articles reflected curiosity about the reasons for becoming a teenage mother in the context of all this negative treatment. This was shown by text which began to question *“what sort of people are they?” (article 14)* and in the talk which reflected judgements such as *“teenage mums are less capable than older mothers” (article 18)*.

3.2.3 Fighting the stereotype

Within the context of the stereotypes mentioned, teenage mothers frequently spoke of a desire to prove they were different to the societal assumptions. This was shown in talk which reflected a wish to portray a different image of teenage motherhood and from talk which showed a want to provide a better future for their children. An underlying frustration towards the stereotype was again conveyed with the mothers left wanting to fight against how they were represented.

“want to prove....the stereotyped view ofyoung, single mums is wrong” (article 10)

“aware of the negative press that all teenage mothers are the same and wanted to put across a different image” (article 15)

“I want to prove them wrong; when I’m driving around in my nice car I’ll show them” (article 121)

“I’m proud of my achievements but want to do much more in helping mothers to realise their aspirations” (article 14)

“I am determined to do my A-Levels and will not fulfil the stereotype of a teenage mother” (article 16)

“the baby saved her from going down another path....because she wanted to prove she was not the ‘scumbag’ people thought she was” (article 206)

“I wanted to do this so I could change the stigma of being a teen mum. I wanted to portray teen mums in a different way” (article 20)

“she is adamant she will not be stuck in a dead-end job or dependent on benefits” (article 9)

“This week a group of teenage mums will meet the Prime Minister and argue they don’t deserve such a bad reputation” (article 35)

“I want to get everything done whilst my baby is young so he will see me as a positive influence” (article 16)

“Once I realised I was to be a mother, I effectively left my youth behind. Being responsible for a child made me determined to bring her up to the best of my abilities” (article 55)

“to give daughter Jayleigh a brighter future” (article 6)

“I want him to have a better life than I have had; everything I do is for him” (article 121)

“Josh needs stability and security and I feel I can give that to him now” (article 8)

The strength of the desire to portray a different image conveyed an underlying assumption that teenage mothers would be unable to achieve their potential due to having a child as a teenager. However, the determination positioned within the mothers via talk of a *“want to do much more” (article 14)* and *‘adamant’ (article 9)* served to position them as strong and capable.

3.3 Theme three: It's not all bad

Adding to the discourses of teenage mothers being strong and capable, text also emerged about teenage motherhood not always being as problematic as portrayed. This was largely reflected by the portrayal of teenage mothers themselves, but some professionals also reflected on the idea that teenage motherhood is *"not all bad"* (article 19). This was in contrast to articles which generalised teenage mothers as not being able to parent effectively. This theme contains the data which began to question this belief. It includes data which started to frame teenage motherhood as a positive experience. This was done either by reflecting on the positive way the mothers were treated by society and professionals, by considering the enjoyable aspects of becoming a teenage mother; or contemplating on the idea that teenage mothers' could be good mothers. This discourse sought to position teenage mothers as more equal to other mothers and began to show that there may not be as many differences between teenage mothers and older mothers as once believed.

"I'm aware that there are positives to teenage parenthood too" (article 4)

"life is not over if you have a child at a young age" (article 14)

"teenage mums want the best for their baby" (article 17)

"It's not the end of the world having a baby when you are young. A lot of young women we interviewed were getting jobs, getting educated and setting up their lives" (article 51)

"confident that at just 23, with her child now at school, time is still on her side. And compared to women in their thirties torn between high-flying careers and having a baby, maybe her choice to have a baby as a teenager wasn't so misguided after all" (article 27)

3.3.1 Professionals and society can be supportive

In contrast to talk of the negative treatment discussed earlier in this section, articles reflected on the times when society and professionals were supportive. The role of professionals and society in helping teenage mothers achieve their potential, feel valued and assisted was discussed in the articles. Support was suggested to be beneficial for mothers' and although there still seemed to be an underlying assumption that teenage mothers need help; professionals and

society were positioned as a friendly, helpful resource for teenage mothers. Implications seemed to suggest that this support could enhance teenage mothers' experience of parenting.

"by offering specific care and support, these young women can channel their energies into building a future not just for them but also for their babies" (article 8)

"This website will have local information about getting accommodation...along with meeting places and help with childcare. We are really encouraging them to take ownership of it- it's in their hands. We want to help them understand all the options they have as they can't put their lives on hold" (article 24)

"lives were changed with nurturing and guidance and young women left with self-belief, qualifications and prospects" (article 5)

"there's more support than ever for young parents to reach their full potential" (article 17)

"how the scheme...is transforming the lives of teenage mothers in London...the experience dramatically changes their way of parenting for the better" (article 41)

"made possible by devoted, experienced and passionate staff" (article 7)

"we are not saying it's all bad....it depends on the young person and the support they get" (article 19)

"I feel absolutely confident as a mum now. The project helped me not only with my son but with my university application and job prospects" (article 11)

"We believe it is important to accept and help build on the satisfaction that many young women get from motherhood" (article 51)

"best ways to help youngsters cope with pregnancy" (article 1)

Despite the implied need for support, a genuine affection was reflected by some professionals and a desire to ensure the provision of effective services for teenage mothers was noted. There was also an underlying implication that teenage mothers had the potential to be good mothers.

“each mother and baby was valued.... it was never questioned that these young women deserved the best” (article 2)

“privilege to spend time with so many wonderful young women” (article 4)

“improve and support services available for young parents and their children” (article 19)

“were enabled through nurturing and guidance to be confident parents” (article 11)

“young women were encouraged to believe in themselves, their futures and their children’s. They can be very good mothers” (article 214)

This positioned teenage mothers as deserving of the same treatment as other mothers. The suggestion that teenage motherhood was not always negative and that society and professionals wanted to support them helped to position the teenage mothers as being more similar to other mothers. This helped to portray teenage mothers as having a good character and as being capable. They were therefore positioned as having the potential to be ‘good’ mothers.

Although the level of support from professionals and society was noted, the articles often portrayed a level of shock about how helpful society could be. This appeared to be almost at odds to what the mothers’ were expecting. The shock may follow from the mothers’ awareness of the negative stereotype and because of this they may naturally assume society will treat them negatively. This discourse positioned the mothers as having the potential to be good mothers and showed them to be appreciative of the help and support. This positioned teenage mothers as grateful and this again helped to contribute to the portrayal of teenage mothers as deserving of support.

“I was surprised at how open-minded the public were and just how supportive they can be” (article 20)

“the company along with other...businesses....has lent it’s support to the Young Mum’s Project” (article 2)

“we are not saying it’s all bad....it depends on the young person and the support they get. Sometimes society can really help them out” (article 57)

“huge response they received from viewers who sympathised with their situation” (article 10)

“they were all really encouraging which made me feel great” (article 20)

*“I’m so grateful for her help...I feel absolutely confident as a mum now”
(article 11)*

“she always comes out to help me. She’s a great support” (article 17)

Following the recognition of societal support, the articles reflected upon the best ways to support teenage mothers. This frequently led to discussions about education and schooling. Education for teenage mothers was discussed in section 3.12. However; that was focussed more on sex education whereas these quotes reflect on the perceived importance of teenage mothers remaining in school education more generally. Education was often discussed within the context of providing care for teenage mothers and seemed to suggest that staying in the school was one of the most important outcomes for them. This was shown by the frequency of talk which directly focussed on working with mothers to help them remain at school.

“worked with teenagers...teased out their aspirations.....getting them to re-engage in education and training” (article 15)

“so successful in encouraging girls to continue their education” (article 9)

“Evidence shows that better education and employment opportunities for teenagerscan make a real difference in bringing teenage pregnancy rates down” (article 28)

“teenage mums are encouraged to become independent through work and college” (article 17)

“we have girls who otherwise would have quit their education at 15 or 16 continue with their studies” (article 9)

The focus on the need for education also referred to the societal expectations and the importance of teenagers having the opportunity to access schooling. This discourse reflected the idea that teenage mothers could still have the opportunity to access education and continue with their studies, showing that becoming a teenage mother did not mean life stopped. This reflected the theme that teenage motherhood was not all bad as it did not mean a loss of previous opportunities.

3.3.2 It can be enjoyable

Following on from the talk of positive treatment from professionals and services, articles reflected on how the motherhood process could be enjoyable for teenagers. This was in contrast to the previous themes which portrayed teenage motherhood as an “accident” and a “mistake” and as leading to negative outcomes for mothers and children. It focused on the joy that motherhood could bring to teenagers.

“some teenage mothers, however, say they are happy to have had a baby” (article 3)

“Aimee said of her daughter; She has changed me completely, I can’t imagine myself without her” (article 126)

“I love every minute of being a mum” (article 17)

“I’m really glad that I had Shaun, I wouldn’t change it now for the world!” (article 42)

“enjoys being a young parent...determined to be a good father” (article 3)

“she gives me these little smiles and it’s worth everything” (article 17)

“having a baby changed me for the better....I don’t know what I’d be doing if I didn’t have Reashay” (article 121)

This led the articles to begin reflecting on some of the positive outcomes of teenage motherhood. A questioning of the negative perceptions of teenage mothers arose, with an underlying reflection that these assumptions may not always be correct. The articles also began to touch on the potentially transformational period previously identified (Shea et al., 2016). This reflected the idea that becoming a mother can give teenagers a sense of purpose and a sense of autonomy in shaping both theirs and their child’s lives.

“I’ve seen it bring real structure to their lives” (article 4)

“In some cases the sudden and overwhelming responsibility of parenthood actually transforms previously wayward teenagers into committed students as well as caring mothers” (article 107)

“whereas they may have been risk takers before, a teenage mum now has an incentive and having a baby often calms them down” (article 17)

“teenage mothers are some of the best in society” (article 14)

“hope to go to university to provide” (article 6)

“If I didn’t have Dontaye I don’t think I’d be at college at all. I didn’t have any focus before my son was born- he guides me” (article 121)

“teenage pregnancy can sometimes turn women’s lives around” (article 206)

Although the articles never fully recognised teenage motherhood as being a wholly positive experience, teenage mothers were positioned as capable mothers with the potential to transform their lives by having a baby. This provided some balance to the problematic discourse, which had been lacking previously.

3.3.3 We can be good mothers

The final theme has so far reflected the idea that teenage motherhood is not always a bad thing and that teenage mothers have the potential to be good mothers. This subtheme took the idea further by reflecting upon the idea that teenage mothers are good mothers with the potential to be role models for their children and society. Some articles also alluded to positive differences between teenage and older mothers, such as having greater resilience. This was in contrast to the negative stereotypes which portrayed teenage mothers as being unable to parent and this instead positioned them as equal, if not superior in some ways to other mothers.

“shows what amazing role models there are out there” (article 6)

“{we} are positive role models” (article 16)

“I have changed my life which is why I’m keen to do youth work to influence others” (article 11)

“they have a certain resilience andmight be more open-minded” (article 12)

“the majority do make absolutely brilliant mums” (article 17)

“they make some of the best mums, they are less inhibited” (article 14)

Utilising terms such as ‘amazing’ and ‘best’ began to position teenage mothers as being better suited to motherhood than older mothers.

Perhaps to further reflect the potential for teenage mothers to become good mothers, the articles also began to contemplate life after becoming a teenage mother. This often resulted in the mothers considering the positive aspects of the experience. Discussing the pleasant elements of motherhood and future aspirations showed that becoming a mother as a teenager did not mean life stopped. This was in contrast to earlier discourses which portrayed motherhood as more challenging for teenagers. Without additional challenges, teenage mothers were now positioned as being no different from other mothers and therefore just as likely to be good mothers.

“life is not over if you have a child at a young age” (article 14)

“Yet Natasha is far from gloomy about her prospects: “right now, I’ve got more opportunities than ever and when all my children are at school I’d still like to be a chef” (article 27)

“did not abandon plans, she simply delayed them” (article 8)

“At 18 she is bringing up her son....and has completed an NVQ in business administration” (article 42)

“I want to do forensic psychology at university...I’m building bridges towards a career” (article 16)

“I was a single mum at school but I will still get my oxford degree” (article 55)

“now lives with current partner, and the couple have another child....she gained her longed for independent existence” (article 19)

“since I’ve had my son I’ve started a college course....I’d like to be a beautician and hopefully own my own salon eventually” (article 121)

Despite the reflection of a positive journey to teenage motherhood leading to the teenagers becoming good mothers, there also appeared to be an underlying assumption that teenage motherhood was more likely to have a negative rather than positive impact on the future. This was reflected in talk which highlighted achievements within the context of being pregnant or emphasising every day events, such as going to work, as big successes. This suggested that it was an unusual outcome to teenage motherhood and that the positive elements were seen to be an exception to the ‘normal’ negative route. However, this was only reflected in some of the articles and although similarly to previous sections, this

served to portray teenage motherhood as being difficult; the reported achievements within this discourse positioned the mothers as strong and able to achieve. This helped to take away the notion of teenage mothers as victims in need of support.

*“I still got my qualifications and passed my GCSE’s while pregnant”
(article 20)*

“scored top marks in her A-Levels despite having her son Barrett just a month before her exams” (article 10)

*“many have gone on to work..... expectations and aspirations were high”
(article 5)*

“I returned to school and got my qualifications despite having to drop out first time” (article 27)

“Although it has been a challenge, I have got a job now” (article 107)

3.4 Summary of key findings

The overall story reflected from the three themes suggests that a dominant negative portrayal of teenage motherhood is more powerful than the positive discourses, as demonstrated by the greater number of references to this. The problematic nature of teenage motherhood frequently sought to portray the mothers as victims in need of help and support. This resulted in teenage mothers being positioned as inferior to older mothers. The inferiority was reflected via discourses around the mothers being less intelligent and therefore less capable, too young and therefore not set up to be a mother, reckless and therefore unable to meet their baby’s needs. Other discourses reflecting teenage mothers as selfish for putting their baby in a deprived situation and taking money away from society portrayed the mothers as undeserving. This began to position them as negligent and ‘bad’ mothers

Although in the background to these more negative discourses, opposing dialogues did emerge which portrayed enjoyable and transformational aspects to teenage motherhood. These discourses positioned the mothers as strong and capable and as being equal, if not superior in some ways to older mothers. They also portrayed mothers as victims, except this time rather than being vulnerable they were viewed as victims of injustice. This discourse allowed the

mothers to be positioned as 'good' mothers, showing strength in the face of adversity.

These key findings will be fully explored in the discussion chapter.

4. DISCUSSION

4.1 Overview

The aim of the research was to explore how teenage mothers are represented within the media with the research question specifically interested in the themes of discourses post NHS engagement. This involved identifying how teenage mothers were spoken about in English newspapers from 1999 until 2018. It was hoped that identifying the themes embodied by the discourses would allow space to reflect upon the way they could impact on both teenage mothers' mental health and access to NHS services and mental health provisions. It was hypothesised that the introduction of NHS services following the Social Exclusion Unit's report in 1999 may change the way teenage motherhood was spoken about within society. As we know that the nature of societal discourses, especially those propagated in the media (Martin, Lang, & Olafsdottir, 2008) can impact on how people view themselves and others, this research was interested in establishing what the themes in the discourse were and how they may subsequently impact on teenage mothers mental health and engagement in services. One hundred and fifteen articles were selected and analysed using a thematic analysis (Braun & Clarke, 2006). This resulted in the construction of three themes; 'it's a problem we need to fix' 'negative stigma, treatment & fighting the stereotype' and 'it's not all bad'.

4.2 Structure of the chapter

This chapter will begin with a discussion of the three themes identified in the research and think about how these positioned teenage mothers. These ideas will be discussed in relation to the research question, existing literature and reflections on the implications will be made. This will focus particularly on the implications on teenage mothers' wellbeing and how this impacts on their engagement with NHS services and mental health provisions. This will be followed by a discussion about the strengths and limitations of this study and ideas for future research. Implications for clinical psychology and mental health provision will be considered and a discussion about how services can respond to the findings will be included. Finally a reflection on the research process and findings will also be provided.

4.3 The themes

4.3.1 Theme one – ‘It’s a problem we need to fix’

Teenage motherhood was frequently positioned as a problem that required a resolution. This was the most prominent theme within the dataset and as such, included the most data. Teenage motherhood was portrayed as problematic through discourses which suggested motherhood was more difficult for teenage mothers as opposed to older mothers. The problematic discourse was reflected in ways which suggested teenage mothers were more likely to be deprived and living in poverty, faced greater negative outcomes when compared to older mothers, were lost and as such, needed extra support. As a result teenage mothers were portrayed as being unable to be effective mothers. This may potentially impact on the way teenage mothers are positioned within society and as a result may also affect the view teenage mothers have of themselves and whether they decide to access NHS services if required (Cree, 2010; Button et al, 2017).

This supports McDermott & Graham’s (2005) research, suggesting there are assumptions of teenage mothers being ‘bad’ mothers without the experience, skills or resources needed to mother successfully. The strength of the language used in the articles served to position teenage mothers as vulnerable and as needing to be ‘saved’ from a life of deprivation. It also suggested that because the extent of poverty was extreme, this was not a life that people would choose to live. This resulted in the newspapers reflecting a curiosity as to why women would become a teenage mother. This led to an ‘othering’ of teenage mothers and served to distance them from those who did not become teenage mothers.

As previously mentioned this follows the path of the stigma process and how a period of devaluation can lead to a justification for negative treatment (Aggleton, Parker & Maluwa, 2003). Implications of this discourse may lead to teenage mothers being seen as victims who due to their ‘dire’ situation were unable to look after themselves, let alone their babies. This may start to position the mothers as ‘bad’ mothers, unable to look after their children. This discourse could potentially position teenage mothers as being less able than older mothers, possibly impacting on the way they are seen and treated by society.

The strength of this deprivation discourse may impact on services by generating the assumption that teenage mothers would be unable to make the 'right' choices when raising their children due to a reported lack of resources. This may potentially lead to professionals adopting a more 'directive' approach when working with teenage mothers compared to a more 'guiding' stance when working with older mothers. The consequences of this may possibly support the notion of preventing teenage pregnancies which may impact on how professionals in NHS services engage in conversations about subsequent pregnancies with teenage mothers compared to their older counterparts.

Articles also reflected on the impact of teenage motherhood on society with implications suggesting high cost to the taxpayer and an impact on British society. There were also a large number of quotes focusing on the government within the articles. This helped to position teenage motherhood as a 'national' concern which needed policing by the ruling government. This appeared to give it status and portrayed it as something of national importance. This is in line with research conducted by Duncan (2007) which suggests teenage motherhood continues to be viewed as detrimental to mother, child and state. The articles reflected the idea that teenagers living in 'poverty' were more likely to become mothers; and that those who became mothers were almost certain to face a life of deprivation. This talk seemed to tie in with the research previously discussed which suggested that teenage mothers were more likely to be dependent on welfare support and is often framed as being the cause of social decay (Phoenix 1991; McRobbie 2000; Wallbank 2001). It is also in line with political discourses at the time and was reflected in the Conservative Party conference speeches (Liley, 1992). The implications of these discourses reflecting teenage motherhood as a problem for society would perhaps mean mothers would be viewed as 'scrounging' from society and therefore undeserving of help. If teenage mothers are viewed as 'underserving', these discourses may lead to a reduction in the funding of services supporting teenage mothers over time. It may also lead to 'tougher' policies focussed on reducing teenage pregnancy rates, which were reflected in the discourses, rather than supporting teenage mothers themselves. This consistent thread throughout the articles of the need to reduce the rates of teenage pregnancy within the country added to the problematic discourse.

The articles also inferred that the mothers' and their babies' health would be at risk as a result of the deprivation, positioning the mothers as selfish for bringing their babies into a life of poverty. The implications of this discourse may lead to negative assumptions and frustrations within society, potentially resulting in teenage mothers being blamed for the reported negative outcomes of teenage motherhood. The potential consequences of this may result in possible negative societal treatment.

Throughout the articles the implication that teenage mothers will need extra support leads to a positioning of them as inferior to older mothers. As previously outlined, being perceived as a less capable or 'bad' mother can have a detrimental impact on mothers' mental health (Cree, 2010). The stigma of being seen as a 'bad' mother may potentially result in a lower quality of life and well-being (Markowitz, 1998; Mechanic, McAlpine, Rosenfield, & Davis, 1994) and high, persistent levels of stress (Wright, Gronfein, & Owens, 2000). It might also interfere with recovery (Markowitz, 2001). Furthermore, being seen as inferior to older mothers may result in teenage mothers being less likely to access services due to a fear of being seen as a 'bad' mother (Button et al, 2017). This discourse may therefore also act as a barrier to seeking help. Health professionals are not immune to societal prejudice (Teachman & Brownell, 2001) and as a result NHS professionals working with teenage mothers may potentially harbour some of these negative assumptions which arise from the stigma associated with teenage motherhood. This could possibly lead to NHS professionals perceiving teenage mothers as the stigma suggests; unable to cope. This could lead to potentially greater referrals to mental health services for teenage mothers compared to older mothers, greater interventions and signposting being offered to teenage mothers and more directive rather than empowering support being given to them (SmithBattle, 2013). It is also possible that mental health professionals may potentially conduct greater risk assessments when working with teenage mothers. The potential difference in treatment may isolate the teenage mothers, with the differential treatment potentially being viewed as a sign of 'failure'. If this were to happen, it may possibly increase the mothers' desire to put on the 'good' mother image, leading to a potential disengagement with services. However, it is also possible that this discourse and assumption might lead to less support from Mental

Health provisions as the perception of teenage mothers as having a lack of skills or intelligence is positioned as inherently a personality trait. This may potentially therefore lead to the belief that teenage mothers won't learn and as a result they will be almost dismissed.

4.3.1.1 Teenagers are too young to be mothers?

Discourses demonstrated the view that teenage mothers needed to be mothered, which ties in with other media portrayals outlined of teenage mothers as children (MacCormack, 2004). This was reflected in talk which stated that teenagers were still developing and because they were "*so young*" (article 4) it was implied that they were not adult enough to raise a child. Furthermore, articles which reflected on teenage motherhood as an 'accident' due to a lack of understanding on the teenagers behalf again served to position them as naive 'victims' who due to their age had been unable to prevent this 'mistake' from happening. The focus on the mothers age again seems to play into discourses present prior to 1999 of "being a child in an adult body" (Bloom, 2009). As a result the teenagers were positioned as not yet ready to be a mother. These discourses infantilised teenage mothers. This perhaps links back to the disruption of the dichotomous concepts of adulthood and childhood discussed in the introduction section (Duncan, Edwards & Alexander, 2010). Motherhood is viewed as a symbol of adult status (Schofield 1994) and therefore remains challenged when teenagers have children.

Defining teenage mothers as 'too young' may play into perceptions of teenage mothers as naive at best and unintelligent at worst. This seeks to position them as mothers who need to be taught or possibly as those who are not capable. This may mean that similar worries raised by an older mother may be seen as part of the motherhood experience for them; yet may be viewed as a cause for concern in teenage mothers and perceived as a sign that they are not coping. The portrayed lack of intelligence may also be felt by a potentially greater questioning of teenage mothers choices and motives as compared to older mothers. It may also be seen via greater attempts to 'teach' teenage mothers about parenting via more referrals to different parenting groups for example (SmithBattle, 2013) or more referrals to early help provisions and social services. It is possible, however, that this perceived need to be taught could be

viewed positively with some seeing teenage mothers as having the capacity to learn and develop their skills.

4.3.2 Theme two- Negative stigma, treatment & fighting the stereotype

The articles often reflected on societal stereotypes perhaps indicating there is still a stigma attached to teenage motherhood as found in other research (Duncan, 2007). The construct of a 'gymslip mother' and the 'Vicky Pollard' character were referred to within the articles (articles 5, 9, 15, 101, 121 & 152). These portrayals assume teenage mothers only have negative parenting skills (Frampton, 2010); and as a result serves to position them as being negligent and unable to parent. This may result in a societal inflexibility in hearing other stories and may potentially impact on how teenage mothers view themselves. It is also possible that it might lead to a worry in revealing their pregnancy to friends and family, thereby reducing support. Although the articles acknowledged that this way of viewing teenage mothers was a stereotype, the mothers themselves were very aware of these assumptions; suggesting discourses in line with these stereotypes exist in daily life. Furthermore, reports of negative treatment from society and professionals also seemed to suggest these negative assumptions continued to exist within society and had almost become embodied in a perceived 'right' way to treat teenage mothers. This was reflected by the fact that people did not feel ashamed or embarrassed to be treating teenage mothers' differently. These discourses were evident across the articles and ranged from overt verbal abuse through to more covert feelings of being judged and hostile attitudes. This understandably had an impact on teenage mothers with feelings of fear and intimidation experienced. Some articles implied that this would result in teenage mothers deciding not to access antenatal and postnatal support such as; *"through the training we try to challenge the negative stereotypes, because they stop people accessing services"* (article 4).

This supports previous research which shows teenage mothers access support less than their older counterparts and starts to think about why this might be the case (DoH, 2015, Department of Health report, 2008, Brady et al., 2008). As previously outlined, the pressure to prove oneself as a 'good' mother has been seen to generate a barrier in accessing support from health care professionals

(NCT, 2016). This is due to a fear of being seen as failing or being viewed as a 'bad' mother (Button et al, 2017). Fear of failure can also lead mothers to 'self-silence' and as a result they may deliberately misrepresent their feelings to health professionals (Button et al, 2017), missing out on potentially vital support. The implications of this could be vast and may mean that mothers who would like support feel unable to seek it and that services, due to potential societal assumptions, may be ill equipped to offer it. Not gaining support when desired can mean more teenage mothers and their children are experiencing unnecessary distress.

In response to these societal stereotypes, teenage mothers frequently reflected a desire to prove they were not like these assumptions. This was shown by talk of frustration at the way teenage motherhood was portrayed. Extracts which noted their annoyance at the stereotypes such as *"I get angry at the stereotype"* (article 36) and *"it annoys me when there are these perceptions of young mums"* (article 6) were included throughout the articles. It suggested that the stereotype remained despite the fact that they did not feel this reflected teenage motherhood. This perhaps links in to the idea that teenage mothers who are thriving in the motherhood role are not newsworthy (Phoenix, 1996). This served to further position the teenage mothers as victims who had been misrepresented within society. This perhaps reflects the powerlessness of teenage mothers to be able to show a different story.

This desire to fight against the stereotype links in with the previous research mentioned and the findings from this research, which shows the enhanced efforts made by teenage mothers to prove themselves as 'good mothers' (Romangnoli and Wall, 2012). These stereotypes, portraying teenage mothers as 'bad' mothers, may potentially increase the desire felt by teenage mothers to prove themselves as good mothers. This may then reduce the likelihood of help-seeking with research having found that the perceived stigma of mental ill health prevents mothers of all ages from seeking support (Button et al, 2017). Research into motherhood generally, has shown that a combined fear of stigma alongside the high expectations mothers have of themselves, further weakens their self-esteem, increasing distress (Briscoe, Lavender & McGowan, 2016). For teenage mothers, this coupled with the stigma around teenage motherhood may impact on their mental health and make it doubly as difficult for them to

seek help if they needed to (Baines & Wittkowsk, 2013). NHS services therefore, need to be seen to actively denounce these stereotypes. This can be done via conversations about societal assumptions and the concept of a 'bad' mother. This may help services to be more accessible to teenage mothers. It is vital that services are accessible to those who would like to use them and as a result, mental health professionals need to ensure they are aware of their own assumptions surrounding teenage pregnancy to ensure they do not project these onto teenage mothers. One article spoke of the benefits of bringing professionals and teenage mothers together to challenge any underlying assumptions and help build stronger connections between them (*article 204*). This may be helpful for services working with teenage mothers as it could potentially allow space for the 'hidden' positive stories of teenage motherhood to prevail (Arai, 2003). Initiating service user involvement would ensure the 'true' stories of teenage motherhood are heard. This may also help professionals to support teenage mothers in a way which accurately reflects the family and social worlds they live in (Smithbattle, 2003) rather than encouraging teenage mothers to subscribe to the mothering norms dominant within society. It may also be helpful to co-construct training for NHS professionals whereby teenage mothers are involved in the training packages delivered to ensure underlying assumptions and societal stereotypes are challenged.

4.3.3 Theme three- It's not all bad

In contrast to the discourses that positioned teenage mothers as inferior and as being unable to cope with motherhood, theme three did reflect dialogues of enjoyment and transformation. The teenage mothers portrayed in the articles often reflected on the joy that motherhood had brought them and noted the positive transformational experience that resulted from it. This fits with the research which shows that motherhood can provide a sense of purpose (Zito, 2018) and help shape both the mother's and the child's life (Shea et al., 2016). In these articles, professionals and society were also positioned as being supportive and helpful for the teenage mothers. The implications of this discourse could lead to teenage mothers being seen in a less negative light. However, these discourses were much quieter than the more prominent problematic discourses and as a result may be less heard within society. If these discourses were seen as prominently as those which sought to maintain

the stereotype; it may result in similar treatment for older and younger mothers both within society and NHS services. It is therefore important that NHS services are accessible as they can be highly valued by mothers who feel they have been seen and heard.

These discourses positioned teenage mothers as more equal to older mothers, with some dialogues describing how teenage mothers may have more effective qualities in some areas such as “*resilience and open-mindedness*” (article 14). This perhaps plays into the discourses around reported problems of pregnancy at an ‘advanced maternal age’ (Kenny et al, 2013) and demonstrates other stereotypes of motherhood more generally. These articles showed teenage mothers as capable and as having the potential to be good mothers. The implications of this may be felt throughout services working with teenage mothers via a weakening of the potential assumption that all teenage mothers will automatically require lots of support. Viewing teenage mothers as strong and capable may enable services to empower teenage mothers and recognise their own skills and strength in parenting their children. Furthermore, being seen in a more respectable light would undoubtedly protect teenage mothers from the impact of the more harmful discourses on their mental health. It may also help to remove some of the potential barriers to accessing NHS services. As a result of this discourse, teenage mothers were portrayed as being similar to other mothers and as a result, deserved to be treated in the same way. This added a more balanced view which could reflect a changing of ideas and greater acceptance. This suggested that teenage motherhood could be acceptable and teenage mothers accepted within society.

This discourse is likely to impact positively on teenage mothers’ mental health. Rather than potentially isolating them from services via societal discourses of ‘bad’ mothers. These discourses have the potential to lead teenage mothers to feel more confident and competent, which if echoed by services would support engagement. Teenage mothers could potentially therefore be more likely to access services as they may have less anxiety or fear about being seen as a ‘bad’ mother. This would be likely to lead to better outcomes for their mental health and result in services empowering teenage mothers, rather than overprotecting them.

Rather than seeing teenage motherhood as an 'untimely disaster' (Duncan, 2007), it is important to acknowledge the positive impact it can have on teenage mothers and their babies. Teenage mothers can make fantastic mothers and having a baby at this time should not be viewed as a period of 'doom and gloom' (Clarke, 2015). The positive discourses about being a 'good' mother could position teenage mothers as having resources and knowledge and as having navigated social challenges, demonstrating their capability. It is important therefore, for NHS services to remain open to hear and engage with the positive experiences of teenage motherhood.

4.4 Broad implications across the themes

4.4.1 Impact on mental health

The dominant discourses about teenage motherhood being problematic portrayed teenage mothers as foolish, selfish, less capable and uneducated. This positioned teenage mothers as inferior to older mothers and as needing help to manage motherhood effectively. As previously outlined, discourses about motherhood generally fall into the good/bad mother dichotomy (Ladd-Taylor & Umansky, 1998) and the impact of the 'bad' mother discourses on mothers' mental health can be hugely detrimental (Cree, 2010).

Research has shown the desire that mothers' have to prove they are a 'good' mother. Breastfeeding for example, is viewed as being synonymous with 'good' motherhood (Marshall et al 2007) and mothers struggling with this may conceal the difficulties in order to preserve the 'good' mother image (Spencer et al 2015). This was also shown in this research by the determination teenage mothers have to prove they were different to the negative societal assumptions. It is possible that the negative assumptions already positioning teenage mothers as inferior or 'bad' mothers may result in a stronger desire to prove themselves as 'good' mothers. As a result it is possible that teenage mothers may conceal any difficulties they are feeling more than older mothers in order to not be viewed in the way the stereotype suggests. Motherhood is portrayed as a solely joyful period with the difficulties and daily challenges of it rarely acknowledged (Nicolson, 1990). If teenage mothers experience these challenges, it is possible that they may again conceal these to avoid being seen

in line with societal assumptions. This may therefore leave some feeling inadequate, resulting in a sense of shame and perceived failure (Cree, 2010) and may potentially isolate teenage mothers. This could impact negatively not only on their mental health but also the likelihood of seeking help (Button et al, 2017) which will be discussed in greater detail later in this chapter.

Perceived failure to meet the good mother image can also lead to maternal shame, shown from research of not being able to breastfeed (Ebisch-Burton and Flacking 2015) and for difficulties in bonding with the baby (National Childcare Trust, 2016). As previously outlined, maternal shame for perceived failure of the motherhood role may impact negatively on mothers' mental health, affecting how they view and evaluate themselves and impacting negatively on their self-esteem. This may be more prominent for teenage mothers who due to societal assumptions may already perceive themselves and be viewed and treated by others in a certain way. Maternal shame may enhance the negative perceptions already present for teenage mothers and reduce their self-esteem. Research has shown that mothers who have low self-esteem are thirty-nine times more likely than those with high self-esteem to have higher levels of depressive symptoms (Hall et al, 1996). Furthermore, as previously outlined, research has indicated that teenage mothers are three times more likely to get postnatal depression than older mothers and are more likely to have poorer mental health three years following childbirth (Moffitt, 2002; Rubertsson et al, 2003.) It is, therefore, essential for services and mental health provisions to be aware of these discourses about teenage motherhood and the impact they can have on the mothers' mental health.

The impact of these discourses on teenage mothers' mental health is likely to be significant. Whatever their perspective on the pregnancy, the strength of the societal belief of teenage motherhood as problematic, may lead teenage mothers to question the validity of their choice. They may also worry about the reported deprivation they may face following the birth of their baby if they were to *"fall into the poverty trap"* (article 12). The sense that teenage mothers have towards the beliefs society holds about them may result in a feeling of distrust or a fear about how they might be treated and viewed by professionals. This could therefore, create a barrier to accessing services. Furthermore, the

potentially more directive stance may result in other services (e.g. social services) limiting teenage mothers' resources if they were to 'buy in' to the societal assumption that they cannot cope. This could therefore, impact on their wellbeing and possibly result in feelings of being trapped & isolated.

4.4.2 Impact on NHS Services

Although depression and anxiety are now routinely questioned at mothers' six week health check postpartum, research indicates that mothers do not find this helpful and many misrepresent their symptoms (Button et al, 2017). The screening tool used simply reflects a 'yes' or no' response and does not allow space to reflect on the idea that answering 'yes' to the questions does not mean you are a bad mother. NHS maternity services and midwives conducting the screens need to create a space where mothers can honestly discuss how they are feeling without withholding information for fear of being seen as a 'bad' mother. This may simply involve an honest conversation about what answering 'yes' would mean. As maternity services will be the first contact teenage mothers will have with NHS professionals and likely the first opportunity to speak about their mental health it is essential that mental health needs are adequately assessed at this point. Not seeking support when it is needed can be hugely detrimental to both the mother and baby. Postpartum depression, if left unchecked for example, can have an impact on the cognitive and psychological development of the child and cause unnecessary distress for mothers (Reid & Meadows, 2007). This will have important implications for mental health services who may become involved later down the line if this first opportunity is missed.

This research showed that teenage mothers themselves were aware of the negative societal assumptions about them and so services should sensitively begin conversations about the discourses and impact they are having on teenage mothers. Without honest discussions it is possible that teenage mothers will not talk as openly as they would like to and their ability to feel like a 'good' mother may be reduced due to a fear of being judged. This may consequently lead to isolation further impacting their mental health. Clinical psychologists may be able to offer training for NHS staff working with teenage mothers to help them identify ways of having these conversations with mothers

to help them to label the unhelpful discourses and bring forth the positive experiences that are often silenced. This may involve discussions with teenage mothers about a potential stigma and an active denouncing of any stereotypes through these conversations and via service literature. This may encompass including a section about the misconceptions of teenage mothers within service leaflets or portraying the more positive and realistic stories of teenage motherhood when publicising services. This would be particularly important when advertising parenting groups hoping to also be accessible to teenage mothers. Portraying more realistic stories of teenage motherhood may help to reduce the fear of being seen as a 'bad' mother which may prevent some teenage mothers from accessing a place on a parenting course or coming to a service. Simply including images of teenage mothers alongside older mothers may help to normalise teenage motherhood as opposed to separating it out as a different experience. It may also be helpful to include an area on perinatal service websites which portrayed the idea that all mothers experience challenges regardless of age and that accessing support shows strength not failure. This may help teenage mothers to feel more able to access support if needed as they may not feel as judged when compared to older mothers. As a result teenage mothers may not fear being seen as a 'bad' mother as strongly.

The talk of stereotypes and negative treatment within the articles positioned teenage mothers as vulnerable victims. This discourse may be felt within mental health services by professionals offering more intervention options or providing greater signposting details for teenage mothers as opposed to older mothers. Although this may potentially be viewed negatively by teenage mothers as they may perceive the additional support as a sign of failure; it is possible that greater access to more support networks may benefit teenage mothers. However the portrayed strength teenage mothers showed in wanting to fight against the stereotypes may reflect a belief that teenage mothers can cope with challenges. Therefore, these stereotypes could hide some of the strength that teenage mothers have and consequently services may not accurately target their needs. It is therefore important for mental health professionals to take a reflexive stance towards the construction of individual's difficulties (Gee, 1996). *"When we unconsciously and uncritically act within our discourses, we are*

complicit with their values and thus can, unwittingly, become party to very real damage done to others” (Gee, 1996, p. 221).

4.5 The generation of these discourses and changes across time

Given the information previously documented, it is likely that many of the dominant discourses identified in this research arose from changes in societal perceptions towards teenage mothers (Bloom, 2009). They seem to reflect the socio-political context of the time which supports previous research identifying an intense focus on reducing teenage pregnancies (Solinger, 2000). The interest from psychiatrists and psychologists in the 1960’s led to teenage mothers being viewed as “children in adult bodies” (Bloom, 2009).

Psychologists and psychiatrists can contribute to societal discourses as the professions have constituted power via a societal acceptance that scientific understanding almost equates to ‘truth’ (Foucault, 1980a). It is therefore important to reflect upon my own role as a psychologist engaging in this research as it is likely to also be contributing to this perceived ‘truth’. However, it is hoped that by drawing attention to these societal assumptions and discourses that I am instead describing a need to reverse the historical discourses generated in part by psychology.

It is likely that the discourses discussed here are a result of this legacy with the underlying assumption of teenagers being too young to adequately raise their children. Research which suggested the importance of the mother’s role and the mother-child bond in ensuring the child’s development (Balbernie, 2001; Gerhardt, 2006; Kolb, 2009) is likely to have further advanced the problematic nature of teenage motherhood; with many feeling teenagers were ‘too young’ to take on such a big responsibility. Furthermore, the media’s portrayals of teenage mothers are likely to have helped continue these discourses with good teenage role models not being newsworthy (Phoenix, 1996). As previously discussed, media messages contain a lot of power to influence (Seale, 2002) and can frame information in a particular way to get the public to believe one view over another (Semetko, 2000). It is therefore likely that newspaper articles like the ones analysed in this research have helped to maintain the discourses around teenage motherhood. It is important to recognise that the representations of the teenage mothers referred to in these articles are just that.

It is impossible to identify the full 'truth' or capture all views in the speech; and any quotes used will have been selectively included depending on the angle of the story.

Although the problematic discourse of teenage motherhood ran throughout the articles, the strength of this was felt less as time went on. The articles analysed included those written from 1999 up until 2018. Although a thorough analysis was not conducted to identify any changes in the discourses across this time period; eyeballing the data suggests that more positive reflections arose during the later time frame. This was shown by an increase of the positive discourses which meant that the data was sufficient to represent the theme from 2006/2007 onwards. Prior to this time, the majority of the article content reflected the more negative themes. However, a detailed analysis would be necessary to confirm this is the case as this 'eyeballing' of data is not sufficient to validate this claim.

The Family Nurse Partnership was introduced in 2007, perhaps helping to shift the extent of negative discourses as services began to focus on how professionals could better support teenage mothers. It is also possible that an alternative discourse permitted the need for teenage mothers to be seen and therefore warranted a service such as the FNP to be created. The FNP may therefore have helped to cement the idea that teenage mothers were seen to be unique in a positive way. Having a service focused on their needs may have been affirmation of their unique position; and began to show that they were 'worthy' of tailored support. The articles also appeared to include the voices of teenage mothers more towards the later end of the time frame, perhaps suggesting teenage motherhood was becoming less stigmatised and as a result newspapers were giving teenage mothers a voice. However, again a detailed analysis would be necessary to validate this claim.

4.6 Strengths of the research

4.6.1 Evaluation against Good Practice Guidelines for Qualitative Research

Elliott et al (1999) have devised a set of guidelines from which qualitative research can be evaluated. This is in response to criticism about qualitative research lacking credibility because it does not match the methodological

standards of more scientific, quantitative approaches (Elliott et al., 1999). Adherence to the guidelines should demonstrate quality of research.

4.6.1.1 Owning one's perspective

As previously noted, research cannot be conducted in the absence of researcher beliefs and assumptions (Parker, 1999). It is therefore vital for researchers to recognise their own interests, values and assumptions and the role that these may play in the understanding and interpretation of data (Parker, 1999). Throughout this research a reflective journal has helped me to keep an awareness of my own beliefs and assumptions. I also stated my epistemological position in the method section and reflected aspects of my own experiences which have shaped my values and beliefs. In doing so, I have attempted to be transparent about what might have influenced certain interpretations and reflections have been made about the data. A final section in this chapter on reflexivity discussing my role in the research and the impact this has had further enhances an owning of my own perspective.

4.6.1.2 Situating the sample

It is important to describe the basic demographic data of the sample and relay any pertinent information relevant to the research. As the data analysed in this research consisted of newspaper articles it is not possible to define the demographic details of the teenage mothers referred to. The only information available was that they were all women, mothers and "teenage" referring to a woman prior to the age of twenty years. However, the newspaper articles used in the research included both tabloid and broadsheet formats and as previously outlined these differing viewpoints will help aid the reader's decision about the generalisability and relevance of this research.

4.6.1.3 Grounding in examples

In the results chapter, quotations were used to reflect the themes and subthemes constructed. The process of the analysis was also illustrated via the commentary on certain quotes. The patterns of the themes across the data set were demonstrated through the inclusion of multiple quotes and these were of reasonable length to ensure they were not taken out of context.

4.6.1.4 Providing credibility checks

Comments and feedback were provided during the analysis process by my supervisor who has experience of conducting thematic analysis. A 'verification step' (Elliott et al, 1999) was also utilised whereby at the end of the process, I reviewed the data for any discrepancies or errors.

4.6.1.5 Coherence

During the analysis, coherence was achieved via the process of reviewing and refining the themes and subthemes, which were then organised around unifying notions. A thematic map (Appendix E) was also generated which positioned any related themes in close proximity to one another. This influenced the structure of the results chapter and during this section I attempted to highlight any relationships or overlapping themes to the reader.

4.6.1.6 Accomplishing research tasks

This research aimed to identify the discourses concerning teenage motherhood following the recognition of a need for support by the NHS in 1999. This general aim was achieved via the identification of the three themes across the dataset. However, attention was not paid to the different types of newspapers (broadsheet, tabloid etc.) and the impact this would have on the discourses generated. This would have been useful to acknowledge to help identify the generalisability of the research.

4.6.1.7 Resonating with readers

My experience working with teenage mothers and professionals working in this field has led me to believe this research is rich and interesting. Furthermore, the identified links with previous research suggests this study is noteworthy in the current context. However, it is not possible to determine whether this research will resonate with its readers but hopefully it will be achieved via academia through publication.

4.7 Limitations of the research

4.7.1 Information obtained in articles

Only information obtained in the articles could be utilised in the analysis. This resulted in a lack of demographic data of the teenage mothers voices used in the newspapers. As a result it was unclear which cultural and socio-economic groups these women identified with. This would have been interesting to know as there are reported differences in the media portrayals of teenage mothers from middle-class and working-class backgrounds (Frampton, 2010) as well as some variance in different cultural portrayals (Houlihan, 2016). These differences may have affected the discourses described and could further explain the reasons for such opposing dialogues.

Furthermore, the newspaper articles analysed included both tabloid and broadsheet formats. However, there was not an even split between the two formats, with more tabloid papers being analysed. As previously discussed the political viewpoints of the broadsheets and tabloids do vary considerably. It is highly likely therefore, that the differing political viewpoints of the two types of newspapers influenced the discourses reflected, which was not considered in this research. It would be interesting to consider this as it may help to identify differences in the discourses portrayed in the differing formats. It is possible that having more tabloid articles contributed to a more dominant negative portrayal of teenage motherhood by possibly playing into the negative stereotypes (Yip et al, 2018). A more even split between tabloid and broadsheet may have helped to control for such differences.

4.7.2 Different media avenues

This research did not incorporate other media avenues such as social media or television for the reasons outlined in the introduction section. This may potentially limit the ability of this research to fully ascertain discourses about teenage motherhood as it may miss those reflected elsewhere. However, this was beyond the scope of the current project and this project has begun to set out societal discourses, providing scope to add further analysis of other avenues in the future. Media portrayals of teenage motherhood will incorporate

a number of different avenues such as television and social media so it would be interesting to contrast the different approaches in future research.

4.8 Further research

4.8.1 Genealogy and Archaeology

It may be interesting for future research to analyse the history of the discourses concerning teenage motherhood by utilising Foucault's genealogy and archaeology methods. These approaches explore in detail the context of the specified historical time. Genealogy is an analytical tool that can be used to reveal differing and less common practices within a particular time period. Rather than simplifying history this can in fact help to expose complexity (Rabinow & Dreyfus, 1983). It may be interesting to use this approach to identify the more hidden positive discourses of teenage motherhood. Archaeology acts as an in-depth investigation of the statements made by a genealogy approach and can further explore how a discursive theme was created (Rabinow & Dreyfus, 1983). This may be helpful in analysing the generation of discourses concerning teenage motherhood over time, particularly following the introduction of the Family Nurse Partnership for example. However, this was not conducted during this research as a wider exploratory lens was adopted due to the poverty of research on this topic.

4.8.2 Interviews with teenage mothers and professionals

Although the voices of teenage mothers were potentially included in the research via their involvement within the newspaper articles, it is important to acknowledge that reported quotes from teenage mothers themselves will have been selectively included depending on the angle of the story. This may mean that the 'truth' in their quotes may have been lost and adapted to reflect the particular portrayal the newspaper articles wanted to show at the time. It would, therefore be interesting to conduct interviews with teenage mothers to identify their experiences of the discourses surrounding teenage motherhood. As shown by this research, the discourses and particularly the negative assumptions of teenage motherhood appeared to be recognised by teenage mothers themselves. It would be interesting to conduct interviews to see if the tentative links reported here between the discourses and teenage mothers'

mental health could be made more explicit. Interviewing teenage mothers would also allow for access to demographic data. This would be important as Sutherland (2010) warns that a large amount of the research into motherhood talks about the mothering experience without recognising the whiteness of the research.

It would also be interesting to interview professionals who work with teenage mothers as this may allow an identification of some of the strategies they have found to be helpful in engaging teenage mothers. It may also provide further information about their experience of working with teenage mothers' amongst a reported stigma.

4.8.3 Social Media and television

As previously mentioned, it is possible that other media avenues, such as, television and social media, may report differing discourses concerning teenage mothers. It would be interesting to analyse the same time period but instead use television and social media extracts to identify whether there are any significant differences between the different avenues. Furthermore, research has found that adolescents perceive social media as a threat to mental wellbeing (O'Reilly et al, 2018). It would be interesting to analyse the discourses of social media to see whether this is also true for teenage mothers. Although as already acknowledged this would be for the later time frame utilised in this research.

4.9 The implications for clinical psychology and mental health provisions

4.9.1 Implications for NHS Services and Mental Health provisions

This research shows the potential strength of the discourses around teenage motherhood and the impact this can have, both in terms of the mothers' own mental health and the impact on them accessing services and support if needed. As previously discussed the discourses of this research are potentially likely to have an impact on the mothers' mental health via their self-esteem. Furthermore, the articles in this research stated that societal assumptions could be hard to forget and as a result teenage mothers may find themselves ruminating on societal stereotypes. Studies have shown that a tendency to

ruminate within non-depressed populations can be predictive of a subsequent onset of depression (Deyo, et al, 2009). This alongside the increased risk teenage mothers have in developing postnatal depression (Moffitt, 2002; Rubertsson et al, 2003) is important for NHS services and mental health provisions to acknowledge. Being able to openly discuss mental health and societal assumptions with teenage mothers is vital in order to reduce rumination and begin to offer other discourses. Beginning to broach the subject with teenage mothers might help NHS services and mental health provisions to open up conversations about whether these messages are having an influence. These conversations may also help to reduce any barriers to accessing NHS services as honest conversations and reflection of potential stereotypes may help teenage mothers to see services in a more supportive light.

As previously outlined, the focus on trying to prove oneself as a good mother also impacts on teenage mothers seeking help from services (Button et al, 2007). Seeking support has been shown to be lower in teenage mothers as they worry their parenting skills will be negatively viewed (Brady et al., 2008). Furthermore, this thesis has shown that stigma may also play a role in preventing teenage mothers from accessing support. Research into parenting generally has shown the variability in parental help-seeking is accounted for by stigma (Dempster, Wildman and Keating 2013). Teenage mothers may also have fears and actual experiences, of negative attitudes amongst maternity professionals and older service users (Mental Health Foundation, 2018). If teenage mothers have these experiences, it is possible that this may lead to reluctance in engaging with mental health services in the future (Leese, 2016). This research showed a number of reported negative experiences towards teenage mothers from services and society. Again, it would be important for NHS services and mental health provisions to open up conversations with teenage mothers by asking them if they have experienced negative treatment by services or society in the past. This may allow practitioners to ascertain if any experiences are upsetting teenage mothers and may therefore allow the clinical space to work through these; instead of isolating mothers further.

However, it is important to acknowledge the other factors which can impact on teenage mothers' mental health further to the societal discourses identified during this research. This may include socioeconomic factors, pre-existing

mental health difficulties and lack of support. Socioeconomic factors such as poverty, poor housing and low income have been shown to impact negatively on mental health (Rogers & Pilgrim, 2010; Friedli, 2009). This may be of particular importance if the discourses identified in the research subtheme of deprivation and poverty are to be believed and may suggest that it is socioeconomic factors rather than the experience of becoming a teenage mother that can impact negatively on mental health. Low socioeconomic status may lead to greater worries about neighbourhood safety, and as a result decrease the amount of engagement within the community. This may have consequent impacts on mental health (Meyer et al., 2014).

Mental health difficulties are more prominent in marginalised groups, such as teenage mothers, experiencing social exclusion and discrimination, leading to compound vulnerability (Rafferty et al, 2015). Low social support has also been shown to impact negatively on mental health via isolation, with studies finding increased depression and anxiety symptoms in mothers with low social support during pregnancy, at four months and one year post-partum (Hetherington et al, 2018). This was found to be most evident in mothers who had pre-existing mental health difficulties (Hetherington et al, 2018). It is also worth considering the impact of service and policy changes, such as the requirement to remain in education until the age of eighteen. This may potentially create new difficulties for teenage mothers who would have been able to leave education prior to this age previously. This may include the added pressure some teenage mothers may feel to be both a mother and a student and simultaneously meet both school grade requirements and mothering duties. It may also impact on services as they will need to take into account exam and lesson times when scheduling appointments and providing support. Furthermore, there may also be the possibility of exposure to the potential stigma and negative treatment identified in this research; as teenage mothers are faced with seeing their peers following the birth of their babies. This may have been avoidable prior to the change in policy.

However, on the other side, factors which can help teenage mothers to thrive may include having a supportive family, friends and/or partner. These factors may therefore mediate the impact societal discourses can have on teenage

mothers meaning that some teenage mothers may experience the discourses more profoundly than others.

It is also important to discuss societal assumptions with teenage mothers as the desire to fight against these societal discourses can sometimes be felt strongly. Although this fight to show they are different to the stereotypes can be empowering and transformational, it also has the potential to be overwhelming. Navigating the motherhood role is already a 'radical life event' (Barba & Selder, 1995) where women face some of the most significant changes of their lifetime (Mercer, 2004). If teenage mothers are focussed on proving they are 'good' mothers in contrast to the negative messages they hear, it is perhaps likely that they will not report any of the daily challenges mothers face. As a result they may be left feeling as if they are failing (Cree, 2010) because these difficulties are not normalised. It may therefore also be helpful for NHS services to routinely talk about the concept of the 'good enough' mother and the idea of 'rupture and repair' (Schor, 2003) to reassure teenage mothers that they do not need to get it right every time. This may help to remove some of the pressure they feel to be a 'good' mother.

Challenging practitioner attitudes may also help to make services more accessible by encouraging professionals to identify any underlying assumptions they may be enacting when with teenage mothers (Mental Health Foundation, 2018). Clinical psychologists working in perinatal services may be able to support reflective groups for staff to start identifying their own assumptions and beliefs concerning teenage motherhood. Utilising systemic ideas may allow staff to see how assumptions can get enacted through systems and therefore help reduce any individual feelings of guilt. If left unchallenged, these negative assumptions may shape political decisions (Foucault, 1980a) and become crystallised within institutions and services. This research has begun to suggest that this may have already happened. It is possible then that negative discourses around teenage motherhood could be translated into policy; potentially affecting the way in which teenage mothers' are treated. The influence of the problematic nature of teenage motherhood has been felt within governmental policies, which maintain a focus on reducing the number of teenage mothers, as opposed to generating strategies to better support them.

Furthermore, it is also important to think about the many services teenage mothers may come into contact with; learning disability services, CAMHS, adult mental health as well as midwifery and health visiting teams. Teenage mothers will not only access maternity and perinatal teams and as a result it is important for all services to be aware of the potential implications of societal assumptions concerning teenage motherhood. How the services interact with one another will also be important to teenage mothers and sensitively making referrals to different teams will be vital in order to prevent playing into the stereotypes and discourses of teenage mothers being unable to cope. This may be particularly important if making referrals to social services to ensure teenage mothers do not see this as a sign of failure or confirmation that teenage mothers are unable to cope. Instead support will need to be portrayed as something that would be beneficial as opposed to needed and shown to be suggested to lots of mothers regardless of age. It is also important that referrals to perinatal teams are accurately screened to ensure the stereotypes are not being re-enacted via assumptions that teenage mothers need extra support if there is limited evidence to suggest this.

4.9.2 Implications for Clinical Psychology

In terms of clinical psychology services it is possible that these negative discourses will influence the support mothers receive from clinicians. Firstly, the problematic discourse may influence practitioners' ways of relating to teenage mothers. This may include automatically making the assumption that the teenage mother will need lots of support to parent effectively. Despite the best intentions, it is very likely that these assumptions, such as teenage mothers needing help, will be communicated to the teenage mothers and as a result it may impact on the mothers' mental health and lead to disengagement as they feel like they 'failing'. Furthermore, the focus on the need for support and education, for example, may perhaps hinder open conversations as to what teenage mothers would like for their future. Although education is important, it may not be the right fit for the mother at the time of such big change. It may also adhere to middle class ideals of gaining a 'high flying' career which may not be a priority for some teenage mothers (Williams, 1991). The importance

placed on education fails to acknowledge that for some teenagers, earlier motherhood may well be an adaptive and even reasonable response to their social and cultural realities (Williams, 1991). If clinical psychology services reflect the assumption of the importance of education and it does not fit for some teenage mothers, this is likely to further isolate them from clinical psychology services, potentially impacting on teenage mothers' mental health.

Secondly, viewing teenage motherhood as problematic also immediately closes down any opportunities for conversations about positive aspects and reduces hope for the mother. It is important for practitioners to remain open to teenage mothers' wishes for support and have honest conversations about what would be helpful for them in terms of their mental health. Mental health services need to portray a different message to the one portrayed by society and the media. This is essential in order for services to become more accessible to teenage mothers. Including a section in service leaflets or websites about the more positive aspects to teenage motherhood, such as the enjoyable and transformational discourses, could help services to portray a different message. The problematic nature of teenage motherhood needs to be denounced and opportunities to see the positives allowed. This will need to be addressed in theory and practice and in supporting other professionals and national guidance.

4.10 Reflexivity

Throughout this thesis, I have kept a reflective journal to keep in mind my own assumptions and beliefs; in order to prevent them impacting too heavily on the research. In doing so, I became aware of a change in my assumptions as the research progressed. Initially, I noted my agreement with the idea that motherhood must be hard for teenagers. This perhaps drew on my own experiences of both being a teenager and later a mother and my initial assumption of teenagers perhaps not being ready to be a mother. However, following the analysis of the articles, I became aware of the strength teenage mothers showed in the face of reported adversity. The frustration they described and the desire they showed to 'prove' themselves left me beginning to view teenage mothers in a different, more empowering light.

I was aware of the 'pull' I feel towards stigmatised groups and coming from a social justice position the desire I feel to help those marginalised. I am aware of the privilege of this position. I am also aware of the influence my feminist beliefs may have in how I viewed the teenage mothers. I held these ideas in mind during the analysis stage to ensure I did not see 'stigma' and discrimination where there was none. My initial hypothesis had been that there would be negative discourses in the way that teenage mothers are spoken about, resulting in them being positioned in an inferior way. I was careful to treat this as a tentative idea in order to prevent me from viewing the data from this position only. This reflection throughout the research enabled me to identify the alternative theme of "it's not all bad" and to hear the positivity in mothers' experiences of becoming a teenage parent.

The change in my own assumptions led me to question whether there is ever a 'best' time to become a mother. The articles appeared to suggest that being older would mean you were a better mother. Reflecting on my personal experience and that of friends led me to dispute this assumption. Alongside discourses around teenage motherhood and the increasing problematic discourse surrounding older mothers (Saloojee & Coovadia, 2015), there appeared to be a very small window which would be deemed as the 'best' time to become a mother. Becoming a mother is a time of dramatic change; whatever the age at which it happens (Mercer, 2004) and it is therefore, down to individual circumstances to deem when is best for a woman to have a child. As with all mothers, isolation can be one of the most challenging parts of motherhood (Cox et al, 2008) so if professionals can help to reduce the sense of isolation teenage mothers feel by making services more accessible, hopefully we can help to support their mental health.

Throughout the research I was really struck by the quieter stories of positivity and was left questioning why these perspectives are less powerful and less heard. As a woman, I felt frustrated with the power society seems to have in suggesting when the 'correct' time to have a child is. It felt that because becoming a teenage mother was at odds to the governments' economic ideal of having more people in the workplace, the positive stories of teenage motherhood remained silenced. The stigma and assumptions around teenage motherhood inevitably play a role in silencing these stories. It is hoped that this

research may contribute to the growing field of evidence which suggests teenage motherhood can be a positive, often transformational time (Shea et al, 2016).

4.11 Conclusion

It is hoped that this research has highlighted the impact of the ways of talking about teenage motherhood; and the way this positions teenage mothers within society. The potential implications this can have for teenage mothers and NHS physical/mental health services working with them, was discussed. This research has added to previous studies providing further evidence for the existence of negative societal assumptions concerning teenage motherhood demonstrated in the media. It has shown the impact this could potentially have on teenage mothers mental health and that it may act as a barrier to accessing services. Hopefully this research has shed some light on the experience of becoming a teenage mother amongst societal assumptions. It is hoped that the research has helped to begin to change perceptions of teenage motherhood. This understanding may help to contribute towards developments in services working with teenage mothers to consider how to frame support in a more positive and accessible way.

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6. APPENDICES

6.1 Appendix A: List of newspaper articles used

Leicester Mercury	The Times
The Bristol Post	The Express
Cornish and Devon Post	Argus
Community Care	The Daily Telegraph
The Bristol Post	The Guardian
The Leicester Mercury	The Sunday Express
The Times Educational Supplement	The Daily Star
Birmingham Evening Mail	The Independent on Sunday
Sunday Times	The Sun
Exeter Express and Echo	Morning Star
Derby Evening Telegraph	Evening Telegraph
Daily Mail	Express Online
East Anglian Daily Times	
The Sunday Telegraph	
The Evening Standard	
Manchester Evening News	
First Edition	
Hampshire Newsquest Regional Press	
Mail Online	
Bradford Telegraph	
The Independent	
The Mirror	
The Observer	

6.2 Appendix B: Example of annotated article

The Sunday Telegraph (LONDON)
June 05, 2005, Sunday

Teenage mothers are given make-overs to 'raise their self-esteem' ... all at taxpayers' expense, naturally underlying frustration

BYLINE: BY JULIE HENRY Education Correspondent

SECTION: News; Pg. 010

LENGTH: 809 words

TEENAGE MOTHERS are being given make-overs and portraits by professional photographers in an effort to raise their self-esteem.

The project, funded by the taxpayer through Sure Start Plus - a pounds 3.4 million government initiative intended to give support to pregnant schoolgirls, teenage parents and their children to improve their health, education and well-being - has been condemned as "a ridiculous waste of public money" by critics.

Under the scheme, introduced in 2001, personal advisers have been hired in 35 areas with high teenage pregnancy rates to help mothers to claim benefits, negotiate with landlords and creditors and apply to charities for cash and items such as furniture.

Using funding of between pounds 57,000 and pounds 232,750 over five years, some of the projects have set up drop-in-centres for pregnant teenagers and young mothers. Others provide treats such as vouchers for clothes, hair and beauty products to encourage youngsters to take part.

In one of the schemes, run by Liverpool Sure Start Plus, pregnant teenagers and mothers were given a make-over to boost their self-image. The group worked with a professional photographer and stylist in workshops to "explore issues of aspiration, anxieties, body-image and confidence". The young mothers on the "Be who you want to be" project then took part in a studio photo-shoot and the pictures were turned into postcards and displayed at a theatre.

Kieran Gordon, the chief executive of Greater Merseyside Connexions, which is a partner in Liverpool Sure Start Plus, said the aim of the project was to stop teenage mothers being portrayed in the same way as the Little Britain character Vicki Pollard.

"We worked with the teenagers to find out their image of themselves and how they wanted to be seen," he said. "This teased out their aspirations - which was all about getting them to re-engage with education and training. These mothers are aware of the Vicki Pollard negative press that all teenager mothers are the same and they wanted to put across a different image."

He said that funding on such projects was not at the expense of schemes to prevent underage pregnancies and added that recent figures showed under-age conception in Liverpool had fallen, bucking the trend.

Critics claim, however, that the scheme is a waste of money and could even be seen as a "reward" for getting pregnant, exacerbating Britain's underage pregnancy rate which is the highest in Europe. Official figures published last week revealed that the number of under-16 pregnancies rose by 2.5 per cent to 8,076 in 2003 despite the Governments pounds 138 million teenage pregnancy strategy.

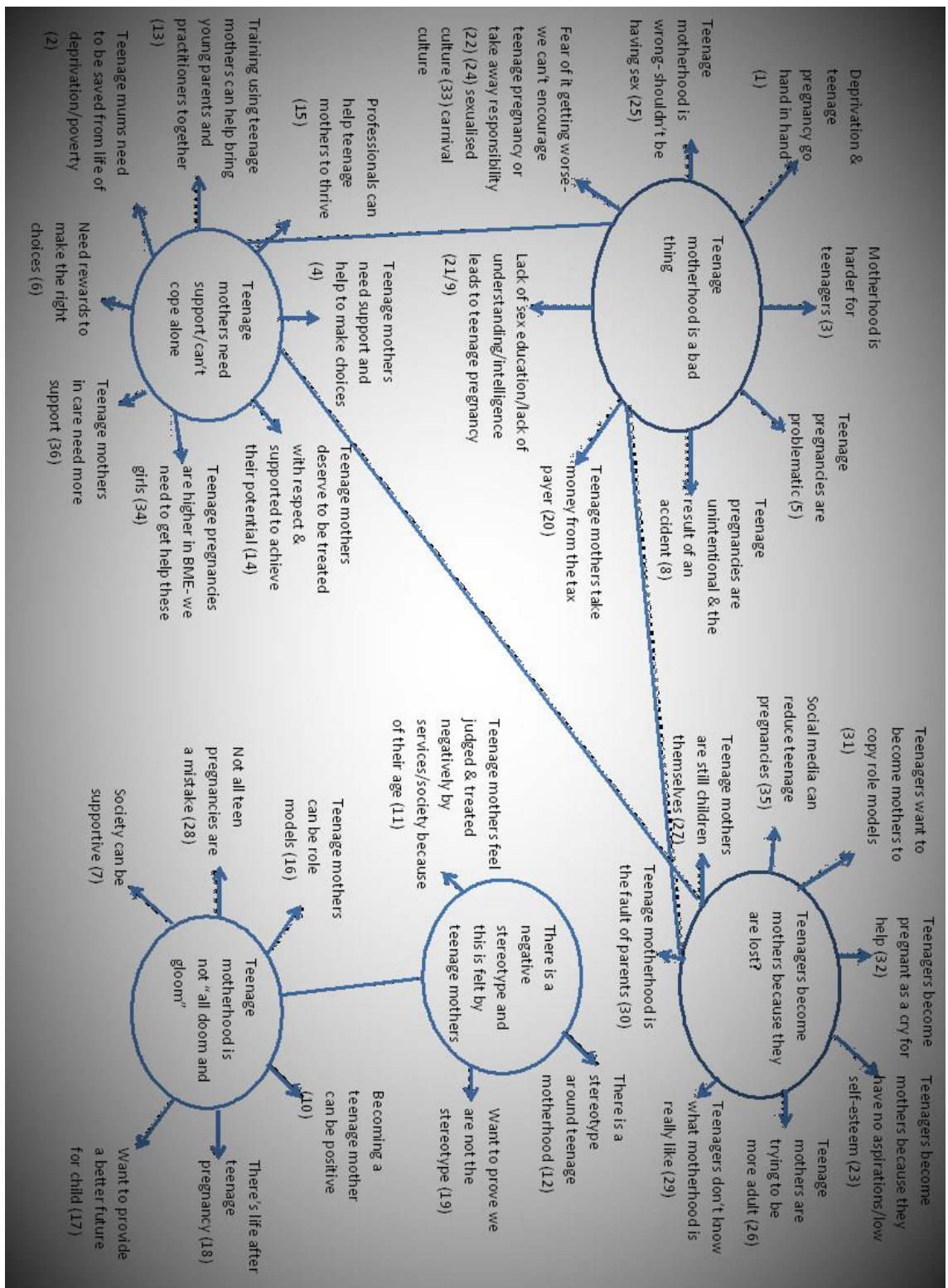
Handwritten annotations:

- costing the public lots of money
- acknowledgement it needs raising? implies TM do need support?
- highlighting a problem?
- all that money for nothing - constructing as a problem
- view that TM causes problems for society
- can't do it alone
- suggests the stereotype is wrong
- not all bad like stereotype
- we are doing well so can do this?
- power to be trusted
- far less space allowed for more positive outcomes to TM - eg can meet aspirations - want to make something of lives?
- implies don't deserve this?
- implies they need this? position as vulnerable? implies recognition of emotional needs?
- not determined by others? - sympathy?
- stereotype / neg assumptions / extsk
- arouse sympathy?
- desire to fight against stereotype
- still trying to prevent pregs but want to help those who are TM.
- language strength to emphasise point
- All this money + nothing changes - in fact it gets worse
- fear of it getting worse

6.3 Appendix C: Excerpt of data with assigned codes

Data Extract	Coded for
<p>"yes, we as young mothers made a mistake. It's an easy one to make"</p> <hr/> <p>"gymslip mothers who would have been forced to abandon their studies"</p> <p>"she is adamant she will not be stuck in a dead-end job or dependent on benefits"</p> <p>"schools are surrendering their own moral standards for those of their pupils"</p> <p>"by contrast they won't be relying on benefits"</p> <p>"will do nothing to stem the tide of adolescent mothers"</p> <hr/> <p>"schemes set to proliferate as teenage pregnancies increase"</p> <p>"highest level of teenage pregnancy in Europe- twice that of Germany and four times that of France"</p> <hr/> <p>"we have girls who otherwise would have quit their education at 15 or 16 continue with their studies"</p> <p>"help teenagers who become pregnant to continue with their studies"</p> <p>"so successful in encouraging girls to continue their education"</p>	<p>8. Teenage motherhood is unintentional and the result of an 'accident'</p> <hr/> <p>12. There is a stereotype around teenage motherhood</p> <hr/> <p>5. Teenage pregnancies are problematic</p> <hr/> <p>15. Professionals can support teenage mothers to thrive</p>

6.4 Appendix D: Initial Thematic map



6.5 Appendix E: Final Thematic map

