OPTIMAL DEVELOPMENT OF TEENAGE MOTHERS:
A NEW LOOK AT AN OLD ISSUE

by

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ABSTRACT:

Adolescent pregnancy and parenting is a multifaceted issue that touches upon the very fabric that weaves together our social mores. Because of the perceived limitations teen parents place on their educational and economic futures, most research on adolescent pregnancy and parenting has focused on prevention. Research on teen mothers has shown that they are generally poor, have low levels of education, are prone to unstable relationships, and put their children at risk of being teen parents. Although teenage pregnancy prevention initiatives are important, they have (perhaps unknowingly) created a void in research and program development concerned with the well-being of adolescent mothers and their children. This study examines stereotypes directed toward teenage mothers (both historically and currently), relates both feminist and systems/ecological theory to teenage mothers, and undertakes reflective research on women who were teenage mothers.

Twenty-one women who were teenage mothers (21 to 36 years old) participated in a reflective study addressing the relationship of three social support networks (family, community, and peers) to their level of education, economic well-being, and personal contentment. The study used a self-administered questionnaire consisting of fifty-four closed-ended, quantitative questions and three open-ended qualitative questions. Results from the questionnaire indicate a lack of community acceptance and social support programs (access to education and childcare) available to teen mothers. Strong positive relationships between the age of the participants, level of education, and total annual income were also observed. Examination of Canadian census data reveals that decreases in teen pregnancy over the last 30 years are proportional to the reduction of the overall Canadian birth-rate. The Canadian census data also indicate that adolescents who live on their own tend to live in
poverty, regardless of whether or not they are a teen mother. Hence it must be considered that many of the stereotypes projected upon teen mothers may represent demographic phenomena prevalent among youth. Although the sample size is small (21 participants) this study contributes to a better understanding of the needs of teen mothers and is a good stepping stone for further research.
# TABLE OF CONTENTS

Abstract ........................................................................................................... ii

List of Tables .................................................................................................... vi

List of Figures ................................................................................................... vii

Acknowledgements ........................................................................................... viii

Preface ............................................................................................................... ix

CHAPTER 1: Introduction .................................................................................. 1

CHAPTER 2: Historical Analysis ........................................................................ 11

From “Unwed” to “Teen Mothers”: A Coincidental Shift or Not .... 16

CHAPTER 3: Theoretical Framework ............................................................... 19

Feminism ........................................................................................................... 19

Patriarchal Society and the Blame Factor of Women as a Cause and Promoter of Poverty ......................................................... 24

Teen Pregnancy and the Role of Men ............................................................ 30

Deconstruction of Language: The Importance of Understanding Meaning ....................................................................................... 31

The Role of Voice in Empowering Young Mothers ....................................... 32

Ecological Systems Theory .............................................................................. 34

Ecological Systems Theory and the Teen Mother ........................................ 34
## LIST OF TABLES

Table I: Demographic Information About Participants ................................................. 45
Table II: Demographic Questions - Yes/No Format .................................................... 46
Table III: Levels of Financial Support Given to Mother by Family, Father, Peers, and Community ................................................................. 47-48
Table IV: Questions Regarding Peers and Feelings ..................................................... 49
Table V: T-Test Results of Paired Questions that Showed Significance .................... 50
Table VI: Questions Regarding Community Support ................................................... 51
LIST OF FIGURES

Figure 1: Comparison of Responses to Questions as “Teen” and “Now” .................. 52

Figure 2a: Cross Tabulation Results Comparing Current Age and Current Income ................................................. 53

Figure 2b: Scatterplot Comparing Current Age and Current Income ..................... 54

Figure 3a: Cross Tabulation Results Comparing Current Age and Education Level ....................................................... 55

Figure 3b: Scatterplot Comparing Current Age and Education Level .................... 56
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PREFACE

Like many other women, I have a "personal as political" drive in exposing barriers that oppress women. I have spent much of my time focussing and advocating for a group of women who are extremely oppressed within the patriarchal world in which we live: teen mothers. Like other types of oppression that women endure, teen mothers have been ostracized by a patriarchal society because they are perceived as "immoral" and an economic "burden" on a capitalist society. Given her vulnerable age, coupled with the strong disapproval of society towards her, the teen mother faces enormous obstacles in achieving positive growth. Having been a teen mother, I have experienced these barriers from literally every social system that I came into contact with, and know first-hand that they are powerful forces.

When a teenager gives birth to a baby in our society she automatically enters into a realm of public criticism and prescribed fate. Before she has barely even begun to parent, she quickly learns that for her the joy of the occasion of her baby's birth is to be celebrated in private. This classic story was to be my first experience with oppression. My oppression continued when I received social assistance for two years following the birth of my first daughter Natashia and shortly after the birth of my second daughter, Shavaun. I received a very strong message that a teenage mother on social assistance is not an acceptable person in our society. Being young and vulnerable, coupled with negative reactions from people and institutions within my community had a strong impact on the way I viewed myself. From a confident young girl that had always voiced her concerns, I became a silent young woman,
afraid of judgment and ridicule concerning my life. Having experienced oppression first
hand I have gained an incredible insight into what I have named “hidden society”.

Hidden society encompasses those people who hold oppressive stereotypical beliefs
but know better than to voice them amongst what they perceive as “normal” society. However, when members of hidden society cross paths with people which they perceive as powerless and represent what they believe is wrong, they are more apt to voice, or visibly show their oppressive disdain towards them. As a young mother I was very vulnerable and therefore susceptible to the actions of hidden society, who felt free to show me their opinions of “my situation”. For example, when I was eight months pregnant, I was approached by an elderly woman with tears in her eyes. She asked me if I was going to put my baby up for adoption, when I said no, she said that I should rethink my decision because she could not bare the fact that one more innocent child will be forced to live a life of poverty and despair. I held in my tears until I found a safe place where I could cry. At that moment I realized I was not as strong as I thought I was. Another incident occurred when Natashia was barely a year old. I took her to a pet store to show her the puppies. I noticed the male clerk had a keen interest in us. When we were the only ones left in the store, he said to me sarcastically, “so you must not have anything else to do but wander through stores, because I am sure you are not here to buy anything”. Once again I held in my tears, left the store and found a safe place to cry. After this incident I remember thinking to myself “would I ever have a life without ridicule and judgement?”.

I was nineteen when my second daughter Shavaun was born. By this time I was well aware of the negative judgments that awaited me. Both my daughters were born at the same hospital. Many of the same nurses were there, and all of them clearly remembered me, yet
none had greeted me with a smile. Instead it was apparent that they were quite disapproving of my return visit. These reactions no longer affected me as they used to. By this time I had become aware of the negative views that society held towards me and “my kind”. Thankfully there was the mutual support of my relationship with my partner and the sharing of others similar experiences that helped me to regain my confidence and place the negative interactions of hidden society into perspective. Through the years of discussing my own, and other teen mother’s life experiences, I have made a personal observation that, overall, people who are or have been oppressed understand very clearly the concept of “hidden society”. It is my strong belief that whenever there is an oppressive stereotype regarding a population or person there is always going to be a hidden society overtly directing their discriminatory ideologies at the most powerless of those who represent these stereotypes.

Through my experience of being a teen mother, I understand the importance of having a “voice”, because at one point I had lost it and know the overwhelming oppression of being without one. I believe that social workers and other helping professionals can help teen mothers to maintain and/or regain their voice through understanding, listening, caring and sharing. Like many other feminists, Mclean-Taylor, Gilligan & Sullivan (1993) support the important issue of “voice” when they state that “a resonant relationship with a woman, meaning a relationship in which a girl can speak freely and hear her voice clearly resounded is a voice worth listening to and taking seriously”.

CHAPTER 1: INTRODUCTION

In 1993 Canadian teen pregnancy rates (ages 19 years and less) were 25 per 1,000. This is less than half of the teen pregnancy rate observed in 1961 which was 56 per 1,000 (Statistics Canada, 1997). In the United States approximately one million teenagers become pregnant every year and, of those, about 60 percent carry their babies to term (Dalla & Gamble, 1997). The cost of families begun by adolescent mothers in the United States has been estimated to be about $34 billion per year (Centre for Population Options, 1994). In British Columbia the rate of teenage pregnancy is estimated at 49.4 per 1,000; this statistic increases to 128 per 1,000 for status Indians (Foster, MacDonald, Tuk, Uh, & Talbot, 1995). In 1991, Alberta estimated that teenage mothers cost the province $443,791,300.00 over twenty years (Guilbert & Forget, 1991). Parents who had their first child as adolescents make up approximately 42 percent of families living on welfare (Barnett, 1997; Bronfenbrenner, McClelland, Wethington, Moen, & Ceci, 1996).

The above statistics indicate that there is a need to address the issue of adolescent pregnancy and parenting. Traditional ideologies reflected in the literature regarding teenage pregnancy have been centred on the concept of prevention, as this issue is viewed as a serious social problem. According to McGowen and Kohn (1990), monetary figures showing the cost of teenage pregnancy and parenting serve to increase political and public interest into the reduction of the number of single adolescent women having children. The risks associated with becoming a teen mother have been well-documented (Weinstein & Rosen, 1994; Rodriquez & Moore, 1995). These risk factors are summed up by Causby, Nixon and Bright (1991) when they state “these [adolescent] mothers are at risk for shortened education,
poverty, economic dependence, low self-esteem, and isolation. Their children are at risk for abuse and neglect, poverty, and social, emotional and cognitive disabilities” (p. 619).

The importance of teen pregnancy prevention programs cannot be argued against as the negative social implications for the teen mother and her child have been well-documented and experienced by many teen mothers. However, contrary to prevention programs, the problems encountered by teen mothers appear to be very complex. First and foremost we must realise that teen pregnancy and parenting is a demographic reality. According to Furstenberg, Brooks-Gunn and Chase-Lansdale (1989), teen mothers are an extremely vulnerable group, and despite popular misconceptions that teenage girls are trying to get pregnant to fulfil some “void” in their life, the reality is that with increased sexual activity among adolescents, increased pregnancies result. In a society that promotes the family, there will be many women who decide to keep their baby, regardless of the perceived situation the baby is born into (Furstenberg, 1991). Furstenberg (1991) points out that despite popular beliefs, most teenage girls do not intend to get pregnant:

In an era when contraception is widely available and abortion is still legal, many would say that it hardly seems credible that parenthood can be unplanned much less unwanted. But would the rationalists also contend that teenagers who contract STDs or AIDS are choosing to do so, given that knowledge about risks is high and information about prevention is widespread? (p. 134).

Social support has been defined as “a set of interconnected relationships surrounding the teenage parent that provide enduring patterns of nurturance and contingent reinforcement” (Causby et al., 1991, p. 621). It has also been defined as a “multidimensional concept referring to some combination of the emotional, informational, material, and/or instrumental help potentially available or actually provided to individuals to assist with life
tasks and buffer environmental and personal stress” (McGowen & Kohn, 1990). At least one or more of the following sources of support are important in the well-being of the teen mother: family of origin, partner, peers, and community. These supports are extremely important in influencing her self-esteem (Barrera, 1981; Causby et al., 1991; Colletta, 1981). Barth, Scinke & Maxwell (1983) state that “teenage pregnancy and motherhood (at least in the first year) are not in and of themselves as psychologically incapacitating as often thought” (p. 472). Instead, they reported socio-economic status and social supports were the more powerful predictors of adolescent well-being.

In contrast to many studies which focus on the social costs of teenage pregnancy (Causby et al., 1991; Weinstein & Rosen, 1994; Allen, Philliber, Herrling & Kupermine, 1997; Donnelly & Voydanoff, 1996; Liebmann, 1993; Atwood & Kasindorf, 1992), Furstenberg et al. (1989) found that when the teen mother had social support and services, such as education, family and an involved partner, she was virtually indistinguishable from older mothers. These researchers also indicated that with the exception of a few alternative schools designed specifically for pregnant and parenting teens, there are very few programs that promote educational and occupational advancement for teen parents. When teen parents received educational assistance and job training, they had much better long-term prospects of economic self-sufficiency (Furstenberg et al., 1989). These researchers also point out that childcare services are extremely important in allowing the teen mother the opportunity for personal educational and occupational advancement. Most teen mothers who use public assistance to help them cope with the economic strain of being a young mother enter the workforce when their child/children become school age (Furstenberg, et al., 1989).
Complementing Furstenberg's research, in their study of the impact of social support networks on the well-being of adolescent mothers, Thompson and Peebles-Wilkins (1992) found that the well-being of teen mothers depend on two factors: psychological well-being and positive social support networks. These factors are explained as follows:

**Psychological well-being** depends on the following three factors:

1. Positive self-esteem- does the teen mother have a high level of self-esteem?
2. General distress- does the teen mom have a relatively low level of stress?
3. Depression- does the teen mom experience low to zero levels of depression?

**Positive social support networks** should include most of the following types:

1. Informal- e.g., friends, family, partner, and other relatives etc.
2. Formal- e.g., church, social club, self-help groups, and parenting groups etc.
3. Societal- e.g., social worker, counsellor, health nurse, parenting programs, childcare.

(Note- if the teen mother is not receiving positive informal supports, then it is vital for her psychological well-being and chances of successful parenting, that she receive formal and informal forms of positive support on an ongoing basis)

Thompson and Peebles-Wilkins stress that developing and using support networks from significant others and/or society are central strategies in helping teen mothers to cope with stress in their transition into motherhood. The underlying assumption from their research is that: social connectedness provides access to social resources, which in turn provide the young mother with affirmation of success, which in turn increases her self-esteem, self-worth, and coping capabilities. These researchers found that when positive social support is available and utilized on a continuous basis, teen mothers tend to have: a higher level of education, decreased dependency on welfare, decreased rates of repeated pregnancies, and increased responsiveness and affection toward their children.
The importance of formal and informal supports is further supported by Camarena, Minor, Melmar and Ferrie, who found that informal support systems are linked to positive adjustment outcomes of both the teen mother and her child and formal supports have short and long term effects on the parent and child’s well-being (1998). These researchers stress an important point when they state that “although the connection of supports to positive adjustment is well established, adolescent mothers appear to receive less consistent support for their aspirations and plans than for other aspects of their experience”. In other words what Camarena et al. (1998, p. 129) and other researchers have found is that it is common for professionals to believe that basic life skills and parenting programs are “more important program priorities than life planning, educational support, and employment goals” (Zellman, Feifer, & Hirsch, 1992). Goals and aspirations are an extremely important element in the teen mother believing in herself and achieving upward mobility. Farber (1989) found that although life aspirations amongst parenting and non-parenting teens were similar, teen mothers were less confident that they would achieve their goals. Amongst the teen parent population Farber found that those teen mothers with fewer supports and resources were more likely to believe that they may never achieve their aspirations and were more likely to feel hopeless and defeated. Having a clear sense of goals that could be attainable through accessible resources and support systems is important in their success (Farber, 1989).

Research undertaken by Chase-Lansdale, Brooks-Gunn and Paikoff (1992) shows a large variability in the life courses of teenage mothers. These researchers found that the social support network available to young mothers is one of the most influential factors in shaping their lives. Chase-Lansdale et al. (1992) place teen pregnancy and parenting in the framework of ecological systems theory. Ecological systems theory categorises social
support networks as subsystems of the adolescent mothers’ environment. The community 
(family, peers, neighbourhood) are factors that directly interact and influence with the life 
course of teen mothers and their children; hence these “ecologies” generate much variability 
in the outcome of the adolescent mothers’ life course. Chase-Lansdale et al. (1992) suggest 
that when examining the life courses of teen mothers and their children, researchers should 
do so by comparing them with other parents in similar socio-economic and relation 
situations. These researchers and others (Furstenberg et al., 1989; Stern & Alvarez, 1992) 
cast a mist over the stark black-and-white conclusions by politicians and researchers that put 
forth negative stereotypes regarding the poor life prospects of teen parents and their children. 
Chase-Lansdale et al. (1992) and Furstenberg et al. (1989) do not suggest that being a teen 
parent is not a hindrance to the personal well-being of the young mother, what they do state 
is that given social and community supports that are available to older mothers, many teen 
mothers do not end up in the stereotypical welfare lifestyle that many researchers suggest.

When critically examining the statistics concerning teen mothers, biases regarding 
prevention research begin to surface. As mentioned earlier, teen pregnancy in Canada has 
decreased by over half between 1961 and 1993. Although it may seem that prevention 
programs regarding teen pregnancy have been effective, it must be noted that the fertility rate 
of all Canadian women has declined by more the half between 1961 and 1993 (Statistics 
Canada, 1993). It has been pointed out that most teen mothers are destined to a life on social 
assistance and if working, will be employed in the low-paying service sector (Griffin, 1998). 
This may be so, but again it must be put forth that “youths aged 15 - 19 have the highest 
unemployment rate of any age group in Canada”, highest poverty rate, or are employed in 
unskilled sale, service or clerical positions (Statistics Canada, 1997).
Ward & Carlson (1995) stress that "A major weakness in the literature on teenage parents is limited examination of individual differences in this population." In addition Barnett (1997) points out that instead of attempting to infer psychosocial factors that predict teen pregnancy, it is better to examine individual factors rather than generalisations when examining this issue. In stressing this point Barnett gives an example of research that does not necessarily fit with popular research on the topic of teen pregnancy and parenting. He points out that in a longitudinal study of 2000 inner-city Detroit girls at risk of teenage pregnancy by Saltz and Ager, (1997), the highest risk group identified were young women who had positive relationships with their mothers and low levels of depression. Saltz and Ager (1997) point out that these factors tend to be associated with resilient outcomes among youth. It has also been observed that self-esteem and scholastic competence are positively associated with self-reports of parenting competence (Dalla and Gamble, 1997). Barnett (1997) stresses young "mothers organise their parenting responsibilities around their support network." (p. 187). When parent(s) and/or partners are part of the young mothers support network; increased commitment to caregiving and self-esteem develops (Barnett, 1997; Chase-Lansdale et al., 1992). As pointed out by Barnett (1997):

... when significant others are available, practitioners can assist teenage mothers in accessing and appropriately utilising those supports to help strengthen the young mother's parenting commitment and competence (p. 187).

Barnett (1997) believes that the goal of the helping professional should be to maximise the effectiveness of social support networks in promoting the well-being of the young mother and her child. It is important to determine what motivating factors promote this well-being. Barnett states that: "Only by listening to how they [teen mothers] understand the parenting role can clinicians understand how to activate energies for competence and growth (1997,
In addition Coll, Hoffmann, Van Houten and Oh (1987) stress that when young mothers have access to resources such as education, people, and money, the chances of their success increase at the same rate as it does for older mothers. The perception of teen parenthood as a negative event that brings on negative consequences (e.g. welfare dependency and perpetuating the poverty cycle) is fairly common in North American society. The well-documented repercussions of teen parenting are often used as examples or “scare tactics” in pregnancy prevention initiatives with the purpose of reminding young girls that their future will be a dismal one if they become pregnant and choose to raise their child (Chase-Lansdale et al., 1992). It is interesting to note that in contrast to the popular stereotype of chronic welfare dependency, most teen mothers do not become chronic welfare users (Furstenberg, Brooks, & Morgan, 1987; Chase-Lansdale et al., 1992). In fact, according to Furstenberg et al., (1987), social assistance is often used while the young (and often single) mother becomes adjusted to her new role as mother or until she has found a new means of obtaining income.

Research tells us that there are many possible reasons why teenagers get pregnant and what will most likely happen to them if they choose to raise their child. However, the messages that this research sends to pregnant teenagers who opt out of abortion and decide to parent their child are very negative. There is an old saying that goes “if a person hears something often enough they will soon begin to believe it”. Teen girls are told very often that if they become a teen parent they will not succeed, or they, and later their child/ren will depend on welfare. For many teen mothers these messages can serve as a self-fulfilling prophecy. Thus the need for longitudinal and retrospective studies regarding the later life outcome of women who were teen mothers are essential for determining the “validity” of
many stereotypes concerning teen mothers. Whiteside-Mansell, Pope and Bradley (1996) point out that in understanding the effectiveness of supports for teen mothers it is important to look at their progression over time. They stress, however, that most studies have not followed teen mothers past one-year postpartum which creates an environment where little is known about the development of parenting by young mothers.

This thesis will examine pregnant and parenting teens (women aged 19 years or less) as a population of young women who have historically and currently been the focus of much oppression, research and controversy, all of which have promoted and reinforced social stereotypes of them. Research that has promoted these stereotypes will be examined, for both its content and the impact it has had on teen parents. A historical analysis of the experiences of teen mothers (known as unwed mothers prior to 1970) will be presented to give an overview of how this issue has been addressed over time, from a social, institutional and moral perspective. A common theme that emerges from the literature is that the blame of unwed motherhood and teen pregnancy and parenting is overwhelmingly placed on the young woman, as it is viewed as her responsibility to remain moral and abstinent. Given their age and social status, teen mothers are a vulnerable group of young women and generally do not have a strong voice, but do, however, feel the overwhelming negative oppression in which they live, experience and endure. The role of social theories such as feminism and ecological systems theory will be examined in relation to teenage mothers. By understanding the interactions between primary support sources such as family (including partners), peers, and community with economic, educational and personal contentment of teenage mothers, the helping professional is better able to determine where supports are lacking. This study
attempts to gain a better understanding of these interactions by reflecting on the experiences of women who were teenage mothers.
CHAPTER 2: HISTORICAL ANALYSIS

Regardless of time period, a woman pregnant out-of-wedlock has been the most easily disciplined of dependent populations. The rigid rules, the religious indoctrination, and the regimen of pre-World War II maternity homes illustrate in vivid and exaggerated form social policy-makers’ desire to control behaviour (Morton, 1993, p. 125).

Historically and still presently religion has been used as an effective tool when used to control the issue of “unwed motherhood”. Up until the early 1970s it was used to its greatest potential with “unwed mothers”. As exemplified in the above quote, unmarried mothers were a symbol of direct opposition to “moral society”. Having an illegitimate child was seen as one of the greatest immoral acts of this and past centuries (Morton, 1993, p. 125).

During the latter half of the eighteenth century, premarital pregnancy and out-of-wedlock births began to rise, which has been attributed to “greater geographical mobility and the breakdown of stable communities during the war and post-war periods (Rhode, p. 637, 1993). By the beginning of the nineteenth century, approximately 30 percent of brides were pregnant (Rhode, 1993). By the mid-nineteenth century, the growing religious and moral reform movements, compounded with the greater idealisation of the domestic role of women, highly discouraged the act of pre-marital sexual relations which may have contributed to the decline in premarital pregnancy by 10 percent (Rhode, 1993). Punishing an unwed mother for her “immoral” act of premarital sex was evident during this era as is exemplified in the following quote:

The inadequacy for work and welfare options for mothers made single parenthood difficult, if not impossible. Gender discrimination in employment was widespread, and until the depression, public assistance programs provided meager subsidies, while frequently excluding unmarried or otherwise “unfit” mothers from coverage. The social stigma against “fallen” women added to
these difficulties and the law did little to cushion their impact (Rhode, p. 638-639, 1993).

Depending upon geographical and population variables, mother-and-baby homes appeared around the middle of the eighteenth to the beginning of the nineteenth century and were known as Penitentiaries and Reformatories (Nicholson, 1968 p. 18). In North America, homes for unwed mothers emerged around 1880. The homes were operated and run by religious organisations in response to perceived moral problems where “individual sin [of the mother] was the only explanation admitted and personal penitence the only form of atonement” (Nicholson, 1968 p. 18).

During the initial period of these homes, unwed mothers were referred to as “inmates” and spent their days (up to three years) from dawn to dusk performing domestic chores behind the steel bars of these institutions (Nicholson, 1968 p. 19). Rigorous domestic routines were to be a common theme throughout the history of unwed-mother homes. One young mother escaped her institution because she “couldn’t bear the thought of doing the same job, in the same way, and at the same time each day” (Morton, 1993, p. 12).

The enormous blame that society placed on pregnant unmarried girls and the lack of caring about their well-being made it very easy to exploit them and their children. This exploitation became visible around the 1920s with the high demand for adoptable “white babies” (Cahill, 1992; Morton, 1993). Whether shame was externalised (society, family) or internalised (the young mother) or a combination of both, it was very much associated with unwed women placing their babies up for adoption (Cahill, 1992). Because of the high demand for healthy white babies, it was not surprising that women of colour were often not admitted to unwed-mother homes during the first half of the century (Morton, 1993, p. 96-97). Rationale for non-admittance was based upon stereotypical beliefs of promiscuity in
non-white populations. The following statement is a reflection of this: "illegitimate pregnancy was more readily accepted by blacks than by whites and that black unwed mothers therefore were less in need of the sheltered setting of the maternity home" (Morton, 1993, p. 96). On the rare occasions when non-white women were admitted into an unwed-mother home, the literature was horrifying. It was told by more than a few staff members of the Ideal Maternity Home in East Chester Nova Scotia (in operation from 1925-1947) that it was common practice "to let the sick or "imperfect" babies starve to death". It is important to note that according to the Youngs (the operators of the home), "imperfect" babies included "those who were all or part black, native, East Indian, as well as those who were in any way disabled" (Cahill, 1992, p. 58). During the operation of this home thousands of babies were born and hundreds died within the walls of this institution. Preying on the "moral rules" and the consequent disdain for the unmarried pregnant woman, the husband/wife team who operated the home made huge profits from the children of "immoral women". As Cahill eloquently explains:

The social values of the day, the condemnation of women who became pregnant out of wedlock, the lax regulations, and the religious tone of the home all helped Lila [one of the two operators] get away with so much for so long (1992, p. 116).

The profits, along with hundreds of infant mortalities (which were buried in butter-box crates around the premises), went virtually unnoticed by the authorities and public (Cahill, 1992 p. 93). As mentioned earlier, pressure to leave their babies behind for adoption was a common theme in homes for unwed mothers. This reality was apparent in the words of advice one young resident gave to her friends upon leaving an unwed-mother home. She told them to:
Make the most of the little time you have left here. Appreciate your baby while you still have her... The hardest time you will have is when you must... give them your baby. I know it was the hardest thing I ever did in my whole life.... Please pray for me and my baby. I need God’s help so much now” (Morton, 1993 p. 12).

By the 1950s unwed-mother homes were well established and had earned a reputation as places where “girls were forbidden to leave, and were denied any outside activities and recreation” (Young, 1978, p. 219). It was also during the 1950s that the issue “unwed motherhood” was viewed in individualistic terms and if the unwed mother failed to accept psychological responsibility, she would be viewed as “in denial” of her situation (Martel; 1993, Weatherley, 1987). The psychological “brainwashing” is evident in the following quote:

I know when I first came here they stressed a lot that if you don’t realise why you’re here or why you ended up here and the emotional reasons behind it, that it will happen again. All the psychiatrists here will tell you that. Well, I know I thought about it a lot, but I just couldn’t see it. I thought about it for a long time. I know Louise [one of her friends in the House] and I came to the same realisation the very same week - what our emotional reasons for getting pregnant were. I feel now that I have a pretty full understanding of why I did end up here and that there was an emotional reason for it. And I accept my part and more. It wasn’t just him (Rains, 1971, pp. 93).

Perhaps the only positive thing that these homes offered was a place where “unwed mothers” could be together and support one another through the enormous crisis they were facing inside and outside the walls of these homes. This mutual support was crucial in light of the overwhelming negative response and lack of empathy to their situation. If marriage was not a possibility, it was common to send women away to unwed-mother homes. By doing this, it was hoped that there would be a chance of hiding the shame that she had brought to her family. To further ensure that pregnancy remained a secret, girls were sent far away from their homes and were often given an alias name (Cahill, 1992; Nicholson, 1968;
Pochin, 1969; Morton, 1993). As can be seen, unwed-mother homes were not set up to be a retreat or a self-empowering place for young mothers; instead, the focus was to be quite the opposite. The goal of the institutions was to reinforce the shame that the girls brought to their families and to society, and the aim was to encourage these women to put their babies up for adoption. The following quote from 1968 illustrates the above mentioned purpose of unwed-mother homes:

Selecting the individual who is mature, suited for marriage, and wants to marry, as opposed to the girl who would be much better suited in a home or agency catering to the unwed mother, requires more of the physician than the mere knowledge of available facilities and their operation. Whether the young mother plans to raise her child within her own family circle or to adopt it out would also dictate the selection of the facility where she will be confined (Semmens & Lambers, p. viii).

Unwed mother institutions were quite successful in brainwashing young mothers, as the numbers of babies being put up for adoption out of these institutions was very high. In fact, in 1970, around 80 percent of single teen mothers planned for adoption (Martel, 1993; Weinman, Robinson, Simmons, Schreiber & Stafford, 1989). Rhode (1994) found that between the middle to late 1960s, 90 percent of all single mothers placed their children for adoption. It is no wonder so many unwed mothers placed their babies for adoption as the idea of keeping their children simply was not a realistic option. Their families were often the ones who sent them there and their friends could not be associated with such shame (as it could reflect on them). In other words there was no place to turn to.

In the late 1960s, almost overnight, unwed-mother homes were closing on a rampant level throughout North America (Petrie, 1998). Throughout the 1960s Government was gradually taking over responsibility of unwed-mother homes from religious organisations.
The increased government funding of these institutions and the control of unwed-mothers through social workers instead of nuns diverted power away from the church and placed it directly in the hands of government who had a different agenda (Petrie, 1998).

From “Unwed” to “Teen Mothers”: A Coincidental Shift or Not?


Between 1970 and 1980 in Ontario there was a 78 percent decline in the numbers of unmarried mothers placing their babies for adoption (Wood & Nuttall, 1987). This dramatic shift in adoption numbers has been noticed by other researchers and has been attributed to concern over the issue of teenage pregnancy and parenting. Whiteside-Mansell et al. acknowledge this trend when they state that “Since the 1960s, when the birth rate among unwed mothers began shifting away from adoption as an option for providing care for their infants, society has shown accelerated concern for young parents as caregiver’s (p. 273, 1996). Rhode (1994) recognises that perception of teenage pregnancy as a social problem was not necessarily a result of increased adolescent fertility as childbirth rates amongst 15-19 year olds had dropped by half between 1957 and 1983. The drop in childbirth rates has been attributed to liberalisation of contraceptive and abortion policy (Rhode, 1994). The concern over teenage childbearing had more to do with public and policy concern over issues such as, abortion, single parenthood, welfare, and sexuality (Rhode, 1994; Wilcox, Robbenolt, O’Keefe, & Pynchon, 1996).
According to Statistics Canada (1994) in 1993, 22.1 percent of pregnant teenagers gave birth and 28.1 aborted their pregnancy (Kelly, 1996). In the United States, on average around 40 percent of teenagers choose to abort their pregnancies, while the remaining 60 percent choose to carry through with them (Jorgenson, 1991; Dalla & Gamble, 1997; Furstenberg et al., 1989). In Canada, of the approximately 50 percent of teenagers that carry their pregnancies to term approximately 2 percent place their child for adoption (Kelly, 1996).

Teens have more than one quarter of all abortions in the United States; this fact has been a contentious issue for both the public and policy makers (Furstenberg et al., 1989; Wilcox et al., 1996). Although the legalisation of abortion was a success for feminists, it has been criticised for remaining under the control of the medical profession, and not pregnant women (Flynn-Saunders, 1996). As Flynn-Saunders (1996) points out “women, as autonomous individuals, must be allowed to exercise their right to control their bodies, free from interference from the state” (p. 22-23). The Personal Responsibility and Work Opportunity Act (legislated in August, 1996), is in complete opposition to women’s right to control their bodies (Wilcox et al., 1996). This legislation which replaces AFDC (Aid to Families with Dependant Children) by giving grants to states, has a formula which would increase the grant if the state reduces its annual “illegitimacy ratio” which is defined as follows:

The number of out-of-wedlock births in the current year plus the number of abortions performed in the current year above the number performed in the preceding year, divided by the total number of births in the current year (Wilcox et al., 1996, p. 76).
In short, this formula provides an incentive for states to reduce their teen and out-of-wedlock birth rates but punishes them by not increasing their grant if these rates have been reduced via abortion (Wilcox et al., 1996).

When arguing for a revival of unwed-mother homes George W. Liebmann states that, in regards to abortion, there should be an "abandonment of the notion, refuted by 20 years of rising out-of-wedlock birthrates in the United States and Great Britain, that abortion on demand provides the solution to this problem [illegitimacy]" (1993). As reflected in the writings of Liebmann and other researchers, it is becoming apparent that the old residual language of "unwed mothers" is re-emerging and the old oppressive system of unwed mother homes is being defended via stereotypes surrounding this already oppressed population (Teles, 1996; Leibmann 1993; Wilcox et al., 1996). By reinstating the term "unwed mother" Liebmann and other conservative thinkers (discussed in the next chapter) have once again incorporated under its umbrella any woman who has given birth to a baby out of wedlock.
CHAPTER 3: THEORETICAL FRAMEWORKS

Theories are important as guidelines and as frameworks for understanding concepts and issues. People are living entities and seldom “perfectly” fit one particular theory. The theories discussed in this chapter; feminism and ecological/systems, represent teen mothers as related to this thesis and are not intended to be all encompassing. There may well be other theories that apply to the context of teen pregnancy and parenting; they will not be discussed in this thesis.

Feminism:

Although there are several feminist frameworks including African-American Womanism, cultural feminism, ecofeminism, lesbian feminism, and global feminism, the four theories of feminism that will be overviewed are: liberal feminism, socialist/Marxist feminism, radical feminism, and post-modern feminism. Aspects of these theories have been useful in better understanding the position of teen mothers in society. These theories are briefly described as follows:

Liberal Feminism: This aspect of feminism has its roots in major social, political, and economic events over time, stemming from the late 1600s to the late 1700s, during which time the liberal philosophers, John Locke (1632-1704) and Jean-Jacques Rousseau (1712-1778) emerged and whose theories liberal feminism is based (Flynn-Saunders, 1996). Individual liberty is a major principle of this theory. As Fynn-Saunders (1996) points out “liberal feminists point out that society violates the value of equal of rights in its treatment of
women, primarily by restricting women as a group, rather than treating women as individuals” (p. 10). Some of the major aspects of liberal feminism are as follows:

- Female equality with males is sought by extending women the same rights that men have (Donovan, 1991; Tong, 1989; Flynn-Saunders, 1996).

- Policies designed to help create equal opportunity for women are used in helping to create social and legal reform (Tong, 1989).

Liberal feminists work within the structure of mainstream society to integrate women into that structure. The basic premise of this theory is to give women the tools to compete with men on all levels and aspects in society such as educational opportunities, citizen rights, civil rights, economic opportunities, and improved wage laws (Flynn-Saunders, 1996; Tong, 1989). Liberal feminism has been critiqued for its focus on individual action rather than socially structured inequality, and its lack of focus on the inequities of class, ethnicity, race, and disability (Flynn-Saunders, 1996).

**Socialist/Marxist Feminism:** The roots of this theory emerged from the middle to the late 19th century during the political, intellectual, and socio-economic changes brought on by the spread of industrial capitalism and urban poverty (Donovan, 1991). Marxism recognises that women are oppressed and attributes this oppression to the capitalist/private property system (Donovan, 1991; Flynn-Saunders, 1996; Tong, 1989). Thus, the only way to end the oppression would be to overthrow the capitalist system (Flynn-Saunders, 1996). Some of the major concepts of this theory are as follows:

- The institution of family and women’s domestic labour are structured by and reproduce the sexual division of labour (Flynn-Saunders, 1996).
Women's oppression can be understood through oppression through gender, class, race, and sexual orientation (Flynn-Saunders, 1996; Donovan, 1991).

The relation of women to modes of production e.g. as wage earners women are confined to a double day of paid and unpaid labour (Flynn-Saunders, 1996; Donovan, 1991).

Consciousness raising is central to socialist/Marxist feminism (Donovan, 1991). The role of family in the socialisation of men, women and children into traditional values and behaviours that support and reinforce the present patriarchal capitalist system is one such important concept that socialist/Marxist feminism strives to raise awareness of (Flynn-Saunders, 1996; Donovan, 1991). This theory has been criticised for its emphasis on class relations being the most critical aspect of defining women's place in society (Flynn-Saunders, 1996). In addition, the strict gender role divisions, on which much of this theory is based, has been criticised for not taking into account diverse families such as: immigrant, First Nation, gay and lesbian and single-parent families (Flynn-Saunders, 1996).

Radical Feminism: This theory emerged in the 1960's by primarily white, educated, middle-class college women from the political left (Grant, 1993; Donovan, 1991). The reason this theory gets the "radical" label is because the oppression of women is viewed as the most fundamental form of oppression, one that cuts beyond boundaries of race, culture, and economic class. Radical feminism is centred on the necessity to question gender roles such as why women must adopt certain roles based on their biology, and why men adopt certain other roles based on theirs (Grant, 1993; Donovan, 1991). Radical Feminism attempts to draw lines between biologically-determined behaviour and culturally-determined behaviour in order to free both men and women as much as possible from their previous narrow gender
roles (Flynn-Saunders, 1996; Adamson, Briskin, & McPhail, 1988). Some other concepts of this theory are as follows:

- Male privilege is established on the basis of the female reproductive role and domestic role of raising children. It is this work within the family and the economy in which women's oppression stems from (Flynn-Saunders, 1996; Grant, 1993; Donovan, 1991).

- Oppression is reinforced through sexual relations, male dominance over women, and male control of female sexuality (Grant, 1993).

- The emphasis is on creating a world in which women can identify on the basis of their attachments to each other (Grant, 1993).

Radical feminism has been critiqued for defining women as biologically fixed in both their bodies and their natures (Adamson et al., 1988). This theory has also been criticised for promoting stereotypes that women are by their nature compassionate and nurturing while men are by nature aggressive and competitive (Grant, 1993). In addition radical feminism has been critiqued as ignoring individuality and racial, cultural, sexual, and class differences (Grant, 1993). Therefore where teen pregnancy and parenting is concerned, radical feminism is only useful when looking at the oppression of teen parents as a group of women in patriarchal society and not the unique and important differences among them.

Postmodern Feminism: Opposes the construction of theory which is based on underlying assumptions of truths and structures (which includes Marxism and ecological theory discussed later) (Van Den Bergh, 1995). Postmodernism is against essentialism which is based on the assumption of biological determinism, otherwise known as human nature or "innately physical, intellectual, or emotional" attributes (Van Den Bergh, 1995, p. xiv). These attributes have been related to gender role structures where the female body is related
with “nature”, whereas the male body has been related to the mind or “intellect” (Van Den Bergh, 1995, p. xiv). Postmodern feminism criticises other feminist theories for focussing on a “single cause [patriarchy] to explain women’s oppression cross-culturally” (Flynn-Saulnier, 1996, p. 135). Deconstruction and reconstruction of language is fundamental to post-modern feminism as the power inherent in language “acts upon social reality” (Flynn-Saulnier, 1996, p. 137). Van den Bergh states that:

Through the deconstruction process, biased knowledge can be altered by reconstructing truth through inclusion of the voices of disempowered people. Knowledge that had previously been marginalized can then be centred (hooks, 1984). As a result, that which is known is broadened, expanded, enriched, and deepened by allowing the voices of disempowered people to be articulated.” (1995, p. xix).

Postmodern feminist theory has been critiqued for not addressing gender subordination and its relationship to the patriarchal structure (Fraser & Nicholson, 1990; Flynn-Saulnier, 1996).

Socialist/Marxist, liberal, radical, and post-modern feminisms are touched upon in the next two sections of this chapter and at various points throughout this theses. Feminism serves as the best overall framework in this thesis, as teen mothers are presented throughout this paper as an extremely oppressed group of women in which patriarchy is very much related to their oppression and victimisation. In addition, the protection of male privilege in our society, where the issue of teen pregnancy and parenting is concerned, is an overt example of the subordinate and sacrificial role women are forced to play to ensure that men do not lose their power in society.
Patriarchal Society and the Blame Factor of Women as a Cause and Promoter of Poverty

During the 1980s, a number of journalists and poverty researchers defined into existence an “underclass”, a set of poor people whom they saw as behaviourally, and thus morally, inferior to other poor Americans. The actions that set them apart were, among other things, participating in street crime, being an unmarried welfare mother, leaving high school without graduating, failing to hold a job, and being homeless. Other poor people, especially those currently working and married, were assumed to be morally superior rather than just better able to survive in a declining economy (Gans, 1996 p. 87).

The above quote is a reflection of the strong intolerance of society towards anyone who does not fit within its prescribed mould. It is also a reflection of a current trend to re-establish the concept of the deserving and undeserving poor (Gans, 1996). If a person lives in poverty, but has adhered to the moral guidelines of society s/he would be considered “deserving” of government and/or community support, as Gans (1996) states:

The poor are offered an unspoken deal: they will be helped materially as well as praised as deserving – if they are properly married, and prove by their actions (e.g. properly differential attitudes towards case workers) that the traditional values remain valid. Thus they will be given a chance to escape poverty in exchange for maintaining the legitimacy of some currently fragile moral standards (p. 92).

For example, a woman who became a single mother as a result of her husbands’ death would be viewed as more worthy of receiving financial aid and moral support than a woman who had a child out of wedlock. With a righteous “ring” of the past, Teles explains the current conservative view on the above issue as follows: “death is random and unpredictable; the victims are thus blameless” whereas “giving birth outside of marriage is (at least to some degree) considered an intentional act on the part of a woman, the result of her free will choice” (1996, p. 23). In order to comprehend the root of many injustices that confront
women, it is important to understand social power relationships which may in turn lead to a more realistic understanding of the social context in which teen mothers are situated. The silenced voice of women living in poverty has had a long history in western society. As in the past, the present conservative movement bases its beliefs concerning women at the root of the circumstances that placed them in “their situation”. As stated by Abramovitz (1995):

Long before welfare dependency became a household word, women were blamed for transmitting undesirable values and behaviour across generations. The harsh critique of poor women as breeders of the tenement class, the dangerous class, and most recently, the underclass has persistently linked poverty, deviance, and other social problems to the home (p. 212-213).

It is well known amongst feminists and other social thinkers, that blaming the poor and oppressed for social issues is a safe way of diverting larger issues that may look toward other systems and policies as a factor in the cause of oppression and poverty (Burman, 1996, p. 91). Looking at this issue from this perspective, it is not surprising that women are often the targets of oppressive policies and stereotypes that aim to further disempower them within patriarchal society.

It is clear in a capitalist power system that those disempowered and oppressed populations working at minimum wage jobs serve a need for profit. However if they are not working, hence “not making profit for someone else”, it is acceptable to label them as lazy, users of the system, welfare frauders etc.; in essence a “burden on an economic society”, where profit often takes priority over people. Any population that poses a threat of becoming a part of this monetarily non-productive “under-class” is labelled and discriminated against (Gans, 1996, p. 87). Mainstream society has been and still is fairly apathetic to the issues confronting oppressed people (Burman, 1996). It is precisely this apathy that has created a
conducive environment for the exploitation, discrimination, stereotyping, and subsequent oppression of the most powerless people in our society (Gans, 1996, p. 88).

In addition to public sector movements, the push for strong residual measures on AFDC (Aid to Families with Dependent Children) recipients in the United States is only a reflection of overt neo-conservatism; a residual ideology also prevalent in Canada. Neo-conservatism became vivid in Canada in the early 1980’s with Brian Mulroney’s Tories. It was during this era that poverty-creation policies began to re-emerge on an overt and rapid level. A list of these polices is summed up by Naomi Binder Wall as follows:

They [the Tories] placed a cap on the Canada Assistance Plan, making it impossible for Provincial governments to bring welfare rates even up to the poverty line, slashed the UI program, causing increased poverty for hundreds of thousands of people and their families who are already poor, signed the Free Trade Deal, which has helped to destroy over half a million jobs and pushed wages down, used the GST to shift $4 billion in taxes from corporations to individuals and eliminated the universality of the family allowance (1993).

Currently the growing support for the Reform party is also a reflection of the continuing popular conservative movement within Canada. The message these movements bring is one that has emanated in our society and throughout history. Having a baby out of wedlock stirs some deeply held beliefs that a woman should remain in her home “subordinate to a male breadwinner, and that female sexuality should remain within marriage” (Morton, 1993, p. 1). The growth of the “moral right” throughout North America is also evident through public sector movements such as the new and incredibly strong men’s movement; the “Promise Keepers”, whose primary belief is “that men must reclaim leadership of their families, and wives should submit to their husbands” (Phillips, 1997). The founder of this movement, Bill McCartney, who was a university football coach in the United States, was inspired to start it after his daughter had two “illegitimate” children from two members of his football team (Phillips, 1997).
In his book *Losing Ground* (1984) that proposes a welfare reform, Charles Murray became popular amongst conservative thinkers. His ideas that welfare causes illegitimacy and reduces the urge to work were popular and supported by neo-conservative society; although there was some reluctance to "openly" support his ideas of the complete elimination of government support to single mothers living in poverty (Teles, 1996 p. 151). In addition to Murray, members of “Empower America” (a well known republican think-tank), headed by William Bennett, Vin Weber, Jack Kemp and Jean Kirkpatrick, felt strongly that welfare should be eliminated because it was a “system that fosters illegitimacy and its attendant social pathologies” (Teles, 1996, p. 152). Empower America’s political rationale for such a drastic proposal is as follows:

It would be politically smart for Republicans because anything less than calling for an end to welfare will probably ensure that the debate will be conducted on Clinton’s terms. That’s a sure political loser. On the other hand, calling for the abolishment of AFDC is an opportunity for Republicans to make a clean break with an old, failed system, seize the mantle of true reform and help return our nation to an older, better time when moral common sense was a touchstone of social policy (p. 152).

In addition to the above beliefs, representatives of the conservative movement have put forth the following proposals: “if a woman cannot support her children, the government should take them away” or “society should make it possible for mothers to place their children for adoption in infancy” (Teles, 1996, p. 151). The long-held stereotype that welfare benefits serve as an incentive for women to have more children is especially common in regards to teen mothers (Wilcox *et al.*, 1996; Guilbert & Forget, 1991). Teen mothers do not adhere to the status quo, as they are perceived as a threat to the economic and moral fabric of society (Teles, 1996). The conservative view regarding teen parents is described by Rhodes (1994) as follows:
Conservatives begin with the premise that teenagers should not have sex. For conservatives, the problem involves primarily moral and fiscal concerns: premarital sexuality is not only objectionable in itself, it promotes other objectionable practices, such as abortion and the destruction of fetal “life,” or nonmarital childbearing and the erosion of traditional values and financial self-sufficiency (p. 650).

Deirdre Kelly, a feminist writer on the issue of teen pregnancy and parenting, explains the conservative view of this issue as follows:

Teenagers engage in sexual activity, for example, because they are morally weak and lacking self-control. A morally strong person, according to conservatives, should be able to “just say no” to sexual desire; chastity constitutes a good choice. In having made the wrong choice, the pregnant teenager deserves punishment (1998, p.228).

In the United States there is talk of going back to the old system of the “unwed-mother homes” as a means of controlling the issue of teen pregnancy and parenting (Liebmann, 1993; Wilcox et al., 1996; Teles, 1996). A report by Liebmann, entitled “The AFDC Conundrum: A New Look at an Old Institution” (1993), reinforces this ideology. In his study Liebmann stresses that “the worst fears of the critics of mothers’ pension laws, the precursors of AFDC [Aid to Families with Dependent Children], have been realised” as the “extension of AFDC to unwed mothers was an unintended development and that its effect has been a demise of residential homes for unwed mothers” (p. 36). Liebmann stresses that public support for maternity homes is of extreme importance, as these homes are desperately needed for “socialising young mothers and deterring repeated out-of-wedlock births” (1993, p. 36).

Weinstein and Rosen’s opening sentence in the introduction of their research holds a lot of meaning to the adolescent parenting population when they state that “Unintended adolescent pregnancy and parenthood are among the most insidious problems of society today” (1994, p. 723). For the record, it is important to note that according to the Webster’s
New World Dictionary the word *insidious* means: 1. “Characterised by treachery or slyness” and 2. “More dangerous than seems evident”. This prevalent research seems to be in synchrony with the underlying neo-conservative movement and their ideologies on the issue of pregnant and parenting teens.

In order for a drastic backward movement of institutionalising teenage mothers to occur, there must be some strong arguments implemented to rationalise such a move. This is happening through the reinforcement of already well-established stereotypes, mentioned earlier, and using them as a base for argument and rationale. For example, in keeping with the ideology that teen parents are immoral and deviant, a fairly recent publication compared the impulsivity of 40 felons and 40 unwed mothers (mean age = 18yr) with 360 randomly selected adults. In their study Royse and Vernon (1988) found that “felons and unwed mothers had higher impulsivity rates than did the normal sample”. This research is just one more example of the acceptability of viewing teen parents as immoral deviants as is evident by placing them in the same category with criminals.

The above research is in direct opposition to the positive gains that women have made in society. This discriminatory patriarchal movement is emerging like a volcano underneath the already shaky feet of poor women. This is a desperate time for poor women, and desperate times call for desperate measures. It has taken a long time and a lot of dedicated work and effort for women to get to where they are today. The strong neo-conservative movement that has plagued North America has placed a huge hurdle in the path of women’s struggle against oppression. If the neo-conservative movement is not challenged, the repercussions for women could have the effect of a thirty-year set back where moral standards were set in overt policy and directed and applied in severe residual forms.
Teen Pregnancy and the Role of Men

... the patriarchal assumption in American culture [is] that females must be accountable for sexual transgressions. The lack of research on unmarried fathers may be very inconsistent with the fact that they represent one-half of the illicit-conception equation, but is quite consistent with, and can be understood within the context of, other social practices and attitudes [patriarchy] (Vincent, 1961, p. 5).

Perhaps because it is the young woman who generally carries the burden of poverty when left to single parent her child and endures the social stigma of being visible in public when accompanied with her child, attention is primarily directed at her concerning the issue of teen pregnancy and parenting. If he chooses to marry the woman he impregnated, the father of the teen mothers child is looked upon as performing a great justice to the girl and her family. However, in present society, the act of marriage cannot save the teen mother from being stigmatised and labelled by society.

Whether consciously or not, the men who impregnate these young women hold a lot of power over them and in society. A study conducted in the United States by the National Centre for Health Statistics found after interviewing 10,000 teen mothers that 50 percent of the fathers were 20 or older (McLean-Taylor, Gilligan & Sullivan, 1995). In addition this same study found that of the girls who kept their child, 2 out of 10 married the father. Males (1992) found that 70 percent of male partners are 20 and over, and 15 percent are over 25. This study also showed that only 30 percent of teenagers giving birth are both partners’ teenagers. The fact that a large percentage of the fathers are adults attests to a power imbalance in the sexual relationship where the female, by virtue of her age, holds much less power. Although the above studies did not mention those girls who are living common-law with their partners, the high rate of single parenthood among the teen-parent population is a
known trend (Solomon & Pierce-Liefeld, 1998; Stevenson-Barratt, Roach, Morgan, & Colbert, 1996; Dalla & Gamble, 1997).

The role of “date rape” or even coercive sex is rarely mentioned in the literature as one of the factors causing teenage pregnancy and yet it is a phenomenon that does occur (Hogben, Byrne & Hamburger, 1996; Butler & Burton, 1990; Jacobs, 1994; Furstenberg, 1992). Rhode (1994) supports this when she states that “too little focus has centred on men who pressure their partners to have sex or to have a baby that will demonstrate their own virility but who are unable or unwilling to support a child” (p. 659).

The power which men hold over women is very overt in every aspect of our society. Women are raised to believe that they are second-class citizens when it comes to their male counterparts. This is evident on every level of interaction and institution in our society. A patriarchal society ensures that a man shall at no cost have his privilege taken away at the hands of a woman. The father of an illegitimate child has historically never had to worry about being institutionalised if he had a baby out of wedlock, and currently does not endure the discrimination and oppression that confront teen mothers. The institutionalisation of unwed-mothers in the past and the oppressive stereotypes and behaviours directed at teenage mothers presently have been effective in reinforcing the privilege and protection of men in our society.

Deconstruction of Language: The Importance of Understanding Meaning

What is given power, what is seen as devalued or dysfunctional, what is recognised as valuable, and what is included in history-making often reflects the patriarchal position. Perhaps this reason explains the attention of feminists to sexist language that often echoes the patriarchy in which it is born (Land, 1995, p. 9).
By understanding the comprehensiveness of words, we learn that they are often situated in a context that has historical meaning. When language re-emerges from the past it is most often safe to assume that the word is situated within the same context as it was in the past. Understanding the historical context of a re-emerging word is necessary if we are to gain a true grasp of the word's meaning. This concept is applicable to the re-emerging use of the words "unwed mother" and "illegitimacy". Although these words never really left, they were however viewed as parts of an old ideology society had progressed from. The word "unwed" is situated in a negative moral context and implies a variety of social implications. When deconstructing the words "unwed mother", it becomes evident that it is used in a context of sexual delinquency and is "defined as sin by the powerful rhetoric of organised religion" (Morton, 1993, p. 1). By becoming an "unwed mother" there would be no escape from the stigma attached to it as its meaning is strongly embedded in moral conservative ideology. The meanings of these words justified the institutionalisation of woman who could not "measure-up" to the moral standards of the time.

The re-emergence of the old language of "unwed mother" has some very real implications for both teen mothers and single mothers. It is becoming evident that the growing moral right in North America widely supports the emerging residual proposals for teen and single mothers that place them in a social context that serves to further their oppression. Proposals mentioned earlier by Murray, Liebmann, and Empower America are widely supported as a "welfare reform prescription of a large number of significant Republican leaders and potential presidential candidates" (Teles, 1996, p. 151).

The Role of Voice in Empowering Young Mothers

In order for reflection to occur, the oral and written forms of language must pass back and forth between persons who both speak and listen or read and write — sharing, expanding, and reflecting on each other's experiences. Such interchanges lead to ways of knowing that enable individuals to enter into the social and intellectual life of their community. Without them, individuals
remain isolated from others; and without tools for representing their experiences, people also remain isolated from the self (Belenky, Clinchy, Golgerger & Tarule, 1986).

In their study “Between Voice and Silence”, McLean-Taylor et al. have touched upon a fundamental key in helping to empower the teen mother population (1995). By having a relationship with a woman where her voice could be heard, listened to, and taken seriously, a young woman could increase her sense of self-worth and decrease her risk-taking behaviours. One of these risk-taking behaviours was “becoming pregnant”. In taking this study one step further, the same principles could be applied to teenage mothers. Obviously teen mothers are giving birth at a vulnerable time in their lives when their inner womanly voice is only just emerging and ever so fragile. Raising awareness of the role women play in facilitating the growth of voice in their younger sisters is an important issue brought forth by the feminist movement.

Teen mothers are at risk of losing touch with what they know as experience and therefore at risk of losing their voice. Once they lose it, they are at risk of succumbing to the stereotypes and poverty that confront them. By listening to the experiences and the plight of these silenced young women, we are better able to hear their cries for help and understanding. We must not reinforce what is already known but help teen mothers to see and believe that what they and others think is their fate is not necessarily true. Through regaining their voices an access to their personal experience, teen mothers can stand up to the oppression in which they live.
Ecological Systems Theory

Ecological systems theory states that people constantly interact with other people and with various systems in the environment. People and systems reciprocally influence each other on a continuous basis (Hepworth & Larson, 1990, p. 16). Ecological systems theory emphasises the uniqueness of each system, pointing out that they vary in characteristics and ways of interacting. Hence, no two people, families, or communities are the same. It is important to consider the reciprocal interaction between people and their environment in a “psychosocial” manner in order to understand why society views individuals and groups in a particular manner (Hepworth and Larson, 1990, p. 16).

The satisfaction of needs and mastery of developmental tasks require the availability of adequate resources in the environment and positive transactions between people and their environment. If there are gaps in the environmental resources, if individuals are unable to capitalise on these resources, or if the interactions between individuals and their environmental systems are dysfunctional, the fulfilment of human needs may be blocked and this could “lead to stress or impaired functioning” (Hepworth and Larson, 1990, p. 17). The reduction or removal of stress requires coping efforts that are aimed at fulfilling the needs, or stated another way, achieving adaptive fit between person and environment. People, however, often do not have access to adequate resources, or they lack effective coping methods. “Social work, of course, involves assisting such people to find ways to meet their needs by linking them with or developing essential resources or by enhancing their capacities for utilising resources or coping with environmental forces (Hepworth and Larson, 1990, p. 17).”

Ecological Systems Theory and the Teen Mother

Ecological systems theory applies to the topic of teen pregnancy in that it proposes “the way in which the young mother negotiates her life circumstances and rears her child is
determined by these ecologies as well as by her own individual characteristics and prior experiences (Chase-Lansdale, 1992, p. 290)." The teen mother's family is viewed as an organised system, thus members of the teen mother's family must be considered in order to assess the emotional quality of the teen mother's ecological system. The success of a teen mother is strongly influenced by the environment she originated from. If few resources were devoted to the adolescent mother as a child (such as scholastic and peer supervision, and personal encouragement), the young mother may find herself in a high-risk category (Chase-Lansdale et al., 1992). Various researchers have shown that it is "the ecology [poverty, family] rather than the mother's young age per se, that poses risks to child development" (Chase-Lansdale et al., 1992, p. 297).

Systems theory is commonly used in family therapy. One popular systems model of family therapy is David Olson's "circumplex model" where the family is categorized by its degree of adaptability and cohesion (Klein & White, 1996, p. 173). The circumplex model proposes that families range from high in cohesion (enmeshed) and low in adaptability (rigid), to low in cohesion (disengaged) but high in adaptability (chaotic). When balance is disrupted in a family system, stress results; and families have to readjust to regain balance. When families cannot readjust on their own, then therapy may be required (Klein & White, 1996, p. 173).

In the case of teen mothers, a complex interaction of systems and subsystems occurs. The young mother becomes a new family (a system) and yet faces major stress from changes occurring in her parental family system. When these systems adapt with one another, the teen mother is in a position for adjustment into her new role as a mother. When the systems and subsystems do not adapt to the change in the young mothers' life, her system can be placed under considerable stress. Thus the importance of other social supports (subsystems) must be available to help the young mother cope and adapt to the new environmental
pressures she is exposed to. The social worker has an important role in making available new subsystems to the teen mother such as program development, counselling, and connection to resources.
CHAPTER 4: RESEARCH METHODOLOGY

There are two main areas of research regarding pregnant and parenting teens. The first emphasises prevention, and the second emphasises ways to promote the well-being of teenage mothers. Most research regarding teenage pregnancy has been directed at prevention. Albeit important, this has led to a shortfall in research and program development that address social support networks for the teen parent once she decides to keep her child. Quantitative data from researchers and politicians frequently remind the public about the economic and social costs of teen mothers and their children, yet fail to promote social support for young parents.

Many factors contribute to a widespread perception of teen pregnancy as a social problem. One of these factors is that although teen pregnancies have decreased in absolute numbers since the height of the baby boom, the number of single teenage mothers has increased (Furstenberg, 1991). Given these numbers, and the public and political concern, research that focuses on the promotion of increased education, income, and personal well-being of teenage mothers and their children could prove to be of great relevance, not only to the teen parent population, but to social workers or other helping professionals who work with them. The study presented in this thesis addresses the relationship of three social support networks (family, community, and peers) to the level of education, economic well-being, and personal contentment of women who were teenage mothers. This study uses a self-administered questionnaire consisting of fifty-four closed-ended, quantitative questions and three open-ended qualitative questions.
METHODS:

Participants:
Adult women 21 to 36 years old who were teen parents were selected for this study. Snowball sampling (recruiting members of a group through a few known participants) was used to identify potential participants for this study by both word-of-mouth. An Internet site for parents (www.parentsplace.com/) has a discussion group for teenage mothers; five participants from the teen parent discussion group volunteered to participate in this study (2 from Canada, 3 from the U.S.A.). As most participants were recruited via “snowball” sampling, any potential selectivity bias resulting from Internet participants should be ameliorated. This sampling method has been found to be effective in reaching members of “hidden” groups (Anastas & MacDonald, 1994, p. 276). Self-administered questionnaires were sent out to 32 participants in February and March 1998. As of the 30th of October 1998, 21 questionnaires were returned yielding a sixty-six percent response rate. All quantitative components of the returned questionnaires have been completed in their entirety.

Questionnaire:
Fifty-four closed-ended, quantitative questions developed to measure the relationship between family, community, and peers to the level of education, economic well-being, and personal contentment of women who were teen mothers were put forth in the questionnaire. Six demographic questions based on a single response, thirty-three closed-ended questions based on a 5-point Likert-type response scale, and fifteen Dichotomous YES or NO questions, were designed to obtain absolute responses from the participants. Six of the fifty-four questions are followed by a request for elaboration on the type of social support participants may have received. Questions were developed using three sources; teen parent
literature, Generalised Contentment Scale (revised for this study) by Walter Hudson (Fischer & Corcoran, 1994, p. 238), and the Social Support Appraisal Scale (revised for this study) by Vaux, Phillips, Holley, Thompson, Williams, and Stewart (Fischer & Corcoran, 1994, p. 612). An example questionnaire can be seen in Appendix I. In order to obtain a greater understanding of the participants personal experiences of teen parenting three qualitative, open-ended questions were included in the questionnaire.

For time efficiency, most of the questions were closed-ended (Fink & Kosecaff, 1985). In addition, closed-ended questions are easier to use, score and quantify using conventional statistical techniques (Fink & Kosecaff, 1985). Besides convenience, two other important factors lend themselves toward the use of a questionnaire. First of all it allows participants to remain anonymous among members of the study group, and secondly, a non-threatening environment such as one’s home encourages honesty among participants (Mitchell & Jolley, 1988). In realising drawbacks associated with self-administered surveys attempts were made to ensure clarity in the questions asked.

Procedure:

Thirty-two participants from Canada and the USA were selected for the study via snowball sampling. After selection, questionnaires were mailed to participants’ homes with a self-addressed, stamped envelope enclosed so respondents could return them at no cost to themselves. Time to complete questionnaires was up to 45 minutes. Twenty-one questionnaires (12 from the Canada and 9 from the U.S.A.) have been returned resulting in a 66 percent response rate. Sixteen participants were recruited by word of mouth (10 from Canada, 6 from the U.S.A.) and 5 volunteered from the Internet (2 from Canada, 3 from the U.S.A.). Data from the returned questionnaires were statistically analysed.
Analysis:

The results were examined using standard statistical methods for descriptive studies using self-administered questionnaires. The frequencies of occurrence for the variables were recorded, and relation among the variables examined. Descriptive statistics were used to analyse the individual closed-ended questions and t-tests were used to examine paired questions (same question except one addresses the issue when the participant was a teenager and the other is at present), to infer if any significant trends occur in the data. Cross-tabulation and Spearman Correlation Analysis was performed on selected data to determine possible interaction between different questions. Data analysis was performed using the Statistical Package for the Social Sciences (SPSS) version 6.
CHAPTER 5: RESULTS

This study yielded results that show significant trends and interactions among variables. Demographic information about the recipients can be seen in Tables I (p. 45) and II (p. 46). Ages of participants ranged from 21 to 36 years with a mean age of 28.5 years. The average age when the participants had a child was 17 years (range 15 - 19 years). Ninety-one percent of the participants had a child or children living at home, 57 percent were employed of which 42 percent like their job, fourteen percent were students, and 57 percent had a partner or spouse (Tables I & II).

A low level of financial assistance from family, peers, and biological fathers is apparent when the respondents were teen mothers, as well as at present (Table III, pp. 47-48). Over one-half of the respondents (57 percent) never or rarely received financial assistance from their parent(s) when they were teen mothers, and of the ones who did, 24 percent reported financial assistance only sometimes. A similar trend occurs at present where 71 percent of mothers rarely or never receive financial support from their parents (may be due to higher income of some respondents). Nineteen percent of biological fathers of participants' children always financially contributed to their child/ren when the participants were teen mothers, whereas 43 percent never contributed (Table III). Similar results were obtained when participants were asked if the biological fathers of their children contribute to their care financially while raising their child/ren (24 percent always and 33 percent never; Table III). Seventy-one percent of the participants reported that the biological fathers "never" or "seldom" participated in the upbringing of their child/ren (Table III).

Friends had little effect on the financial well-being of teen mothers (Table IV, p. 49) never or rarely financially assisting them (86 percent). As a whole it does not appear that friends could be relied upon by the teen mother for emotional support as friends never (5
percent), rarely (33 percent), or only occasionally (19 percent) concerned themselves with the welfare of the respondents (Table IV).

Other findings from the questionnaire reveal important information regarding Community Support. These results suggest that over three-quarters of the respondents (76 percent) would have preferred delaying their pregnancy until later life. The results also indicate that over four-fifths of the respondents (81 percent) felt that society was not supportive of them. Fifteen out of twenty-one respondents (71 percent) felt that the community did not treat them with the same level of respect as mothers who were not teenage parents. In regards to education, three quarters (76 percent) of the respondents felt that they would have achieved a higher education if they had not been a teenage mother, and almost two-thirds (62 percent) indicated that they did not have access to programs that help teen mothers continue their education.

Forty-three percent of participants felt that family respected them “often” to “always” when they were teen mothers and 67 percent at present (Table III). Over one-half (52 percent) of the respondents felt that they received emotional support from their family (often to always). The participants in this study felt that people as a whole were not supportive of them as teen mothers (62 percent sometimes and rarely), and many felt lonely (57 percent) often or always when they were teen mothers (Table IV).

T-tests were performed on thirteen pairs of Likert scale questions in which one asks a question relating to “now” and the other asks about “then” (i.e. the same question relating to when the participant was a teen mother) to determine if there was a difference in the paired questions. The majority of respondents felt that they received more emotional support, family respect, felt more appreciated, have more people to depend on, enjoy themselves more, have more people who care for them, and have more friends who care, give emotional support, and help out financially, now, than when they were teenagers (Table V, p. 50; Figure 1, p. 52). The participants also felt that they were upset more easily as a teen than now (Table V;
Figure 1). Figure 1 illustrates paired questions which show a greater value “now” as opposed to responses related to participants as a “teen”.

When the participants were questioned about community support (such as daycare, respect, access to education, and emotional support), an overall lack of support was observed (Table VI, p. 51). Eighty-one percent of participants received financial assistance from the government when they were teen mother, over one-half (52 percent) did not have access to daycare in their community, and 62 percent did not have access to programs that would help them further their education (Table VI). Eighty-one percent of the respondents felt that society was unsupportive of them being teen mothers, seventy-one percent felt that they did not receive the same level of respect that older mothers did, and 91 percent indicated that besides daycare, they did not have access to teen mother programs in their community (Table VI). When asked to think retrospectively, 76 percent of respondents would have liked to have delayed pregnancy until a later point in their life, and similarly, over three-quarters (76 percent) of respondents thought they would have achieved a higher education if they were not a teen mother (Table VI).

Cross-tabulations were performed on respondents’ current age, level of education, and current income. Results showed that of the respondents aged 21 to 24 (29 percent of total participants), one hundred percent had an income level ranging from $10,000-$30,000 (it is assumed that the Canadian and U.S. dollar have equivalent buying power in their respective countries) (Figure 2a & 2b, pp. 53-54). Fourteen percent of the participants had college/technical school training, and none had a university degree (Figures 3a & 3b, pp. 55-56). In the respondents aged 25 to 30 (33 percent of total participants), 71 percent had incomes ranging from $10,000-$30,000 and 29 percent had incomes from $30,000 to $50,000. Education levels in the 25-30 year old age group ranged from high school to college/technical school (14 percent high school and 86 percent college/technical school; Figures 2a, 2b, 3a & 3b). Sixty-three percent of respondents aged 31 to 36 (38 percent of total participants) had incomes ranging from $10,000-$30,000 and 37 percent had incomes
from $30,000 to $50,000. Education levels in the 31-36 year old age group ranged from high school to undergraduate university degrees (25 percent high school, 25 percent college/technical school, and 50 percent undergraduate university degree; Figures 2a, 2b, 3a & 3b).

The respondents were asked three qualitative questions each. The responses of these questions are in Appendix 2 and will be examined in the discussion. The questions were: 1) How did your family, friends, and members of your community react to your pregnancy and being a teen mother? How did you respond to these reactions?, 2) If you were to give advice to a pregnant teenager, what would it be?, and 3) How do you think society should view teenage pregnancy? Most respondents felt that that community reacted negatively regarding their pregnancy, felt that access to childcare and education were important, thought they should be treated as mothers and not alienated from their community, and cared deeply for their children.
<table>
<thead>
<tr>
<th>Question</th>
<th>Mean</th>
<th>SD</th>
<th>Range</th>
<th>Min.</th>
<th>Max.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Age</td>
<td>28.5 yrs</td>
<td>4.78 yrs</td>
<td>15 yrs</td>
<td>21 yrs</td>
<td>36 yrs</td>
<td></td>
</tr>
<tr>
<td>Your Age When First Becoming a Mother</td>
<td>17.3 yrs</td>
<td>1.15 yrs</td>
<td>4 yrs</td>
<td>15 yrs</td>
<td>19 yrs</td>
<td></td>
</tr>
<tr>
<td>Number of Children</td>
<td>1.9</td>
<td>0.7</td>
<td>2.0</td>
<td>1.0</td>
<td>3.0</td>
<td></td>
</tr>
<tr>
<td>Highest Level of Education Obtained</td>
<td>1.81</td>
<td>0.75</td>
<td>2.0</td>
<td>1.0</td>
<td>3.0</td>
<td></td>
</tr>
<tr>
<td>Likert Scale (1-5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>38.1</td>
</tr>
<tr>
<td>High School</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>38.1</td>
</tr>
<tr>
<td>College/Technical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>42.9</td>
</tr>
<tr>
<td>Undergraduate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19.0</td>
</tr>
<tr>
<td>What is Your Current Annual Income?</td>
<td>1.90</td>
<td>1.09</td>
<td>3.0</td>
<td>1.0</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>Likert Scale (1-5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) $10,000 - $20,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>47.6</td>
</tr>
<tr>
<td>2) $20,000 - $30,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28.6</td>
</tr>
<tr>
<td>3) $30,000 - $40,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9.5</td>
</tr>
<tr>
<td>4) $40,000 - $50,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14.3</td>
</tr>
</tbody>
</table>
Table II
Demographic Questions – Yes/No Format

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are You Satisfied With Your Education?</td>
<td>42.9</td>
<td>57.1</td>
</tr>
<tr>
<td>Do You Currently Have a partner or Spouse?</td>
<td>57.1</td>
<td>42.9</td>
</tr>
<tr>
<td>Do You Currently Have Children Living at Home?</td>
<td>90.5</td>
<td>9.5</td>
</tr>
<tr>
<td>Are You Presently Working?</td>
<td>57.1</td>
<td>42.9</td>
</tr>
<tr>
<td>Do You Like Your Job (Those Employed)</td>
<td>41.7</td>
<td>58.3</td>
</tr>
<tr>
<td>Are You Presently a Student? (YES)</td>
<td>14.3</td>
<td>85.7</td>
</tr>
</tbody>
</table>
Table III:
Questions Regarding Family Relations

<table>
<thead>
<tr>
<th>Question</th>
<th>Likert Scale: Percent in Each Category</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) To what extent did you receive financial assistance from your parent(s) when you were a teenage mother?</td>
<td>33.3 23.8 23.8 9.5 4.8 4.8 N/A</td>
<td>2.43</td>
<td>1.43</td>
</tr>
<tr>
<td>2) To what extent did you receive financial assistance from your parent(s) while you were raising your child/children?</td>
<td>38.1 23.8 23.8 9.5 4.8 0</td>
<td>2.24</td>
<td>1.34</td>
</tr>
<tr>
<td>3) Besides your parent(s) to what extent did you receive financial assistance from other members of your family while you were raising your child/children?</td>
<td>57.1 14.3 19.0 4.8 4.8 0</td>
<td>1.91</td>
<td>1.34</td>
</tr>
<tr>
<td>4) To what extent can you rely on your family for emotional support?</td>
<td>0 9.5 38.1 19.0 33.3 0</td>
<td>3.76</td>
<td>1.04</td>
</tr>
<tr>
<td>5) To what extent did you feel you could rely on your family for emotional support when you were a teenage mother?</td>
<td>23.8 14.3 9.5 19.0 33.3 0</td>
<td>3.24</td>
<td>1.64</td>
</tr>
<tr>
<td>6) To what extent did you receive financial assistance from the father of your child/children when you were a teenage mother?</td>
<td>42.9 14.3 9.5 14.3 19.0 0</td>
<td>2.52</td>
<td>1.63</td>
</tr>
<tr>
<td>7) To what extent did you receive financial assistance from the father of your child/children while you were raising him/her/them?</td>
<td>33.3 19.0 4.8 19.0 23.8 0</td>
<td>2.81</td>
<td>1.66</td>
</tr>
<tr>
<td>8) To what extent did your parent(s) encourage you to continue your education?</td>
<td>14.3 28.6 14.3 19.0 23.8 0</td>
<td>3.10</td>
<td>1.45</td>
</tr>
<tr>
<td>9) To what extent did your partner encourage you to continue your education?</td>
<td>42.9 9.5 14.3 23.8 9.5 0</td>
<td>2.95</td>
<td>1.99</td>
</tr>
<tr>
<td>10) To what extent did the father of your child/children offer positive support for your emotional needs when you were a teenage mother?</td>
<td>42.9 28.6 9.5 4.8 14.3 0</td>
<td>2.19</td>
<td>1.44</td>
</tr>
<tr>
<td>11) To what extent did the father of your child/children actively participate in her/his/their upbringing?</td>
<td>33.3 14.3 23.8 9.5 19.0 0</td>
<td>2.67</td>
<td>1.53</td>
</tr>
<tr>
<td>12) To what extent do you feel your family respects you now?</td>
<td>4.8 0 28.6 19.0 47.6 0</td>
<td>4.05</td>
<td>1.12</td>
</tr>
</tbody>
</table>
Table III:
Questions Regarding Family Relations (continued).

<table>
<thead>
<tr>
<th>Question</th>
<th>Likert Scale: Percent in Each Category</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>13) To what extent did you feel your family respected you when you were a teenage mother?</td>
<td>14.3 19.0 23.8 28.6 14.3 N/A</td>
<td>3.10</td>
<td>1.30</td>
</tr>
<tr>
<td>14) At present, to what extent do you feel there is always someone you can depend on when things get tough?</td>
<td>4.8 4.8 19.0 23.8 47.6 0</td>
<td>4.05</td>
<td>1.16</td>
</tr>
<tr>
<td>15) To what extent did you feel there was always someone to depend on when things got tough when you were a teenage mother?</td>
<td>14.3 23.8 14.3 28.6 19.0 0</td>
<td>3.14</td>
<td>1.39</td>
</tr>
<tr>
<td>16) At present how easy it for you to enjoy yourself?</td>
<td>0 19.0 19.0 47.6 14.3 0</td>
<td>3.57</td>
<td>0.98</td>
</tr>
<tr>
<td>17) Was it easy for you to enjoy yourself when you were a teenage mother?</td>
<td>14.3 23.8 38.1 23.8 0 0</td>
<td>2.71</td>
<td>1.01</td>
</tr>
<tr>
<td>18) Do you ever wish your family were different?</td>
<td>28.6 9.5 23.8 4.8 33.3 0</td>
<td>3.05</td>
<td>1.66</td>
</tr>
</tbody>
</table>
Table IV: Questions Regarding Peer Relations and Personal Contentment

<table>
<thead>
<tr>
<th>Question</th>
<th>Likert Scale: Percent in Each Category</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>19) To what extent do your friend(s) care about your welfare now?</td>
<td>9.5 0 19.0 52.4 19.0 0</td>
<td>3.71</td>
<td>1.1</td>
</tr>
<tr>
<td>20) To what extent did you feel your friend(s) cared about your welfare when you were a teenage mother?</td>
<td>4.8 33.3 19.0 42.9 0 0</td>
<td>3.0</td>
<td>1.0</td>
</tr>
<tr>
<td>21) If needed, to what extent would your friend(s) help you out financially now?</td>
<td>19.0 38.1 23.8 19.0 0 0</td>
<td>2.43</td>
<td>1.03</td>
</tr>
<tr>
<td>22) If needed, to what extent would your friend(s) help you out financially when you were a teenage mother?</td>
<td>42.9 42.9 9.5 4.8 0 0</td>
<td>1.76</td>
<td>0.83</td>
</tr>
<tr>
<td>23) To what extent do you feel lonely now?</td>
<td>0 38.1 28.6 23.8 9.5 0</td>
<td>3.05</td>
<td>1.02</td>
</tr>
<tr>
<td>24) To what extent did you feel lonely when you were a teenage mother?</td>
<td>0 23.8 19.0 38.1 19.0 0</td>
<td>3.52</td>
<td>1.08</td>
</tr>
<tr>
<td>25) To what extent do your friend(s) give you positive emotional support now?</td>
<td>4.8 4.8 14.3 57.1 19.0 0</td>
<td>3.81</td>
<td>0.98</td>
</tr>
<tr>
<td>26) To what extent did your friend(s) give you positive emotional support when you were a teenage mother?</td>
<td>4.8 23.8 38.1 33.3 0 0</td>
<td>3.0</td>
<td>0.89</td>
</tr>
<tr>
<td>27) To what extent do you ever feel that you would be financially better off if you were not a teenage mother?</td>
<td>9.5 9.5 23.8 19.0 38.1 0</td>
<td>3.67</td>
<td>1.35</td>
</tr>
<tr>
<td>28) To what extent do you feel appreciated by others now?</td>
<td>0 9.5 28.6 52.4 9.5 0</td>
<td>3.62</td>
<td>0.81</td>
</tr>
<tr>
<td>29) To what extent did you feel appreciated by others when you were a teenage mother?</td>
<td>9.5 33.3 42.9 14.3 0 0</td>
<td>2.62</td>
<td>0.87</td>
</tr>
<tr>
<td>30) Did you get upset easily when you were a teenage mother?</td>
<td>0 33.3 52.4 9.5 4.8 0</td>
<td>2.86</td>
<td>0.79</td>
</tr>
<tr>
<td>31) To what extent do you feel people care about you now?</td>
<td>0 14.3 38.1 38.1 9.5 0</td>
<td>3.43</td>
<td>0.87</td>
</tr>
<tr>
<td>32) To what extent did you feel that people cared about you when you were a teenage mother?</td>
<td>0 4.8 23.8 42.9 28.6 0</td>
<td>3.95</td>
<td>0.87</td>
</tr>
<tr>
<td>33) To what extent did you feel that people cared about you when you were a teenage mother?</td>
<td>0 23.8 38.1 33.3 4.8 0</td>
<td>3.19</td>
<td>0.87</td>
</tr>
</tbody>
</table>
Table V:
Significant T-Test Results of Paired Questions Regarding Personal Contentment and Financial Assistance.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
<th>t-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>As Teen</td>
<td></td>
<td>Now</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Support</td>
<td>3.24</td>
<td>1.64</td>
<td>3.76</td>
<td>1.04</td>
<td>2.33*</td>
</tr>
<tr>
<td>Family Respect</td>
<td>3.10</td>
<td>1.30</td>
<td>4.05</td>
<td>1.12</td>
<td>4.26**</td>
</tr>
<tr>
<td>Someone to Depend On</td>
<td>3.14</td>
<td>1.39</td>
<td>4.05</td>
<td>1.16</td>
<td>3.52**</td>
</tr>
<tr>
<td>Enjoy Yourself</td>
<td>2.71</td>
<td>1.01</td>
<td>3.57</td>
<td>0.98</td>
<td>3.70**</td>
</tr>
<tr>
<td>Feeling Appreciated</td>
<td>2.62</td>
<td>0.87</td>
<td>3.62</td>
<td>0.81</td>
<td>5.12**</td>
</tr>
<tr>
<td>People Care About You</td>
<td>3.19</td>
<td>0.87</td>
<td>3.95</td>
<td>0.87</td>
<td>3.07**</td>
</tr>
<tr>
<td>Extent That Friend(s) Cared About Your Welfare</td>
<td>3.00</td>
<td>1.00</td>
<td>3.71</td>
<td>1.10</td>
<td>2.66*</td>
</tr>
<tr>
<td>Extent That Friend(s) Helped You Financially</td>
<td>1.76</td>
<td>0.83</td>
<td>2.43</td>
<td>1.03</td>
<td>3.16**</td>
</tr>
<tr>
<td>Extent That Friend(s) Provided Emotional Support</td>
<td>3.00</td>
<td>0.89</td>
<td>3.81</td>
<td>0.98</td>
<td>2.97**</td>
</tr>
<tr>
<td>Do You Get Upset Easily</td>
<td>3.43</td>
<td>0.87</td>
<td>2.86</td>
<td>0.79</td>
<td>0.36*</td>
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</table>

**<.01
* <.05
Table VI:
Questions Regarding Community Support

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes %</th>
<th>No %</th>
<th>N/A</th>
</tr>
</thead>
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<tr>
<td>34) Did you receive economic support (other than family allowance) from</td>
<td>81.0</td>
<td>19.0</td>
<td>0</td>
</tr>
<tr>
<td>the government when you were a teenage mother?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35) Did you receive economic support (other than family allowance) from</td>
<td>71.4</td>
<td>28.6</td>
<td>0</td>
</tr>
<tr>
<td>the government while raising your child/children?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36) Would you have achieved a higher education if you were not a teenage</td>
<td>76.2</td>
<td>23.8</td>
<td>0</td>
</tr>
<tr>
<td>mother?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37) Did you have access to programs that help young mothers continue</td>
<td>38.1</td>
<td>61.9</td>
<td>0</td>
</tr>
<tr>
<td>their education?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38) Were you ever involved in any pre-natal programs as a pregnant</td>
<td>66.7</td>
<td>33.3</td>
<td>0</td>
</tr>
<tr>
<td>teenager?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39) Did you have access to day-care in your community?</td>
<td>42.9</td>
<td>52.4</td>
<td>4.8</td>
</tr>
<tr>
<td>40) Overall did your community treat you with the same level of respect</td>
<td>28.6</td>
<td>71.4</td>
<td>0</td>
</tr>
<tr>
<td>as a mother who was not a teenage parent?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41) In your community, did you have access to programs, other than</td>
<td>9.5</td>
<td>90.5</td>
<td>0</td>
</tr>
<tr>
<td>daycare, for young mothers and their child/ren?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42) If you could have delayed pregnancy to a later point in your life,</td>
<td>76.2</td>
<td>23.8</td>
<td>0</td>
</tr>
<tr>
<td>would you have?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43) As a whole, do you think that society has been supportive of you</td>
<td>19.0</td>
<td>81.0</td>
<td>0</td>
</tr>
<tr>
<td>being a teen mother?</td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>
Figure 1:
Comparison of Responses to Questions as "Teen" and "Now"

Comparative Means of Significant Paired Questions
Figure 2a:
Cross Tabulation Results Comparing Current Age and Current Income

Current Income (Likert Scale)

<table>
<thead>
<tr>
<th>Current Age (years)</th>
<th>1.00</th>
<th>2.00</th>
<th>3.00</th>
<th>4.00</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.00</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
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<td>22.00</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>23.00</td>
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<td></td>
<td>1</td>
<td></td>
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</tr>
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<td>1</td>
<td></td>
<td></td>
<td>3</td>
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<td>1</td>
<td>1</td>
<td>3</td>
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<tr>
<td>28.00</td>
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<td>1</td>
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<td>29.00</td>
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<td></td>
<td></td>
<td>2</td>
</tr>
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<td></td>
<td></td>
<td>1</td>
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<td>32.00</td>
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<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>33.00</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td>4.8%</td>
</tr>
<tr>
<td>34.00</td>
<td>1</td>
<td>1</td>
<td></td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>35.00</td>
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<td></td>
<td>1</td>
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<tr>
<td>36.00</td>
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<td>1</td>
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<td>6</td>
<td>2</td>
<td>3</td>
<td>21</td>
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<tr>
<td>Total</td>
<td>47.6%</td>
<td>28.6%</td>
<td>9.5%</td>
<td>14.3%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Figure 2b
Scatterplot Comparing Current Age and Current Income

Current Income (Likert Scale)

Current Age (years)

\(r = 0.24\)
## Figure 3a:
### Cross Tabulation Results Comparing Current Age and Education Level

<table>
<thead>
<tr>
<th>Current Age (years)</th>
<th>Count</th>
<th>Education Level (Likert Scale)</th>
<th>Row Total</th>
</tr>
</thead>
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<tr>
<td>21.00</td>
<td>1</td>
<td>1.00</td>
<td>1 (4.8%)</td>
</tr>
<tr>
<td>22.00</td>
<td>1</td>
<td>2.00</td>
<td>1 (4.8%)</td>
</tr>
<tr>
<td>23.00</td>
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<td>1 (4.8%)</td>
</tr>
<tr>
<td>24.00</td>
<td>3</td>
<td></td>
<td>3 (14.3%)</td>
</tr>
<tr>
<td>25.00</td>
<td>1</td>
<td>2</td>
<td>3 (14.3%)</td>
</tr>
<tr>
<td>28.00</td>
<td>1</td>
<td></td>
<td>1 (4.3%)</td>
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<td>29.00</td>
<td>2</td>
<td></td>
<td>2 (9.5%)</td>
</tr>
<tr>
<td>30.00</td>
<td>1</td>
<td></td>
<td>1 (4.8%)</td>
</tr>
<tr>
<td>31.00</td>
<td>1</td>
<td></td>
<td>1 (4.8%)</td>
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<td>34.00</td>
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<td>3 (14.3%)</td>
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</tr>
<tr>
<td>36.00</td>
<td>1</td>
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<td>1 (4.8%)</td>
</tr>
<tr>
<td><strong>Column</strong></td>
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<td><strong>9</strong></td>
<td><strong>21</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>38.1%</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
Figure 3b

Scatterplot Comparing Current Age and Education Level

$\text{Education Level (Likert Scale)}$

$\text{Current Age (years)}$

$r=0.5$
CHAPTER 6: DISCUSSION

Family, partner, peers and community are all part of an integral support network where at least one or more is needed in order to foster the well-being of the teen mother (Barrera, 1991; Causby et al., 1991; Colletta, 1981). Relationships between social support networks (family, community, and peers) and economic, education, and personal contentment experienced by women who were teenage mothers were observed in this study (Tables I to VI). Interactions of factors when participants were teen mothers and at present ("now") were also examined (Figures 1 to 3). Retrospective and longitudinal studies are important because few studies have examined the progress of teen mothers after one-year postpartum (Whiteside-Mansell et al., 1996). This study was retrospective in nature and is one of the few studies now available that attempts to examine the long-term outcomes of women who were teenage mothers. The "overarching" result of this research is that there is a lack of community support for the teen mother. It was almost unanimous among the respondents that there was a perceived lack of social-support programs designed to provide or promote parenting skills, education, work-skills, and daycare in their community (Tables 3, 4, 6; Appendix 3). The lack of social support for teenage parents is not only prevalent in society but also permeates the academic literature. Chambers (1992) identifies adolescent pregnancy as a controversial issue because:

Many researchers bring both theoretical and personal biases to their studies. These are rarely acknowledged explicitly but are frequently observed in the leap from empirical results to the author's concluding discussion; the confounding of "fact" and "values" is sometimes blatant (p. 9-10).
As pointed out by Chambers (1992) and Furstenberg et al. (1989), a classic statement directed at teenage mothers is as follows:

The girl who has an illegitimate child at the age of 16 suddenly has 90% of her life’s script written for her... Her choices are few and most of them bad (Campbell, 1968, p. 238).

This bias is prevalent in the literature and works its way into the psyche of mainstream society (Adler, 1982). Furthermore, this is a theme observed by respondents in both Canada and the USA. Statistical data examined from the literature (Statistics Canada, 1997) shows that teen pregnancy has decreased in direct proportion to decreases in the fertility rate of all North American women. Although prevention of teen pregnancy is very important, demographic data and the results of this study indicate that there is a strong need for community assistance and positive acceptance of teen mothers. Responses from the open-ended qualitative questions indicate that respondents strongly feel that there is social stigma and a lack of social approval put forth from the community toward teen mothers. The following sections discuss the interaction between family, peers and community to the economic, educational, and personal contentment of the participants.

**Economic Support:**

Poverty is a major contributor to the disempowerment of any marginalized social group, and teen mothers are no exception (Barnett, 1997). Only when an individual can provide the basic necessities for a comfortable existence, can they begin to attempt to reach beyond a level of basic need (Rogers, 1961; Schultz & Schultz, 1987). As indicated in the results of this study, family (57% rarely or never) and peers (86% never or rarely) do not
consistently contribute financially to the participants (Table III). Only one-third (33%) of biological fathers (of respondents children) financially contributed to the respondents when they were teens or at present (Table III). Over one-half (57%) of the biological fathers never or rarely contributed money to the upbringing of their child/ren. However, it is important to note that these statistics do not take into account that many of these fathers may also be living in poverty.

Fifty-seven percent of the respondents rarely or never received financial assistance from their parents, and monetary help from friends was virtually non-existent (Table III & IV). The results of this study parallel Furstenberg et al.’s (1989) findings indicating that financial assistance from the government was necessary in most cases when the participants were teen mothers and is essential for their success in later life. This became evident in cross-tabulation analysis, which showed that older respondents (31-36 years) have on average a higher level of income than younger respondents’ (21-24 years) (Figure 3a & 3b). Poverty is a great concern in regards to teen motherhood as there is not much financial support coming from family, the biological father, or friends. Paralleling other studies (Chase-Lansdale et al., 1992; Furstenberg et al., 1989) which reveal that most teen mothers are not dependent on welfare or social assistance when they are older or when their children enter school, the results of this study indicate that teen mothers are an “upwardly mobile” population, and given community support are quite able to break the cycle of poverty (Figure 3a and 3b). As stated by Rhode (1994) “Even if most adolescent mothers are able to eventually achieve financial independence, a significant number experience enduring poverty and many face prolonged periods of severe hardships” (p. 655). It is important to realise that both mother and child are most vulnerable to poverty when the mother is in her teens and
when the child is an infant (Barnett, 1997). Teen mothers on average are poor, and with any economically disadvantaged group, opportunities decrease with low incomes, this is compounded with teen mothers' as they are limited in the time they can spend working or at school.

If society feels that teen mothers should be made to enter the work force, then adequate childcare would be necessary. Unfortunately only 43 percent of the participants had access to childcare, when this is considered in conjunction to the findings that 43 percent of the participants are single parents, the confounding nature of no childcare and single parenthood does not promote a conducive environment for economic self-sufficiency.

Education:

The chance of obtaining stable employment is directly related to the level of one's education (Chambers, 1992; Statistics Canada, 1997). Chambers (1992) expresses that:

Occupational attainment is directly connected to education. Lower education results in problems in employment with adolescent mothers less likely to find stable and remunerative work and more likely to receive public assistance (p. 8).

On average respondents had a college/technical education (43%; Table I). Cross-tabulation and correlation analysis (Figure 2a and 2b; Appendix 2) showed that on average older respondents have a higher level of education than younger respondents. Most of the respondents felt that they would have attained a higher level of education if they were not teen mothers (76%; Table VI). When asked what advice they would give to a pregnant teenager, one participant answered “get your education and never give up on yourself”. Only 38 percent of the respondents said that they had access to education programs. Access
to education programs is surprisingly low considering that the more education a person has is directly related to higher wages (Furstenberg et al., 1989; Statistics Canada, 1997). Aspirations of educational and career goals lead to personal success and independence later in life (Furstenberg, 1991). As pointed out in a qualitative study by Jacobs (1994, p. 453) "...teen mothers are just as likely to complete high school as are their childless classmates, in spite of the difficulties they encountered as they struggled to mother, attend school, and, in many cases, work to support their children". Although this statement may be somewhat optimistic in its assessment of high school success rates, it does serve to illustrate the commitment needed for teen mothers to complete school. The necessary commitment to succeed is exemplified in the following words of advice from participants to teen mothers (Appendix 2); "Be strong, believe in yourself and know yourself, your needs, your ambitions and desires. Don't give up on yourself."; "Believe in yourself. Be as good a mother as you can be, it will come back to you later on"; "Keep your chin up. Do not let others opinions get in your way. It's tough and you have to keep your strength up. If you let others bring you down your job is going to be twice as hard". As is evident in the words of these participants, teen mothers are not a group of people who are dropping out of main stream society but in fact have a strong desire to be accepted and be part of their community. As stated by one participant "Society should be ready to give teen moms more tools to be better moms and have healthier babies. These 'tools' are financial assistance, educational opportunities, and daycare. These are only the basic 'tools' for teen moms, but at present are in short supply and not readily available" (Appendix 2).

School based programs for teen mothers (with an on-site subsidised daycare) serve a vital purpose in providing supports in which teen mothers so desperately need if they are to
succeed. The need for these types of programs is stressed by Furstenberg et al. (1989) when he indicates that with the exception of a few alternative schools designed specifically for pregnant and parenting teens, there are very few programs that promote educational and occupational advancement for teen parents. When teen parents received educational assistance and job training, they had much better long-term prospects of economic self-sufficiency (Furstenberg et al., 1989). These researchers also point out that childcare services are extremely important in allowing the teen mother the opportunity for personal educational and occupational advancement. In helping teen mothers to achieve their educational goals, it is vital that helping professionals understand the importance of resources that promote opportunities for young mothers to access education. These resources include childcare, education programs, and other formal social support networks. As pointed out by Thompson and Peebles-Wilkins (1992), social support networks are defined as informal (friends, family, partner, and other relatives etc), formal (church, social club, self-help groups, and parenting groups etc.) and societal (social worker, counsellor, health nurse, parenting programs, childcare). These researchers stress that developing and using support networks from significant others and/or society are central strategies in helping teen mothers to cope with stress in their transition into motherhood. The underlying assumption from their research is that; social connectedness provides access to social resources, which in turn provide the young mother with affirmation of success, which in turn increases her self-esteem, self-worth, and coping capabilities. Thompson and Peebles-Wilkins (1992) found that when positive social support is available and utilised on a continuous basis, teen mothers tend to have; a higher level of education, decreased dependency on welfare, decreased rates of repeat pregnancies, and increased responsiveness and affection toward their children. The research
presented in this thesis shows the need for teen mothers to have access to social support networks that promote positive self-esteem, education, economic well-being, and personal contentment. It is important to note that even though 91 percent of the participants have children living at home, 71 percent are working or going to school (Table II). The need for the teen mother to do well is put forth in the following quote from one of the participants: “I was ... a very proud person and felt that I succeeded with my children. I stayed on social assistance for a short time and got a job after about a year. I never asked for anything else”.

Personal Contentment:

It is the underlying belief of the ideology of “personal as political”, that as long as the role and structure of family, gender and sexuality in society was not discussed, there would be no categories or common issues to talk about women’s oppression (Adamson et al., 1988). As Adamson et al. Explains: “By encouraging women to speak about what were apparently ‘personal’ problems, and by discovering the common character of these experiences, the CR [consciousness raising] process played a key role in exposing the institutionalised, entrenched oppression of women in our society” (p. 204, 1988). The oppression of teen mothers by the communities in which they live was a stark finding in this study.

I’ve never felt as if I was viewed as a mother. I was a teen mother or an unwed mother. Now I’m a young mother. People don’t take me seriously as a parent, but I take my role as a mother very seriously (Words of a Participant).

This quote illustrates an overwhelming theme from the questionnaire that there is a perceived lack of caring among the community towards teen mothers. Most of the respondents felt that
the community viewed teen mothers in a negative judgmental manner. In responding to how
the community reacted when she was a teen mother one respondent stated:

I got many nasty looks and rude comments when I was pregnant with my
daughter. Mostly from older women. There are people that think teen mothers
are terrible and nothing that you say or do can change that... Now I just
concentrate on raising happy healthy children, and to hell with what other
people think.

Another respondent replied: “The community was bigoted and condescending ... it was
assumed that I was a slut who got herself into trouble.” Paired questions concerning personal
contentment reveal that the majority of respondents feel that they received more emotional
support, family respect, appreciation, have more people to depend on, enjoy themselves
more, and have more people that care for them “now” then when they were teenage mothers.
This suggests that society, as a whole, is fully intent on rejecting or punishing teen mothers
for their deviation from the status quo.

Eighty percent of the respondents felt that members of the community did not show
them the same level of respect as they gave to older mothers. The impact of the community’s
negative response towards teen mothers is evident in the words of one participant when she
states:

I don’t really agree with 11, 12 and 13 year old girls having babies, but they
need support as much as anyone else. Long gone (thank god) are the days when
young moms were shipped off to give birth and forced to adopt out their babies!

Besides the experiences of the participants, Adler (1982) experienced community opposition
in establishing a teen pregnancy and parenting program in Surrey, B.C., because people felt
that “…the program would brainwash children, undermine parental authority, and erode
moral values.” It is disconcerting that the community is so negative toward the teen mother, especially since these young women are extremely vulnerable at this point in their lives. Ketterlinus, Lamb and Nitz (1991) point out that “Unwanted, unsolicited advice, criticism, and gratuitous negative comments from others were reported to be most stressful [to adolescent mothers]” (p. 437). This type of negativity does nothing but hinder the positive development of teen mothers.

When asked if they thought society has been supportive of them being a teen mother, 81 percent of the participants said no. In addition when asked if they felt their community treated them with the same level of respect as a woman who was not a teenage mother, 71 percent said no. These experiences are described by several of the participants. One participant stated that “the community was bigoted and condescending. I was 18 when pregnant, but I looked 14 or 15. It was assumed I was a slut who got herself into trouble”. Another participant expressed herself as feeling “Ostracized, Isolated”. Negative reactions and interactions with the community became a common theme as others expressed their oppressive experiences. One participant said that “The community put on fake smiles and talked in disgust when you turned your back”. Another expressed the community as being “Extremely non-supportive. Very judgmental and rude. I had a difficult time overcoming the negative impact the community had on me”. One participant expressed her experience with the community as follows:

Society was never very supportive. Total strangers would ask me personal questions like “how old are you”?, “where is the father”? “are you on welfare”? Often, I was made to feel ashamed. I knew I was being treated different. I was aware of peoples dirty looks. Allot of times people didn’t have to say anything and still make you feel like you were a criminal.
The role of peers in the life of the participants is of a limited nature. Peers never (43%) or rarely (43%) contributed financially to the participants when they were teen mothers, and although there was a significant increase in the financial assistance by friends at present, it still does not play an important role in the finances of the participants. This is not unexpected as the financial state of the teen mothers peers is probably not good, as stated by Lindsay, Devereaux and Bergob (1994), youths 15-19 have the highest unemployment rate of any age group in the country. On average, youth live below the poverty line with one-third the income of other Canadians (Lindsay et al., 1994), hence they are not in the position to financially assist anyone. Where peers played a role in this study was in offering emotional support to the participants (Table IV). The results varied between peers never to rarely (38%) caring about the participants welfare to peers often caring (43%) (Table IV). Responses to the open-ended questions varied in a similar fashion. One respondent commented that her friends “were excited initially then lost interest after the baby was born”; another participant stated that “My friends were great. Not one abandoned me.” These mixed responses regarding peer support also exist in the literature. As put forth by Rhonda, Richardson and Bubenzer (1991) “... in general friends do not represent a significant source of support ... where support is received from the peer group, it is most likely... emotional support and/or an outlet for socialising” (p. 431). Hence it appears that peers can not be ruled out as an important source of emotional support, but do not play as an important role as family.

Although the sample size in this study is small (21 participants), the results indicate that community support is a major factor in the personal contentment, economic, and educational well-being of teen mothers. Given these findings, further research on this study
using a significant sample size is highly recommended. Establishing accessible social support networks for young mothers within the community is the primary recommendation of this study. Even if teen parent programs did exist, as can be seen in Appendix 3, the overarching results from this study is that the participants did not generally know about them. Thus an important role of the social worker would be to extend the knowledge and accessibility of these programs to the teen parent community. The role of the helping professional in establishing support networks is of extreme importance as they have the skills to promote a more accepting and supportive environment for teen mothers.
Although the negative consequences of early parenting have been well-documented, the societal image of teenage parents has become too stereotyped, and fails to recognise the diversity of adolescent parents' experiences (Chase-Lansdale et al., 1992). One of these stereotypes is the belief that early parenting dooms young mothers to a life of unfulfilled dreams and aspirations (Camarena et al., 1998).

As mentioned earlier approximately 40 percent of all teenage pregnancies in the United States (Furstenberg et al., 1989; Morgan, Chapar & Fisher, 1995) an 50 percent of teenage pregnancies in Canada end in abortion (Kelly, 1996). In their study on "psychosocial variables associated with teenage childbearing", Morgan et al. (1995) found that a large portion of the abortion percentage within their study population came from suburban populations where 92 percent of the teenagers resolved their pregnancies through abortion. Therefore a much higher percentage of teens from lower socio-economic classes were choosing to raise their children. Although all teen mothers face barriers in society, it has been recognised that those teen mothers from lower socio-economic classes have more hurdles to overcome in achieving upward mobility. In a study on the educational and vocational aspirations of unmarried adolescent mothers, Farber (1989) found that middle class teen mothers were more realistic in how to achieve their goals and more confident in persevering with them than teen mothers from lower socio-economic classes who often lack the knowledge, confidence and guidance to achieve their dreams (Farber, 1989). This doubt of being able to overcome social barriers to their achievement worsens the chances of educational, parental and economic success for teen mothers (Griffin, 1998).

Helping to instill the belief that goals and dreams are not unrealistic is paramount as a
first step towards success for teen mothers. The second step would be linking teen mothers to resources and people who could help guide and support them in their journey towards their goals. Without the above-mentioned support systems, many teen mothers may fall victim to a self-fulfilling prophecy that is eloquently described by Griffin (1998) as follows:

Ironically, part of the handicap of being a teenage mother may come from a widespread perception that failure is virtually inevitable—a belief that may become a self-fulfilling prophecy. To the extent that adolescent mothers receive biased messages about their inability to be successful as students, parents, and workers, environmentally imposed barriers may become internalised (p. 54).

Positive social supports are extremely important elements in a teen mother’s life for raising her chances of success in society e.g. higher education, coping skills, and above-the-poverty-line employment (Thompson & Peebles-Wilkins, 1992; Furstenberg et al., 1989; Dalla & Gamble, 1997; Barnett, 1997). The previous chapters outlined some significant barriers that teen mothers face on a daily basis such as discriminatory policies, negative public opinion and interaction, poverty, myths of being responsible for perpetuating the poverty cycle, and single parenthood. Even though there are more programs now than in the past that are geared toward helping teen mothers cope with motherhood, these young women are continually confronted by the above-mentioned social barriers. McCollough & Scherman (1991) found that support groups were important for the teen mother’s adjustment to pregnancy and motherhood. They also noted that practical assistance, esteem-building exercises, and empathy were important for increasing the teen mother’s self-esteem and parenting abilities. In addition, in her research on teen parents, Polakow states that “teen parent centres with child care services and programs with parent-education components are often lifelines for teenagers” (p. 78, 1993). Contrary to research from thirty years ago which indicated that
unwed mothers had very poor success in society compared to young mothers who were married (Nicholson, 1968), more recent research suggests that young moms who are single and live with their families are more likely to receive educational support, financial support and child care than those who marry and/or live on their own (Committee on Adolescents, 1986). However, according to Chase-Lansdale et al., if the single teen mother resides with her family for more than five years, she is at risk of being chronically dependent on either her family or welfare (1992).

Wanting to succeed at parenting is a quality that most mothers have and teen mothers are no exception. Findings from a study by Oz, Tari, and Fine (1992) provide a better understanding of the efforts in which many teen mothers put forth to be successful at parenting. Oz et al. (1992) found that the levels of self-esteem and ego development in teenage mothers are much higher than what earlier research studies indicated. Oz et al. (1992) found that overall teenage mothers displayed a higher level of ego development and to some degree, cognitive maturity than the adolescent non-mothers in their study. The test administered to the adolescents was the Loevinger Sentence Completion Test (LSCT) for ego development. In addition, research conducted with African-American adolescent mothers found that positive self-esteem and sense of identity were associated with motherhood (Theriot, Decararo, & Ross-Reynolds, 1991). Nonetheless, if the teen mother does not receive positive reinforcement and support as a young mother her higher level of ego development may not be fostered and therefore her chances of upward mobility, higher self-esteem, income, and education may be limited.

It is common knowledge that being a teen mother is very difficult, therefore compounding the need for social acceptance and understanding of her situation. Promoting
the need for society to move away from oppressive beliefs of teen mothers to an outlook that would promote a healthy development of this fragile population, is very important. Understanding the effects of suppressive policies and attitudes directed towards a population such as teen mothers is only a first step towards positive change. It is imperative that people in the helping profession advocate and build relationships that serve in helping with the empowerment process of others. This commitment is difficult in light of the neo-conservative environment in which social workers are immersed. The following quote illustrates this situation for social workers:

Even though the neo-conservative ideology of welfare (or diswelfare) offends the traditional social work commitment to compassion, to social justice, and to preserving the dignity and autonomy of individuals, social work to date has been ineffective in challenging the crisis confronting it (Mullaly, 1993, p. 24).

It is extremely important for social workers to be aware of the strong conservative movement that permeates North America and understand the implications that it holds for single pregnant women. By reviewing the past we are better able to understand the current impact of such a movement. In 1969, Jean Pochin described the social worker working with single pregnant girls as follows:

She for her part can bring to the encounter the knowledge and skill to cope with the practical difficulties, but she is much more aware than her client of the implications of the total situation, and furthermore her training has given her some degree of psychological insight into the most effectual methods of helping” (p. 77).

This statement is a reflection of the role that social workers had when working with “unwed mothers”. The ethics put forth in this quote are for the most part in contradiction to present ethical values of social workers. From a feminist perspective a social worker should
ask themselves: “to what extent am I being guided by client perspectives on problem etiology and solution potentialities?” (Van Den Bergh, 1995, p. xxiv). In other words it is not up to the social worker to decide what is best for the individual, but instead to work towards an understanding of what the individual perceives as best for themselves as “truths are located within the individuals’ perceptions of their reality” (Van Den Bergh, 1995, p. xxv). In order to come to an understanding of one’s “truth” it is vital that social workers build relationships of trust with individuals. This relationship should look and feel more like a partnership than a hierarchical power relationship of social worker/client.

In the past social workers played a major role in the lives of young “unmarried” mothers. They were often the agents who were called upon to persuade the young single mother to place her child up for adoption. Thus, the above quote served a necessary purpose when it implied that social workers “know what is best for their clients”. This type of belief allowed social workers to justify carrying out state policies. Knowing this history, and the role social workers played in it, is extremely important in light of the conservative movement that is proposing to move back to this oppressive era. In responding to this movement Marian J. Morton states:

Public poorhouses and private maternity homes were nineteenth century strategies that became less able to solve the problems of unwed mothers and unwed motherhood. They certainly are not able to do so in the vastly different late twentieth century (1993 p. 3).
The Impact of Teen Pregnancy on First Nations Communities

First the priests took our children away, to churches, schools, even back to Europe. Then the residential schools took three or four generations away; then the social workers took our children and put them in non-native foster homes (Gwendolyn Point in Fournier and Crey, 1997, p. 7-8).

Teen pregnancy research is often preceded by a statistical study that is seen as giving it validity. Only recently (1995), have statistics been conducted on the rate of teen pregnancy amongst First Nations populations. In British Columbia teen pregnancy occurs on average four times as often amongst First Nations people as in mainstream society (Foster et al., 1995; British Columbia Premier’s Forum, 1995). The potential for a negative perception of First Nations teen mothers is great in that: 1) First Nation people have been historically oppressed by mainstream society, and 2) teen mothers have been historically oppressed by mainstream society.

Approximately 40 percent of children in government care are from the First Nations, which is a startling statistic considering First Nations people make up approximately 3 percent of the Canadian population (Wharf, 1993). Not surprisingly this is an extremely important issue amongst First Nations people (and many others). Children of teen parents are at much greater risk of eventually being apprehended (Buchholz & Korn-Bursztyn, 1993). One of the main reasons for this happening is lack of support for the young first-time and often single mother. When the teen mother is surrounded with support systems and teachers of life skills such as relatives, partners, community and elders, chances of successful parenting are greatly increased (Dalla & Gamble, 1997).

With the high number of First Nations children being apprehended, the concern of young motherhood is shared by many First Nations community members and Elders
(Modeste, Elliot, Gendron, Greenwell, Johnny, Payne, Peekeekoot, Peter, Rice, & Williams, 1995). A Cowichan health worker expresses this concern in the following quote:

Recently one of them [Elder] expressed his concern about the young mothers in the community. He felt they were starting their parenting too soon and really didn’t know how to be good parents. He was sad that the Elders do not have the same opportunities they once had to teach the young people within our programs and promote dialogue between them. His concern and comments, which are shared by many Elders, are the invaluable input that helps to keep our programs community driven (Modeste et al., 1995, p. 345).

Given the negative stereotypes and general public attitude towards teen parents, it becomes apparent that, coupled with the above statistics, First Nations communities are at greater risk of negative judgement and ridicule at the hands of the “moral public” where teen pregnancy and parenting are concerned. The following quote illustrates how the social worker was used as a convenient tool of the state for carrying out policies based on mainstream rationale:

The white social worker, following hard on the heels of the missionary, the priest, and the Indian agent, was convinced that the only hope for the salvation of the Indian people lay in the removal of their children (Fournier & Crey, 1997, p. 84).

As is reflected in the above quote, the social worker played an important role in abducting First Nation children from their families and communities and placing them in primarily non-native foster homes. If apprehending these children was truly the last resort for their safety and well-being, it would make sense that all other means of supporting these families would be taken, before committing such a drastic act. Bridget Moran, a former B.C. government social worker, recalls those days with sadness when she states that:
Social workers had no resources that might conceivably have helped to keep families together, and children in their natural homes. There were no family support workers, no treatment centres, no transition houses or programs to prevent sexual abuse or wife battering. When we discovered a child at risk in his own home, we had no recourse but to move him into a foster home (Fournier & Crey, 1997, p. 86).

Well, now we do have these resources in place and yet First Nations children are still extremely over-represented as children in care of the government (Wharf, 1993). The negativity and lack of support for teen mothers by mainstream society justify punitive and non-sensitive intervention measures. First Nations women and their children are especially vulnerable as 20 percent of all status Indians were teen mothers (compared to 5 percent in mainstream society) (Foster et al., 1995). Therefore it can be assumed that a large percentage of these women have been victimised twofold by mainstream society; first by being an Indian, and secondly by being a teen mother.

**Importance of Support in Optimal Development of Teen Mothers**

Factors expected to threaten optimal parenting behaviour, such as living in poverty, may be “buffered” through high self-esteem and the availability of a supportive social network (Belskey, 1984).

Once the teen mother is pregnant and chooses to raise her child, the helping professional can promote her well-being by maximising the effectiveness of support networks. In helping teen mothers with their transition into motherhood it is important for social workers to realise that teen mothers make up a diverse group where many experience
one or more of the following barriers: single parenthood, poverty, few resources, and more than normal stress. All these factors combined create a difficult situation for the teen mother to provide proper care for herself and her child (Whiteside-Mansell et al., 1996). The role of the social worker in helping the teen mother to overcome the above-mentioned barriers is, without question, a vital one. Approaches that would enhance the teen mother to increase her self-esteem, provide access to education, promote positive parenting, and promote economic self-sufficiency, are extremely important in promoting her and her child’s well-being (McCullough & Scherman, 1991).

Perhaps because of their age and lack of knowledge around resources that could help them and their child, teen mothers, unless otherwise informed, do not usually know where to find help. It is for this reason that counsellors should make an effort in locating teen mothers who may otherwise be without support. Some examples of places to contact for teen mom referrals include hospitals and schools. Once the teen mother has been located and, if she accepts support, it is important for the counsellor to assess her needs. Once her needs are understood the counsellor should locate resources, connect the teen mother to resources, and help the teen mother develop or improve coping skills.

A three-stage model of coping put forth by Meichenbaum (1985) is a useful tool for counsellors in helping teen mothers learn skills for coping. Meichenbaum’s three stages; conceptualisation, acquisition, and exposure, are adapted to teen mothers as follows:

Stage #1. Conceptualisation: Educate the teen mother on what she wants to know about concepts of parenting (e.g. normal behaviour of child for each stage of development, importance of having a schedule, importance of budgeting, etc).

Stage #2. Acquisition: If she desires help, teach the teen mother ways of coping with her new concepts (e.g. Plan and create a schedule with her, do a budget with her, go through stages of child development with her).
**Stage #3. Exposure:** If desired by the teen mother, be with her as she practices her new concepts (e.g. go with her as she carry's out her schedule and budget and be with her for a day or two when she parents).

*Note:* It is important after the third stage, to offer feedback to the teen mother on the observations made. This stage could be repeated until the teen mother feels confident that her newly acquired coping skills are effective.

Social workers must be intrinsically aware that statistics are not concrete, and therefore must help empower their clients to believe the same. Although it is not an easy task given the conservative environment teen mothers are up against, social workers should help these young mothers to believe that they have the ability to be in charge of their destiny. Social workers can and should provide the knowledge and tools that are needed for teen mothers to achieve this goal. This approach is supported by Valerie Polakow who has an excellent insight into the issue. She states that "we now see how the small interventions that these teenagers did receive - a sensitive pre-school teacher, a teen-parent centre, a public health nurse, a brief encounter with a caring social worker - were critical events in their lives" (p.78, 1993).

Social work as a profession has made considerable progress from the past and yet has a long way to go. The neo-conservative past in which the social work profession was an intricate part may once again coerce social workers to act as overt tools in reinforcing oppressive policies. Social workers need to be aware of this and protect themselves, the people they help, and their profession from the clutches of the past. In doing this, Mullaly (1993) has put forth three fundamental pieces of knowledge that social workers should have:

1) "an explication of social work's ideology as a necessary step in knowledge building".
2) “knowledge about the nature and role of the state and social work’s relation to the state”.

3) “transformational knowledge of how social work practice can contribute to changing society from one that creates and perpetuates poverty, inequality, and humiliation to one more consistent with social work’s fundamental values of humanism and egalitarianism”. (p. 26)

These skills are important if the social worker is going to help the teen mother overcome the emerging neo-conservative volcano that threatens to erupt under her feet.

To protect both the interests of their profession and the people they help, social workers must forever keep informed with current politics and social trends. In doing this, social workers are better able to protect themselves from being used as tools of oppression in emerging neo-conservative movements. As Morton states “intelligent policy for the future must be informed by the past, not captive to it” (1993, p. 3).
CHAPTER 8: CONCLUSION

By understanding the past it is possible that we can learn from it and not repeat our mistakes. So, let the past inform us of the present and the future. This is perhaps one of the most important messages that this thesis attempts to put forth. By understanding the reality of the issue of teen parenthood we become informed that this is an issue that has taken on many forms. As put forth in chapter two, the moral aspect on the issue of teen pregnancy and parenting was the most important in public opinion and state policy prior to 1970, when teen parenthood was placed under the umbrella of other immoral acts of women and collectively called “unwed motherhood”. Given the fear of the monetary cost to society of unwed motherhood, politicians and the state had a vested interest in promoting and funding unwed-mother institutions. The pressure put on the unwed mother to place her child for adoption by almost all the major systems in society including, family, community, church and government was in no doubt a major reason for the constant supply of adoptable white babies.

As put forth in chapter two, the massive overnight reduction of adoptable babies, the closure of unwed-mother homes, and the change in language from “unwed mothers” to “single parents” and “teenage parents” illustrate the impact of state motives concerning this issue. As implied by Furstenberg (1991) in chapter two, the introduction of the issue of teenage parenthood literally came in with a bang. The public was bombarded with new literature that appealed once again to the concern over the morality of society. The obsession of research and statistics on the negative outcomes of teenage pregnancy and parenting (i.e. single parenthood, poverty, perpetuating the poverty cycle) for both the young mother and
her child helped to ingrain into the psyche of society a negative perception of the teen parent population. With the costs of teen parenthood and single parenthood being closely watched by both the state and interested researchers over the years, it was apparent that, as pointed out by Liebmann (1993) in chapter three, ameliorating or reducing the costs of unwed motherhood through abortion has not been effective. If it were not for negative public opinion on the issue of teen parenthood and single parenthood, the thought of reverting back to old ideologies and policies concerning unwed motherhood would not be looked at, let alone be implemented. Unfortunately the growing neo-conservative movement and its proposed policies have placed not only the teen mother, but all poor single mothers at risk of reliving an extremely oppressive past where institutionalisation was justified on moral grounds and adoption was seen as a justifiable fate for the babies of poor “unwed women”. As presented in chapter three, the fact that the old language of “unwed motherhood” has re-emerged in literature that recommends a re-emergence of unwed-mother homes attests to a neo-conservative swing that proposes to reincarnate oppressive policies of the past. These homes, like in the past, would be occupied by unwed pregnant poor women who have no choice to be there as they would be disallowed welfare as a means of income (Teles, 1996).

One phenomenon that has remained unchanged from the past and will most likely remain in the future is the phenomenon of teenage pregnancy. What we can learn from the past is that no attempt at controlling the issue of teenage motherhood/unwed motherhood has been successful. But through the efforts of trying to control the issue of teenage pregnancy stereotypes have emerged and been reinforced through numerous statistical studies and endless research on both the moral and monetary implications of this issue to society. The importance of prevention research is not to be argued. The conclusions of many of these
studies; that if you become pregnant as a teenager, you will be doomed to single parenthood, poverty and perpetuate the poverty cycle, is given to teens as “scare tactics” in the hopes of preventing teen pregnancy. A more realistic message to both non-parenting and parenting teenagers would be as follows:

There is no doubt that beginning to parent when your a teenager has many negative disadvantages for you. There are many hurdles that you need to overcome to be successful at it. It will most probably be one of the most difficult things you will experience in your life, but you can do it.

There is no doubt that teenage mothers are a vulnerable group of young women as they not only experience the stress of being new mothers, and often single mothers, but as mentioned earlier they also face the challenge of overcoming poverty and gaining employment (Furstenberg et al., 1989). In addition, when in public with their child they are often a visible target of stares, whispers and outward oppressive behaviour directed at them by members of society that look upon them as a moral disgrace. These negative experiences only serve to compound the already challenging roles that many of these young mothers face.

The literature examined in this thesis points out negative outcomes of teenage pregnancy and parenting; unfortunately very little research examines how to help empower and promote success among these young women. The overarching theme of this study (the relation of family, community, and peers to economic, educational and personal contentment of women who were teenage mothers) is that there is a blatant lack of community support for teenage mothers. The literature points out that this lack of support can be manifested in community resistance to the establishment of teen-mother programs as they are perceived to “...brainwash children, undermine parental authority, and erode moral values” (Adler, 1992).
The results from this study and others (Furstenberg et al., 1989) is that community support is extremely important in the optimal development of teenage mothers. People must realise that teen mothers are members of their community and that rejecting them and showing their disapproval of them does not prevent teen pregnancy, it only serves to reinforce the oppression of this young and fragile population.

Those members of oppressed populations who see the injustices and are able to speak out against them have a greater chance of raising awareness of their oppression by organizing, speaking against the oppression, demanding change and educating others.

Women have been working on raising awareness and struggling against the oppression and injustices that they endure on a global scale. With the work and dedication of many women, a feminist movement has emerged that addresses those concerns and oppressions that are unique to women. The nature of the feminist movement is one that is not closed and therefore can integrate issues concerning women that have not yet been given much attention. Teen pregnancy and parenting is one such issue that is in desperate need of recognition by the feminist movement. Perhaps because of the young age of teen mothers and the well-documented social implications of becoming a teen mother, the oppression confronting this population has been somewhat “hidden” amongst the multitude of other issues confronting women. In responding to this issue Kelly (1998) puts forth that:

feminists (particularly middle-class ones) have found it difficult to view positively young (particularly working-class and ethnic minority) women’s choices to have sex and to become mothers: ‘To “chose” motherhood is to be suspected by modern feminists either of being victimized or of coping out. In neither circumstance is the choice ideologically acceptable’ (Nathanson, 1991, p.222). (Kelly, 1998, p. 236-237).
Instead of looking upon the teen mother as a social disease, many researchers are now looking at ways in which they can best improve the situation of this historically oppressed group. Society needs to move away from the old oppressive beliefs concerning teen mothers to an outlook that would promote a healthy development of this very fragile population. People in the helping profession would be the best for promoting the programs that would enable teen parents to ease into the role of parenthood with as few barriers as possible.
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APPENDIX 1:

Covering Letter and Questionnaire
QUESTIONNAIRE

Good day, again I would like to thank you for taking time to complete this questionnaire. The following questions are designed to gain a better understanding of the uniqueness of each participant.

BACKGROUND QUESTIONS:

Your current age ____

Your age when you first became a mother ____

Ages of child/ren _______________________

Highest level of education obtained?

  _ High School
  _ College/Technical
  _ Undergraduate
  _ Graduate Student (e.g. Masters or PhD)
  _ Other ______________________________

Please circle Yes or No for the following questions

Are you satisfied with your level of education? YES NO

Do you currently have a partner or spouse? YES NO

Do you currently have children living at home? YES NO

Are you presently working? YES NO

Do you like your job? Allot Somewhat Not at all

Are you presently a student? Yes No

What is your current annual income level: $10,000 - $20,000 ____

$20,000 - $30,000 ____

$30,000 - $40,000 ____

$40,000 - $50,000 ____

$50,000 - $60,000 ____

Other ______________
PART A – FAMILY RELATIONS:

The following questions pertain to the role of family in your life and your personal well-being.

For each of the following questions please circle the number that best describes how often the event occurred. The numbers are represented by the following scale:

1 = Never
2 = Rarely
3 = Sometimes
4 = Often
5 = Always

If the question does not apply to you, can you please explain why in the space after each question.

1) To what extent did you receive financial assistance from your parent(s) when you were a teenage mother?
   
   1  2  3  4  5  N/A (not-applicable)

2) To what extent did you receive financial assistance from your parent(s) while you were raising your child/children?

   1  2  3  4  5  N/A

3) Besides your parent(s) to what extent did you receive financial assistance from other members of your family while you were raising your child/children?

   1  2  3  4  5  N/A

   Please explain whom _-

4) To what extent can you rely on your family for emotional support?

   1  2  3  4  5  N/A
5) To what extent did you feel you could rely on your family for emotional support when you were a teenage mother?

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6) To what extent did you receive financial assistance from the father of your child/children when you were a teenage mother?

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7) To what extent did you receive financial assistance from the father of your child/children while you were raising him/her/ them?

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8) To what extent did your parent(s) encourage you to continue your education?

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9) To what extent did your partner encourage you to continue your education?

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10) To what extent did the father of your child/children offer positive support for your emotional needs when you were a teenage mother?

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11) To what extent did the father of your child/children actively participate in her/his/their upbringing?

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12) To what extent do you feel your family respects you now?

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13) To what extent did you feel your family respected you when you were a teenage mother?

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14) At present, to what extent do you feel there is always someone you can depend on when things get tough?

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15) To what extent did you feel there was always someone to depend on when things got tough when you were a teenage mother?

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16) At present how easy it for you to enjoy yourself?

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17) Was it easy for you to enjoy yourself when you were a teenage mother?

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18) Do you ever wish your family were different?

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PART B – PEER RELATIONS:

The following questions relate to the role of peers in your life and your personal well-being.

For each of the following questions please circle the number that best describes how often the event occurred. The numbers are represented by the following scale:

1 = Never
2 = Rarely
3 = Sometimes
4 = Often
5 = Always

If the question does not apply to you, can you please explain why in the space after each question.

19) To what extent do your friend(s) care about your welfare now?
   1  2  3  4  5  N/A

20) To what extent did you feel your friend(s) cared about your welfare when you were a teenage mother?
   1  2  3  4  5  N/A

21) If needed, to what extent would your friend(s) help you out financially now?
   1  2  3  4  5  N/A

22) If needed, to what extent would your friend(s) help you out financially when you were a teenage mother?
   1  2  3  4  5  N/A

23) To what extent do you feel lonely now?
   1  2  3  4  5  N/A

24) To what extent did you feel lonely when you were a teenage mother?
   1  2  3  4  5  N/A
25) To what extent do your friend(s) give you positive emotional support now?  
1 2 3 4 5 N/A

26) To what extent did your friend(s) give you positive emotional support when you were a teenage mother?  
1 2 3 4 5 N/A

27) To what extent do you ever feel that you would be financially better off if you were not a teenage mother?  
1 2 3 4 5 N/A

28) To what extent do you feel appreciated by others now?  
1 2 3 4 5 N/A

29) To what extent did you feel appreciated by others when you were a teenage mother?  
1 2 3 4 5 N/A

30) Do you get upset easily now?  
1 2 3 4 5 N/A

31) Did you get upset easily when you were a teenage mother?  
1 2 3 4 5 N/A

32) To what extent do you feel people care about you now?  
1 2 3 4 5 N/A

33) To what extent did you feel that people cared about you when you were a teenage mother?  
1 2 3 4 5 N/A
PART C: COMMUNITY SUPPORT

The following YES or NO questions are designed to gain information regarding the role of your community during your pregnancy and while you were raising your child/children.

YES or NO ANSWERS.
If the question does not apply to you, can you please explain why in the space after each question.

34) Did you receive economic support (other than family allowance) from the government when you were a teenage mother?
   YES NO
   If YES please specify:

35) Did you receive economic support (other than family allowance) from the government while raising your child/children?
   YES NO
   If YES please specify:

36) Would you have achieved a higher education if you were not a teenage mother?
   YES NO

37) Did you have access to programs that help young mothers continue their education?
   YES NO
   If YES, what were these programs
38) Were you ever involved in any pre-natal programs as a pregnant teenager?

   YES    NO

   If YES please specify:

39) Did you have access to day-care in your community?

   YES    NO    N/A

40) Overall did your community treat you with the same level of respect as a mother who was not a teenage parent?

   YES    NO

41) In your community, did you have access to programs, other than daycare, for young mothers and their child/ren?

   YES    NO

   If YES what kind of programs were they?

42) If you could have delayed pregnancy to a later point in your life, would you have?

   YES    NO

43) As a whole, do you think that society has been supportive of you being a teen mother?

   YES    NO

Comment:
The following three questions all pertain to your experiences as a teen mother.

Please take the time to answer the questions in the space provided. If you need more space to write, feel free to use the back of the page. If you do so, please number your answers.

44) How did your family, friends, and members of your community react to your pregnancy and being a teen mother? How did you respond to these reactions?
45) If you were to give advice to a pregnant teenager, what would it be?

46) How do you think society should view teenage pregnancy?
APPENDIX 2
OPEN-ENDED QUESTIONS FROM QUESTIONNAIRE
OPEN ENDED QUESTIONS FROM QUESTIONNAIRE: questions 44-46

44) How did your family, friends, and members of your community react to your pregnancy and being a teen mother? How did you respond to these reactions?

Participant #1 (age 22)
When I got pregnant my son’s father left to “figure things out” for 8 months. Almost everyone thought that I couldn’t (shouldn’t) do it on my own. I knew that I could (and would) and slowly, people understood that I could too. My father had a hard time with my pregnancy at first because he felt that I would miss out on so much in my life with having a baby at a young age. He, too, came around.

Participant #2 (age 24)
Having to deal with people who would voice their opinions about “having children when I was still a child” (so to speak)

Participant #3 (age 24)
My family (mom) was afraid for me, but thankful that I didn’t have an abortion. She said she was disappointed in me, but let me know she’d help me as long as I needed it, and she did. My friends were great. Not ONE abandoned me. The community was bigoted and condescending. I was 18 when pregnant, but I looked 14 or 15. It was assumed I was a slut who got herself into trouble. The father was my boyfriend of two years. We broke up and my husband has adopted my son.

Participant #4 (age 25)
Some what upset. It was not planned but I took on the responsibility and did what I had to.

Participant #5 (age 34)
Ostracized, Isolated. Turned to other teen moms. They became my friends and peers and life long friends.

Participant #6 (age 25)
My family was very supportive, they stood by my decision and gave me love and respect. I had a couple of close friends while I was pregnant, but I could tell their attitude was a little different towards me while I was pregnant. After having the baby, I think that changed a bit, since I looked “normal” again. I grew up in a small community where people are very snobby. Received little to no support from my community. I know many people talked badly about me behind my back and also said bad things about my family. I was discriminated against in high school afterwards. I did not make the cheerleading squad my senior year although I had been a cheerleader since Jr. high. A friend of mine later told me my score was higher than someone else’s score who did make the squad. The instructor told this friend of mine to leave while she made final decisions. Teachers treated me different as well. I have no desire to move back to my hometown because of how rude they were.
Participant #7 (age 32)
Family- Extremely non-supportive. Wanted me to have an abortion.
Friends- Basically they were excited initially then lost interest after baby was born.
Community- Extremely non-supportive. Very judgmental and rude. I had a difficult time overcoming the negative impact the community had on me.

Participant #8 (age 30)
When I was fifteen my life was all messed up. My parents and I were always fighting to the point that I went to live in a foster home. During this time I got pregnant. I told my foster parent first. She was very supportive to me and said she would help me through it all. Then I told my parents. My parents lost control. They screamed, yelled, and cried, then told me that I was getting an abortion. This was not the advice I wanted to hear. I was raised Roman Catholic and was taught abortions were wrong, never mind this was my body and any decision was mine to make. They left our meeting saying “how could you do this to us”. No support. I never saw my dad again; he died totally disappointed in his daughter. The next time I saw my mom was at his funeral. All the relatives just ignored the subject including my two brothers. I was an embarrassment to them. My mom came to the delivery with me. After that I didn’t see my family until Jody was four. My friends were great. Emotionally they were always there. They were the foundation of my life. The community put on fake smiles and talked in disgust when you turned your back.

Participant #9 (age 21)
My mother was disappointed at first because she wanted me to finish college but she was the most supportive person after she got over the shock. My brothers were divided, my younger brother thought it was “neat” and my older brother thought I was wasting my life. Other family members never said anything disparaging and were excited about a new baby in the family. Some friends were supportive at first (until the baby was born) and other friends told me I was making a huge mistake, wasting my life, and never going to do anything with myself. Another friend got pregnant around the same time as me so we supported each other until she miscarried.

There are a lot of teenage mothers/young mothers in my area and so its common to see, but our community doesn’t offer any programs for teens except “grossesse secours” a french program. I got many nasty looks and rude comments when I was pregnant with my daughter. Mostly from older women. My brothers’ reactions didn’t really bother me, I felt like I knew what I was doing. My mom’s support was the most important to me and I feel very lucky to have her. And it was a lot easier to be a teen mom with most of my whole family behind me. My friends’ reaction hurt the most, but I do understand their opinions... I have changed, I’m not into drinking and partying all night any more, and they are still in that phase of their lives. I don’t feel bothered anymore by the community reaction, they don’t know me and my situation and they never change their opinions no matter how much you argue with them... There are people that think teen mothers are terrible and nothing you say or do can change that. Now I just concentrate on raising happy healthy children, and to hell with what other people think.
Participant #10 (age 29)
Family and friends were curious as to if I were ready, even though they weren’t around all that often. Being in high school was hard for the first few months til the end because I was the only pregnant teenager in school. Everyone looked, possibly questioned one another. I felt out of place because they didn’t confront myself. But the teachers seemed quite concerned as to how I was coming along with my subjects. I basically had a hard time taking care of all the necessities with home, myself, all at the same time throughout my pregnancy.

Participant #11 (age 34)
Family and friends felt sorry for me, and looked at me with pity in their eyes. I responded by avoiding everybody, stayed home and wanted to be alone all the time.

Participant #12 (age 28)
My friends and family were surprisingly supportive. My parents were shocked but they never once said anything to make me feel they hated me or anything. Same with all my friends.

Participant #13 (age 23)
My family was mad and wanted me to have an abortion. They said I was a shame to our family. I decided that I was keeping my baby, they said that they would not support me and not to expect any help from them. If I thought I was mature enough to have a baby, then I was mature enough to support it myself. The father of my baby didn’t want it. He was scared and just stayed away. My friends felt uncomfortable around me. At first they thought it was cool, but after I had the baby they just kind of disappeared. We had nothing in common anymore and I couldn’t go to things with them. I felt really lonely and hurt. My family and boyfriend hurt me the most, they just turned their backs on me and my baby. People I didn’t even know would give me dirty looks and say mean things to me.

Participant #14 (age 25)
My father and grandmother were the only two in disbelief. Once I reassured them they were fine. But when you have 1500-3000 miles between you, there’s not much they could have done. I was excited to tell them (father and grandma). So when I heard their response they were not negative. Also felt relieved.

Participant #15 (age 34)
Initially I was pressured to have an abortion (actually sent to be evaluated by a psychiatrist). Most likely, the psychiatrist’s decision that I was making a well thought out and committed decision to be a young, single parent set the tone for my prospective. (Note—I as living in Toronto at the time—not with my family—my parents had separated the previous year). My family was and always have been supportive, emotionally and financially—I received the most practical support and assistance from my paternal grandmother whom I saw almost daily for 13 of my children’s early years. I suppose that having strong familial support diminished any negative attitudes that may have been displayed by society. I simply do not remember any. Perhaps I felt differently 10 years ago but I doubt that.
Participant #16 (age 31)
My mother was disappointed but supportive. She stood by my side and helped in any way she could. I lost allot of friends because I had responsibilities that kept me home and didn’t allow me to do everything I used to.

Participant #17 (age 33)
My pregnancy was unplanned. My parents didn’t have much to say, either positive or negative. The easiest thing for them to do, it seemed, was to just brush over the issue or simply ignore it. The father chose not to be a part of it all. He wanted me to have an abortion—I didn’t. He went to extreme measures (both physically, but mostly emotionally) to force me to have an abortion. Once the baby was born my parents were a little more supportive. My mother liked to tell me how to raise my baby and would point out everything I did wrong. It was not positive support. She never took the baby so I could have a break. She said she “wasn’t a babysitter”. So I never asked. My father wasn’t in a position to be really supportive when my baby was very young. Society was never very supportive. Total strangers would ask me personal questions like “how old are you”? “where is the father”? “are you on welfare”? Often, I was made to feel ashamed. I knew I was being treated different. I was aware of peoples dirty looks. Allot of times people didn’t have to say anything and still make you feel like you were a criminal.

Participant #18 (age 24)
My family was very mad at me. When 1 didn’t get an abortion they kicked me out. I went on welfare. The lady at the welfare office told me I should get an abortion because 1 am too young to be a mother and I am wrecking my life. My friends kind of did their own thing. I would get dirty looks in the store, especially from old ladies. When I used my food stamps to get food people would give me dirty looks and sometimes say mean things. I didn’t meet very many nice people; it was hard to make friends.

Participant #19
My family was upset when they first learned of my pregnancy but were very supportive of my choice. My friends excepted it, but I wasn’t much fun as I was before. I was careful about what I did, and didn’t party. As far as the community was concerned I was a “bad” girl. I believe that, overall, they assumed I was smoking, drinking, sitting around all day in a filthy house with a baby that was neglected. People would glare at me or wouldn’t speak to me. I feel I’m now and was then, a very attentive, caring, and responsible parent. My son was a happy, well-adjusted baby and he is now a happy young man, a good student with lots of friends. I feel I was a better parent then most 30 or 40-year-old parents with a young child. I’ve had only my one child of my own choice, that’s another misunderstanding, the belief that all teen mothers continue with pregnancies. I do consider myself very lucky to have the family and friends that I now have in my life. And my education, which they’ve been wonderful support, that I am proud of. My son is 12, I work hard to take care of us. I’ve been financially independent for the last 9 years; the belief that single teen mothers will stay on welfare is an unfair one.
Participant #20 (age 36)
When I was a teenage mother, teenage pregnancy was not as acceptable as it is now. I lost some of my friends. My parents were disappointed. I felt like I had to get married. This ended seven years later. I was mainly on my own. I was also a very proud person and felt that I succeeded with my children. I stayed on social assistance for a short time and got a job after about a year. I never asked for anything else.

45) If you were to give advice to a pregnant teenager what would it be?

Participant #1
Deal with each day as it comes. Teen parents are every bit as good parents as “older” ones. Find support groups and find out as much about the resources out there as possible.

Participant #2
To take the time and be certain of your decision and to take it one day at a time when your child comes. It will be hard but just stick to it if you really want to be a parent, because you get rewarded watching your children grow from babies to adults, and you’ll be young doing it.

Participant #3
Grow up, read books on pregnancy and parenting. Take care of yourself and baby. You’ll be glad you did, and you’ll be part of the solution. You will also help to change the negative view of teen parents.

Participant #5
Believe in yourself. Be as good a mother as you can be, it will come back to you later on. Your early experience at motherhood will enrich you later on so don’t let it get you down. Your child or children will grow up and you won’t miss out on anything. You can still do everything later with a much better view of the world. Don’t be afraid to ask for help or be proud if you need it, but follow your instincts. You won’t be tied down to your children all the time, enjoy them, treat them with respect.

Participant #6
To stay close to family. They really will love and support you. Stay in school if at all possible. There are programs available out there if you know where to look. It can make life so much better to have an education and job you love.

Participant #7
Be strong, believe in yourself and know yourself, your needs, your ambitions and desires. Don’t give up on yourself.
Participant #8
My advice would be to get your education and never give up on yourself. Weigh out the pros and cons of whether to keep the baby. Make the right choice for you and don’t beat yourself up if you give the baby up for adoption. This isn’t a fairy tale, this is real and any decision will have impact on both you and your baby.

Participant #9
Finish high school, at least! Read about pregnancy and what it does to your body. Read about babies and toddlers and all the problems and worries that go along with them. I would suggest spending a weekend with a single teen mom to show the struggle if your boyfriend should leave. I would suggest that the teen mom talk to her parents, get the pre-natal care and talk to people in the same situations.

Participant #10
Take full responsibility of what is ahead. Take all that you could possible take into your hands and do all that you could to give part of yourself to. Take care of you, your baby and all that surrounds you. Don’t let anyone take advantage of the love you have and chose.

Participant #11
Help is out there, you are not alone. There are many resources for support, such as counselling, nutrition, whatever you may need. Don’t be afraid to ask for and seek help. Be aware of what the affects will be if consuming drugs and alcohol, for a healthy baby don’t do either.

Participant #12
I would tell them to really think hard about her decision to keep her baby because this is something that is here to stay forever. I would tell her to make sure she has the will to settle and prepare herself for losing friends and possibly raising her baby alone. I would tell her also to keep herself healthy and that it is probably the hardest thing in the world she will ever have to do but with allot of patience she can do it.

Participant #13
I’d tell her to find a support group. I would of liked that. That way there will be people who understand and care and who will not treat you bad. A support group could also help teach things a mother should know and where she could go for assistance.

Participant #14
To love, nurture and teach this child. To be patient and understanding, that it is not just them anymore. Now life will have to be about responsibilities and consequences. To be a parent you must sacrifice a part of yourself to do all the things these babies need for life. It’s called commitment and dedication. So your child will be the best to their own individuality.
Participant #15
As with any decision—think it through and explore your options. It is difficult (to be a parent) and you limit your opportunities for a time. It is hard to imagine the degree of commitment involved in accepting responsibility for another life when your not clear on your own. I could list a number of reasons it would be better (in some ways) to wait—for you, and the child—for me—it was what I chose to do—I doubt I would change that decision.

Participant #16
Do not ever give up on yourself. You are a valuable person to yourself, your family and your child.

Participant #17
Keep your chin up. Do not let others opinions get in your way. It’s tough and you have to keep your strength up. If you let others bring you down, your job is going to be twice as hard. Have confidence in yourself and be patient. Some things may have to be put on hold for awhile, but there will come a time when you will be able to do most of the things you put on hold. You must always have respect for yourself, because it may come in short supply from others. Lastly, do not judge yourself too harshly—give yourself some slack.

Participant #18
Don’t listen to all the mean things people say. You are not a bad person just because you are having a baby. You have to keep telling yourself that. Keep your good friends.

Participant #19 (age 29)
I would advise them to stay or go back to school and not fall into that hole society has made for them. To love your children and to put their needs first and foremost. Most importantly to love yourself, be proud of what you do.

Participant #20
Stay in school. Reach out for help. Be a mom and try to be yourself.

Participant #21
Education if possible.
46) How do you think society should view teenage pregnancy?

Participant #1
A triumph not a tragedy. I don’t really agree with 11, 12, 13 year old girls having babies but they need support just as much as anyone else. Long gone (thank god) are the days when young moms are shipped off to give birth and forced to adopt out their babies. Teen pregnancy is not a new thing. Deal with it.

Participant #2
With allot of delicate positive support. It’s hard enough to try to be a young parent when you hear people talk about you as you walk by.

Participant #3
We won’t stop teens from having babies. We need to focus on helping them be good parents. We also should make the whole process less stigmatised, so they won’t feel compelled to have abortions. Teen parents can have a wonderful life.

Participant #5
As an important part of the community teen mothers have allot to offer. There has always been and always will be teen pregnancy accept it.

Participant #6
I think it is a serious issue. I don’t think we should be cheering every pregnant teen on, but support them, commend them for giving birth to their babies. If we can give these girls higher self-esteem, they will be less likely to become parents again as teenagers and can hopefully stop the cycle. Hopefully their daughters won’t be teenage mothers. If you have a love for something like a career, one won’t be so apt to obtain love from a baby so young. They never realise how hard it really is until the baby is already here.

Participant #7
As a phenomenon that will always be around. Support teen mothers to succeed, not fail.

Participant #8
Honestly I’m not sure. It seems that we have gone from one extreme to the other. It has gone from being “taboo” to being almost as normal as getting a haircut. All the programs that have been created are wonderful but I think society should look at “why” these girls are getting pregnant. I know myself that if issues would have been taken care of about myself that I probably wouldn’t have gone down that path in my life. I know where I live children aren’t allowed on the school playground after grade five. That means at age ten these children are being told that they are to old to play. What kind of message is that?

Participant #9
Economically, teen parents are worrisome for welfare, and that teen moms stay on welfare longer, so I can understand the derision that society looks down on teen pregnancy with. I think society should have as many programs supporting teen pregnancy as possible. I think if there was more information about pregnancy, realistic information in the schools there would
be less accidental pregnancy. Personally I think it disgusting that there are 13 year old girls getting pregnant. I think society should start viewing teen pregnancy, as not just a teen girl problem but start putting the pressure on teen boys to learn about pregnancy and to take responsibility for their part in the creation of new life. But also I think that society is not as hard on teen pregnancy as 30-40 years ago and that’s a good step. Because I don’t think teen pregnancy is going to go away, or go down drastically in the next couple of years. I think if society can throw away all the stereotypes concerning teen pregnancy, than society will start viewing teen pregnancy a little more kindly. But I also think teen pregnancy should be divided, because a 13 or 14 year old getting pregnant is not usually the same as a 17 or 18 year old getting pregnant.

So overall, I think society should start viewing teen pregnancy as something that involves boys too, and start forcing teen boys to face some of the derision that teen mother’s face. And to stop viewing teen moms as sluts, uneducated and uneducationable and as second class citizens.

Participant #11
I think society could concentrate more on preventing teenage pregnancy rather than figuring out what to do with these young ladies that have no realistic idea of what will happen after giving birth. Don’t get me wrong, being concerned is great, and thank you whoever is there to care, but some young girls do not have cash for birth control, or other protection or possibly very little education (or none) from home or school. However, as a pregnant teen, I would have felt better about myself if a person walked by me and said things like “Hi, when’s the baby due”? or stuff like that, and with a smile. Instead I felt like I disappointed the hell out of everyone like I was a disgrace.

Participant #12
I think society should look back and see that talking about teenage sex is not enough. Parents who do not want condoms in schools are asking for trouble. I think there should be more places for girls to go and just talk about their feelings about their pregnancy. Maybe they should be sending teenage mothers to schools, etc. and explain what it is all about instead of an old middle-aged man who nobody wants to listen to in the first place. I think also that there should be more of those imitation babies on the market and be made cheap enough for parents to buy for their daughters or sons.

Participant #13
That it happens and when it does happen, treating the mother bad will just make it worse. If more support and understanding was available in the community it would make a teenager who is pregnant have an easier experience in what is already a difficult time. If society wasn’t so judgmental teenage mothers would be able to be better mothers, which means healthier and happier babies and mothers. Society’s treatment of teenage mothers also effects their babies too, who don’t deserve it.
Participant #14
I believe that if inside a family, where children and teens can view abuse whether drug, physical or emotional it is time to teach them about sex. Why should they know about abuse and not the joys and consequences of sex? I believe teen pregnancy should be viewed as one would view abuse.

Participant #15
My heart goes out to them [teen parents], I know what they’re facing—but it is their decision and I can only hope they have made the best choice for them.

Participant #16
Teenage pregnancy is a sad thing. It changes your life forever. You have to work twice as hard at everything in order to succeed. You lose allot of self-respect and sometimes with some people it takes a long time to get it back. I think that teen moms need allot of support. Maybe more emotional than financial although I think that financial is very important.

Participant #17
They should be treated with a higher level of respect. Teenage pregnancy is not going anywhere—it will continue. Society should have learned by now, that by treating teen moms as some sort of disgusting disease does not make them better moms, it certainly does not lead to healthier happier babies. Society should be ready to give teen moms more tools to be better moms and have healthier babies. These “tools” are financial assistance, educational opportunities, and daycare. These are only the basic “tools” for teen moms, but at present are in short supply and not readily available.

Participant #18
Not as bad people. I think they should treat teenage mothers with more caring and understanding. When I was a teenage mother, people didn’t care about me and they made up things about me in their heads. It was awful. I wasn’t treated fairly.

Participant #19
To give them a chance, good parenting doesn’t come from the year on your birth certificate. Abusive and good parents come in all shapes, sizes and ages.

Participant #20
Accept it. It’s wonderful how they try to help them [teen mothers] now.

Participant #21
Financial support, respect, emotional support. Help not judging.
APPENDIX 3:
TEEN PARENT RESOURCE GUIDE
TEEN PARENT RESOURCES

Access Parenting Program

Westcoast PREP society
2240 Commercial Drive
Vancouver V5N 4B7
Access: 254-5457
Prep: 254-5467
Fax: 254-6169

Offers a two day per week on-site parenting support program for teens 15-20 years old, and their babies (up to 18 months) and provides transportation, lunch, snacks, parenting skills, lifeskills training and support groups as well as community outings, crafts, and individual counselling. Also offers a six-session prenatal education group for teens. Both programs are free. Contact program co-ordinator for referral.

Aunt Leah’s

Independent Lifeskills Society
4810 Boundary Road
Burnaby V5R 2N8
433-1204
Fax: 433-0504

A four bed resource for pregnant and parenting teen moms who have a history of drug involvement. Services include prenatal health classes, lifeskills training, parenting courses, childcare training, abuse counselling, and drug and alcohol referral.

AYM (Achievement For Young Mothers Program)

Langley Family Services Association
5339-207th Street
Langley V3A 2E6
534-7921
Fax: 534-9884

Offers free, confidential support services to young mothers. Outreach workers provide assistance and information to young women regarding their futures, parenting skills, education and/or employment options.

Baby & Me

Burnaby Family Life Institute
Edmonds Neighbourhood Resource Centre
104-7355 Canada Way
Burnaby V3N 4Z6
524-4131

Support group for new moms and infants who are feeling alone or emotionally or financially stressed. A weekly lunch is provided as well as food and milk supplements for those in need.
The baby’s growth and development is monitored; parenting support is provided. Free program.

**BC Alliance Concerned With Early Pregnancy and Parenthood**

c/o Vancouver YWCA 683-2531
580 Burrard Street Fax: 261-5456
Vancouver V6C 2K9

Volunteer body formed in response to needs expressed by workers in the area of adolescent pregnancy and parenthood. The objectives are to form a broad consortium of individuals, groups, and agencies who are dealing with adolescent sexuality, pregnancy and parenting who can exchange information, give mutual support, heighten public awareness and work together to ensure that the needs of pregnant and parenting adolescents are well served and adolescent pregnancies reduced.

**Burnaby Family Life Institute**

250 Willingdon avenue 299-9736
Burnaby V5C 5E9 Fax: 299-9731

Creative programs for parents and tots are available Monday, Wednesday and Friday mornings at the above address. Also offers single parent drop-ins, a wide variety of parenting programs and a library. Office hours from 8:30 a.m. to 4:30 p.m. Monday to Friday.

**Burnaby Youth Clinic**

Burnaby Heights Resource Centre 293-1764
Room 15-250 Willingdon Ave. Fax:293-1781
Burnaby V5C 5E9

Open Mon, Tues, and Thurs from 2:00 PM to 5:30 PM. Provides a range of services to youth and young adults ages 13 to 22 years. Services include health promotion and education, disease prevention, diagnosis and treatment of common health problems, and referral to other sources of care. The clinic has a physician, a nurse/co-ordinator, a clerk/receptionist and a counsellor.
Child Health Centres

c/o Burnaby Health Department
3rd Floor-4946 Canada Way
Burnaby V5G 4H7

Clinics are held monthly, three of the clinics are held in the evening. Clinics give parents the opportunity to discuss areas of concern or interest. Topics include: growth and development, nutrition safety and parenting skills. All babies and young children are weighed and measured and their growth discussed. Counselling is done on an individual or family basis by community health nurses. Immunisations are available at the clinics. Volunteers help with weighing. Measuring and booking appointments, and help with older siblings while parents are busy with the nurse.

Colt Daycare Program

7171 Minoru Boulevard
Richmond V6Y 1Z3

Provides an education and support program for pregnant and parenting teenagers and an infant/toddler daycare located at Richmond Senior Secondary School. Jointly administered by Family Services of Greater Vancouver and the Richmond School District. Hours: 7:45 a.m. to 4:00 p.m. Monday to Friday. Serves Richmond.

Deltassist Pregnant and Parenting Teen Program

4615 51st Street
Delta V4K 2V8

Provides support for pregnant and parenting teens allowing them to complete their education. Services include subsidised child care at the school and a parenting and life skills program. Also offers outreach support to pregnant and parenting teens not attending the school. Education program serves delta.

Downtown Eastside Family Drop-In

Vancouver YWCA
101 E. Cordova Street
Vancouver V6A 1K7

Informal family drop-in centre that offers social and recreational activities, educational opportunities and support for all family members. Drop-in hours: Mondays to Thursdays and Sundays from noon to 4:00 p.m.
East Side Family Place

1661 Napier Street 255-9841
Vancouver V5L 4X4

Drop-in centre for parents and their pre-school children located on Britannia Community Centre site adjacent Grandview park. Provides support, discussion and parenting groups, a library and relaxation space for parents, as well as creative play for pre-school children. Emergency childcare is also provided.

East Van Youth Clinic

Vancouver City Health Department 872-2511
Youth Health Services
2610 Victoria Drive

Provides free and confidential services for birth control, pregnancy tests and counselling, sexually transmitted disease testing and help with personal problems. No appointment needed. Drop-in format. Open on Tuesdays from 3:30 p.m. to 5:30 p.m. and Fridays from 2:00 p.m. to 4:30 p.m.

Family Enhancement Program

Delta Family Services Society 591-1185
205-11861 88th Avenue Fax: 591-3570
Delta V4C 3C6

Provides professional counselling and educational services, free of charge, for young, inexperienced parents in Delta who lack the knowledge, skills, and support to cope effectively with demands of family life. Assists expectant teens, teenage parents, and young adult parents to create and maintain a stable, nurturing family environment for their children. Counselling can be conducted in the home or in the societies offices.

Growing Together Daycare

Surrey Community Resource Society 584-1181
15164 Fraser Highway Fax: 583-3271
Surrey V3R 3P1

Provides daycare for infants and toddlers of teen mothers who want to return to school to complete their education. Program is located at Guilford park school in Surrey.
Growing Together Education Program

Guilford Park Secondary School
10707 146th Street
Surrey V3R 1T5
588-7601
Fax: 588-7762

Educational Program for pregnant and parenting teenagers. Consists of educational component as well as skills in parenting, health, family management and consumer education. Daycare facilities provided on the school grounds for parenting teens.

Hastings Family Drop-In Centre

Hastings Community Centre
3098 E. Hastings Street
Vancouver V5K 2A3
255-2606
Fax: 253-4528

Drop-in centre for parents and caregivers and children from birth to five years. Provides creative playspace, resource library, lounge area recreational and educational programs. Open Monday, Wednesday and Friday from 11:45 to 3:00 p.m., Tuesday and Thursday from 9:00 a.m. to noon. Open gym for very young children Tuesdays, Fridays and Saturdays. Sponsors parenting courses and parent support groups.

Health & Resource Centre For Youth

204-30 Begbie Street
New Westminster V3M 3L9
526-0108
Fax: 526-6546

Offers pregnancy testing and referral and birth control information and counselling. Pregnancy support program includes: confidential assistance and support during pregnancy wherever needed, nutrition counselling, exercise with other pregnant women, prenatal information and counselling, vitamins and maternity clothes.

Knight Clinic

Vancouver City Health Department
Youth health Services
6405 Knight road
Vancouver V5P 2V9
321-6151

Provides free confidential health counselling, birth control and pregnancy counselling, testing and treatment for sexually transmitted diseases and counselling services. No appointment necessary. Hours: 2:30 PM to 5:00 PM Wednesdays.
Learning For Life Perinatal Program

Langley Family Services Program
5339-207th Street
Langley V3A 2E6

School: 856-2521
Daycare: 856-7356

Provides support for teen mothers to complete their education which may have been interrupted by their pregnancy, which includes education, parenting, lifeskills, prenatal group support and teaching. Provides on-site daycare for babies up to three years. Joint project of Langley Family Services and Langley School District. Located at Aldergrove Secondary School.

Maple Ridge Family Education Centre

22342 Selkirk Avenue
Maple Ridge V2X 2X5

467-6055

Offers a long term educational support program for pregnant and parenting ten parents. Drop-in group meets every Thursday afternoon from 12:30 p.m. to 3:00 p.m. to discus such topics as prenatal care, parenting information and lifeskills. Ongoing support groups are available to pregnant and parenting teens and young mothers under 20 years old. Individual consultations available as time permits. Serves Maple Ridge, Pitt Meadows and Mission. Non-profit society.

Maple Ridge-Pitt Meadows Family Resource Centre

Maple Ridge Pitt Meadows Community Services Council
11907-228th Street
Maple Ridge V2X 8G8

467-5844
Fax: 463-2988

Provides support, encouragement and information in a home-like setting. The focus is on parenting and self-enhancement. Schedule includes drop-ins, crafts, Parent and Tot activities, “Baby and I” for new parents, discussion groups, potlucks and courses. Topics include child development, parenting, budgeting, communication, assertiveness, stress management, and relationships. Child minding is available.
Marion Hilliard House

Cariboo Home Society 579-9311
831 Serle Road
Kamloops V2B 6L8

Home for young pregnant women. Prenatal instruction and exercise program available. School teacher holds classes each weekday. The home welcomes women from outside of the Kamloops area. Requests for admission can be directed to the Ministry of Social Services office closest to where the young women lives or directly to Marion Hilliard House. Non-profit society.

Marpole Oakridge Family Place

1305 W. 70th Avenue 263-1405
Vancouver V6P 2Y6

Drop-in centre for parents and pre-school age children. Provides support, discussion and parenting groups, a library and relaxation space for parents as well as creative play for preschool children. Open from Mondays to Fridays 9:30 a.m. to noon, and Tuesdays from 1:30 p.m. to 3:30 p.m.

Maywood Home

Salvation Army 266-6931
7250 Oak Street
Vancouver V6P 3Z9

Offers a temporary home for seven pregnant women under 19 years, two pregnant women over 19 years and nine young mothers and their babies. Residents are provided with a school program, pre-natal care, counselling and rehabilitation services. Residential services available to mothers and babies up to a six-month period, with a minimum of three months. Day students are welcome to the school program.

Mid-Main Youth Clinic

Vancouver health Department 261-6366
3998 Main Street Fax: 261-7220
Vancouver V5V 3P2

Provides free and confidential health counselling, birth control, pregnancy tests, pregnancy counselling, testing for sexually transmitted diseases and help with personal/social problems. No appointment necessary. Hours: 2:30 p.m. to 5:00 p.m. Wednesdays.
Mom's Place

4812 Willingdon Avenue 435-5544
Burnaby V5G 3H6

A licensed home sponsored by Willingdon Church for teenagers who are pregnant and planning to carry their baby to term. A variety of programs and counselling services are available from professionals and volunteers in the community. A program outline will be designed for each girl, accommodating her individual needs and interests. Liaison is maintained with the girls doctor, social worker, and others involved with her care.

Outreach Family support Program For Pregnant and Parenting Teens

North Shore Neighbourhood House 987-8138
225 E. 2nd Street Fax: 987-2107
North Vancouver V7L 1C4

Provides a range of support and outreach services to pregnant and parenting youth. The program supports all options of pregnancy (abortion, adoption, parenting). Services include a support group, lunch program, free baby clothes and supplies, labour and delivery support, prenatal classes. Advocates on behalf of pregnant and parenting teens in the community.

Pine Youth Clinic

Vancouver city Health Department 736-2391
Youth Health Services
1985 W. 4th Avenue
Vancouver V6J 1M7


Pregnant and Parenting Teen Program

Richmond Youth Services Agency 271-7600
8191 St. Alban's Road Fax: 271-7626
Richmond V6Y 2L2

Assists pregnant teens and ten mothers who require a variety of support services to live independently in the community. Services include assessment for developing an individual plan; in-home support counselling, household management and parenting skill development;
referrals to local community services; supportive independent living and lifeskills training; assistance with locating and setting up alternative living situations; and six months follow-up service.

**Pregnant Teen Support Group**

Langley Family Services Association 534-7921
5339-207th Street Fax: 534-9884
Langley V3A 2E6

Free, confidential self-help group for pregnant and parenting teens providing emotional support and friendship. Provides information on adoption/keeping baby; decision making; legal implications and responsibilities; relationships; influences; nutrition; labour and delivery; birth control; and planning for the future. Group meets Thursday afternoons from 3:00 p.m. to 5:00 p.m. Non-profit society.

**Project Parent In-Home**

Family Services of Greater Vancouver 875-0387
207 W. 6th Avenue
Vancouver V5Y 1K7

Works with parents and children (up to age 12) in their own homes to improve their parenting skills and help maintain a more stable environment. Introduces parents to community resources and support groups. Serves Vancouver, Burnaby and New Westminster. Referrals from Ministry of Social services.

**Project Parent West**

Family Services of Greater Vancouver 875-6277
201 W. 6th Avenue
Vancouver V5Y 1K7

A two-day per week program for families with pre-school aged children. Works with parents in order to assist and support them in parenting skills development and the maintenance of a more stable home environment. The program includes groups, counselling and introduction to community resources. Children are offered enriched, stimulating play experiences. Referrals from Ministry of Social Services.
Raycam Family Drop-In

920 E. Hastings Street
Vancouver V6A 3T1

251-2141

Drop-in for parents and their children. Offers some structured recreational activities and educational programs: parent support group, ESL for parents, arts and crafts and outings. Counselling and referrals also available. Hours: 9:00 a.m. to 2:00 p.m. Monday to Friday; 6:00 p.m. to 10:00 p.m. Monday to Thursday.

Reach Community Health Centre Health Care Program

Reach Community Health Centre
1145 Commercial Drive
Vancouver V5L 3X3

254-1354

Services for pregnant and parenting teens, including counselling, nutrition education, prenatal care, birth control and alcohol and drug problems. Staff includes doctors, nurse practitioners, pharmacist, nutritionist and counsellor. Appointment necessary.

Richmond Family Place Society

150-7000 Minoru Boulevard
Richmond V6Y 3Z5

279-7050
Fax: 279-7058

A centre for parents and children. Provides support, discussion, parenting groups, thrift store, lounge and supervised play room for children. Open Mondays and Fridays from 9:00 a.m. to 4:00 p.m.; Tuesday, Wednesday, and Thursday from 9:00 a.m. to noon. Snack provided.

Share Family Life Education Program

Share Family and Community Services
1212 Austin Avenue
Coquitlam V3K 3P5

931-1951
Fax: 931-1868

Offers a variety of courses on such topics as parenting, self-esteem, personal development, and inter-personal relationships.
Smile (Support For Young Mothers Integrating Love and Education)
St. Leonard’s Youth and Family Services Society 435-4535
210-6545 Bonsor Avenue
Burnaby V5H 1H3

Offers support, comprehensive midwifery care, guidance and counselling to young expectant women and to young mothers under the age of 25. Provides quality childbirth education, post-partum follow-up, weekly support groups, parenting skill, labour coaching, in-home support, individual/family counselling. Referrals accepted from schools, MSS, health clinics, hospitals and clients.

South Vancouver Family Place

2295 East 61st Avenue 325-5213
Vancouver V5P 2K5

Drop-in centre for parents and caregivers with children up to five years. Lightly structured activities in art, music, dramatic play and table toys for children in an enriched play area, which includes a parents’ lounge. Educational workshops, celebrations, and on-going support programs. Summer day camp for pre-schoolers. Open from 9:00 a.m. to 3:00 p.m. Tuesdays to Fridays.

Support to Young Parents Program

Surrey Community Resource Society 583-3844
10256-154 Street Fax: 583-3271
Surrey V3R 5Y7

Offers a variety of services to young parents with children (up to age six), including one-to-one support, a weekly drop-in support group and discussion group. Makes referrals to community services. Available to young families in Surrey and White Rock.

Tupper Mini School

419 E. 24th Avenue 874-9131
Vancouver V5V 2A2 Fax: 875-6900

Educational program offered at Tupper Secondary School for 20 parenting teens which provides on-site daycare. Works in co-operation with school staff members and participating agencies to provide an environment in which teen parents are encouraged to complete their education, increase their parenting skills, strengthen self-esteem and develop self-reliance.
Young Mom’s Self-Help Group
Port Coquitlam Area Women’s Centre 941-6311
2420 Mary Hill Road
Coquitlam V3C 3B1

Support group for young mothers ages 13-26 years. Meets every Wednesday afternoon with a facilitator. Provides discussion and speakers on topics such as parenting, nutrition, health, self-esteem and assertiveness. Childcare provided. Pre-registration not required.

Young Parent Outreach Program
Chilliwack Community Services 792-4267
45845 Wellington Avenue
Chilliwack V2P 2E1

Provides support and direct services to pregnant and parenting teens

Young Parent’s Program
Richmond Youth Services Agency 271-7600
8190 St. Alban’s Road
Richmond V6Y 2L2
Fax: 271-7626

Assists pregnant and parenting youth on GAIN (income assistance) between the ages of 19 to 24 years who are seeking independence from Income Assistance through employment. Services include assistance in locating safe and affordable housing, providing group and one-to-one support and development activities and assistance in accessing existing educational, training and employment services and programs. Office hours are from 8:30 a.m. to 6:00 p.m. Monday to Friday. Non-profit society.
Young Parent Support Services

Vancouver Aboriginal Friendship Centre Society 251-4844
1607 E. Hastings Street Fax: 251-1986
Vancouver V5L 1S7

Program for young native parents and native, single, pregnant teens. Offers one-to-one counselling, support groups, instruction in parenting skills and life-skills, referrals and information on medical and community services, and arts and crafts. Group meets on Monday, Tuesday, and Thursdays, followed by group sessions from 1:30 to 3:30 p.m. Food bags provided on Thursdays. Childcare provided for group sessions. Serves Vancouver’s eastside. Office hours from 9:00 a.m. to 5:00 p.m., Monday to Friday. Non-profit society.

Youth Clinic

Surrey Memorial Hospital 589-3171
13750 96th Avenue Fax: 589-3136
Surrey V3V 1Z2

Developed to deal with issues related to adolescent pregnancy and parenting. Offers free and confidential pregnancy testing, pregnancy counselling, screening for sexually transmitted diseases, information on birth control and sexuality and counselling.

YWCA Focus (Future Options in Career Training)

Pre-employment Training program for Young Mothers 688-4666
806-750 W. Pender Street Fax: 688-3774
Vancouver V6C 2T8

Assists young mothers to prepare for, access and participate in further vocational training and/or suitable employment. Services include counselling, financial assistance, childcare and access to resources. Also provides educational upgrading, life-skills education, pre-employment skills, work experience and recreational activities. Clients must be single, young mothers, ages 16 to 24, whose education was interrupted by the birth of a child during adolescence, currently unemployed and facing barriers to employment.