"You don't know half the story": deepening the dialogue with young mothers in Australia

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Abstract
Pregnant and young mothers' stories often go untold or are poorly represented within dominant health and social care discourses. Consequently, narratives of young mothers are largely absent from social and health care literature, especially in relation to how young women make sense, understand, and experience young motherhood. Drawing on 7 months of participant observation fieldwork at a community service, and 11 in-depth interviews, we discuss six metaphorical themes which capture the experiences of young mothers using a narrative approach. These include: *Picking up the Pieces; Walking a Narrow and Familiar Path; Jumping over Puddles; Riding the Rapids to Motherhood; Living with Dirty Looks; and Asking for Directions*. Contrary to the wider community's deficit view and stereotypes of young mothers, what emerged from the narratives was quite a different story. Becoming a young mother meant taking a stand against stigma from the wider community; recognising motherhood as a significant and transformational turning point in their lives, one that opened doors to alternative storylines of hope, autonomy and agency, especially given a supportive context. These findings enhance our understandings by widening the lens to diverse realities that exist in young mothers' lives and present a strong case for using a narrative approach to research and practice when working with young mothers.

Keywords
young mothers, teenage mothers, narrative research, storying, social support

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Introduction

Young people's narratives are embedded in the communities in which they live, and thus it is imperative that we interpret (view) the narratives of young people's lives against a broader backdrop of economic, political and social change (Wierenga, 2009). How society shapes understandings and conceptualises youth in contemporary society has been debated in social, economic and public health arenas (Wyn and Woodman, 2006). From a public health perspective a recurring theme in the literature conceptualises youth as vulnerable and/or 'at risk'. These terms label young people in terms of their "risky behaviours", categorising them as "vulnerable so the problem becomes *theirs,* rather than the social circumstances that create the conditions" (Wyn, 2009: 15). Unfortunately, this mindset extends to how the wider community views young mothers by shaping the way we perceive and respond to young motherhood, "as a cultural phenomenon and as a social, political or moral problem" (Luttrell, 2003: 25). This was highlighted in a recent paper by Breheny and Stephens (2010) who used discursive analysis to understand how the construction of teenage mothers in medical and nursing journals influences the shaping of dominant attitudes towards teenage mothers. They identified four discourses that influence the construction of teenage mothers: "as a disease, as expensive, as resisting mainstream culture and as reproducing disadvantage through reproduction" (Breheny and Stephens, 2010: 309).

From a narrative perspective, these individual and collective stories are embedded in context and constructed in socially shared storylines. Stories shape how young mothers see themselves and others, and are "powerful contributors to the plot of the stories by which we live" (Morgan, 2000: 9). These discourses are never neutral; they are firmly embedded in power relations of gender, class, race and the unequal structural and social conditions and resources available to young mothers in the community. They also inform how government agencies and the wider community address and respond to youth health issues (Eckersley, 2011). This research study explores, through story, the meanings young women assign to their subjective experiences of pregnancy and motherhood. The purpose of this qualitative narrative inquiry was to explore how young women understand, experience and make sense of pregnancy and motherhood by providing the space for young mothers' voices to be heard and alternative storylines to emerge. The authors hope that the young mothers' storied experiences challenge and dismantle some of the diminishing stereotypes and preconceptions that shape how we view young motherhood.

Widening the lens: an alternative view of young motherhood

Despite dominant public health discourse viewing early pregnancy and motherhood negatively, there is a growing body of qualitative research studies that privilege the voices and perspectives of young mothers which have been largely missing in health and social literature (Clemmens, 2003; Herrman, 2006; SmithBattle and Leonard, 1998; Spear and Lock, 2003). SmithBattle's (2000) narrative research with young mothers actively challenges the prevailing deficit assumptions that result when a narrow view of young motherhood is applied to practice. She believes that it is this dominant belief:

> . . . that early childbearing results in life-long negative consequences, including poverty, that permeates our collective understanding and fundamentally structures programs and social policy responses to adolescent parenting. (SmithBattle, 2000: 29)

The current health care focus on 'risk factors' and 'risky behaviours' that targets deficiencies in young mothers reinforces deficit thinking, further deflecting attention away from the root cause of young motherhood which includes the inequitable distribution of social and cultural resources (Luttrell, 2003). Highlighted in the qualitative research literature is that given a supportive context, pregnancy and motherhood can potentially be a transforming turning point in a young women's life (Clemmens, 2003; Hanna, 2001; Larkins, 2007; SmithBattle and Leonard, 1998), or as Smith et al. (2012) describe, a "life-line" that fosters personal growth. However, current social and health care policy and practice is often informed by a deficit view of young motherhood, a view that tends to ignore the broader context of young women's life worlds. This deficit viewpoint perpetuates the widening gap between young women's experiences of pregnancy and motherhood and health and social policy that directs service delivery and practice (Duncan, 2007). In addition, an individualised view of health has fuelled a real and perceived stigmatisation of young mothers in mainstream health and social services, some research claiming it is because of a mismatch of values and perceptions between health professionals and young mothers. Health professional notions of ideal support may substantially differ from young mothers' actual needs (Beeber and Canuso, 2005).

A narrative view of experience presents a different perspective and new ways of understanding and responding to young motherhood. Over the past decade there has been an increasing interest in social research that presents alternative views of people's lives by presenting what Geertz (1977) describes as "thick" and "rich" life descriptors. An 'insider' narrative approach that privileges the voices of young women values both the diversity and social realities and circumstances of young people's lives and has been signposted in an Australian Youth Research report as a key element in the pathways to successful well-being for young people. Eckersley and colleagues (2006) assert the need for researchers to generate understandings by listening closely to young people's stories especially in regard to how they negotiate their lives in different social contexts (Eckersley et al., 2006). Therefore, this paper privileges the voices of young mothers by deepening the dialogue with young women, bringing about new and alternative perspectives and storylines on how young women negotiate their motherhood experiences.

Design and methods

The methodological approach used in this research study is situated within a narrative approach that seeks to deepen the conversation with young mothers, by encouraging them to provide accounts of personal experiences and meanings through the use of storytelling. Telling stories not only assists young women to connect with others and make sense of their changing circumstances and life worlds; it also offers a powerful tool for understanding young mothers' experiences. The therapeutic effects of storytelling were explored by Holloway and Freshwater's (2007) paper on the role of narrative research in nursing. The authors suggest that the process of relating one's story benefits the storyteller by helping to link fragments and brings together the story into a coherent whole, in their own way and in their own time, enabling the storyteller to gain a new perspective on their experience. Narrative research is also a powerful tool in both engaging and enhancing professionals' understandings of vulnerable people (Holloway and Freshwater, 2007). This study uses Wierenga's (2009) social practice of 'storying', an ongoing creative endeavour she describes as the "act of listening to, telling, re-telling or revising a story" (54). The use and

practice of 'storying' with young people provides a powerful vehicle to reflect on one's past and become active agents in re-authoring life scripts and future possibilities and opportunities for change, a term Wierenga (2009) refers to as "methodologies of hope" (5).

In the context of this research study, there were three distinct advantages to using a narrative approach to collect the data. Firstly, it provided the space for the young women to witness and acknowledge their own and other young women's stories of pregnancy and motherhood, sometimes for the first time. The act of inviting and sharing stories is powerful in forming bonds and supportive networks and developing resilience in the storyteller, listener and reader of narrative accounts (East et al., 2010). Telling one's story can also increase reflective and narrative capacity in young people, a key feature of enhancing personal agency (Wierenga, 2009). Secondly, a narrative approach enabled the researchers to explore how young women's stories are embedded in the context of their lives. There are very few studies on how young mothers make sense of their pregnancy and motherhood experiences, in particular how "they draw on, resist, and/or transform those discourses as they narrate their selves, experiences and realities" (Denzin and Lincoln, 2008: 68). Thirdly, the contextual stories resided in an external space which allowed the authors to make meaning out of the stories lived and told. This was beneficial when exploring how stories are enabled or constrained by a range of circumstances including social and cultural resources in the community. By deconstructing the story content it allowed us to reconstruct the stories into a 'grander narrative' providing valuable and alternative contextual understandings of young women's lives and motherhood experiences.

Setting and informants

The young mothers' narratives were collected at a case study site, a community house located 70 km south of Perth, Western Australia. From a community health research perspective, the community service provided an ideal real-life setting to access rich data on pregnancy and young motherhood experiences. This occurred by firstly building trust relationships with the young women at the case study site. This was integral, especially to ensure interactive 'flow' and meaningful content to be explored during the fieldwork and individual interviews, a process that cannot be achieved without prior intimacy and trust being formed (Goodson and Gill, 2011). A 7-month period of fieldwork provided an effective means to collect observational data in iterative cycles and clarity of evolving events and stories, providing an "emerging map of what is happening and why" (Miles and Huberman, 1994: 65). The qualitative data collection approach focused on capturing both the depth and essence of young women's experiences while transitioning to motherhood. This was achieved by firstly engaging in direct observation (92 h) of 31 informants; and secondly, by documenting the young women's motherhood stories and researchers' experiences in reflective field notes in order to "freeze specific moments in the narrative inquiry space ... help fill in the richness, nuance, and complexity of the landscape, returning the reflecting researcher to a richer, more complex, and puzzling landscape than memory alone is likely to construct" (Clandinin and Connelly, 2000: 83).

Finally, the authors invited 11 young women to engage in a narrative-based interview. The prior bank of observational data from the extended period of fieldwork was used to select informants for interview, and was based on 'who' would have stories to tell that could best inform our understanding of the research inquiry. However, we were also mindful of Goodson and Gill's (2011) words of using selective bias when choosing the young women to

interview, as they caution researchers not to "choose participants that appeal to their own instinctive storylines or the kind of life trajectories that the researcher sympathises with" (Goodson and Gill, 2011: 37). Observational data gathered during fieldwork were used to guide the selection and framing of seven open-ended reflective questioning interview prompts to retrieve "thicker, richer" life descriptions (Geertz, 1977) and stories which more accurately reflect the realities of young women's pregnancy and motherhood experiences.

The 11 young mothers interviewed were aged between 16 and 23 years, at differing points of motherhood from first-time pregnant to a young mother of three children. Table 1 offers an overview of characteristics of the 11 interview informants. The interviews conducted in this study were based on a 'storying' framework (Wierenga, 2009) that develops a chronology that connects the young women's past and present experiences of pregnancy and/or motherhood and their future hopes and dreams. This narrative exchange is an essential element in developing an individual's narrative and reflective capacity and flow, allowing them to look differently at their story and see new parts of their life unfolding. The reflection and sharing of their stories enables them to realise and articulate their own beliefs and values and, often, can achieve empowering and emancipatory insights during the interview process (Johns, 2002).

The data were recorded in various forms, including audio-recorded interviews and transcriptions, observational, descriptive and reflective field notes, and spreadsheet, including number of informants, dates and times of fieldwork. Research documents, including consent forms, correspondence and permission from the case study site, newspaper articles on the community house, and photographs (taken with permission) were all kept in a locked filing cabinet at the university. Consent forms and data files were stored separately.

This research project received ethics approval from the Murdoch University Human Research Ethics Committee. To avoid any possible concerns regarding the potential vulnerability of this group, in regard to informed consent, two strategies were implemented. Firstly, the information letter and consent form were written and thoroughly explained in simple English to assist the young mothers in understanding the research process, prior to giving informed consent. Secondly, an independent adult supervisor, working at the community house, witnessed the young person's consent for this research study.

Data analysis

A range of approaches were used to analyse the large amount of qualitative data collected. Preliminary analysis commenced early during fieldwork, guiding the interpretative lens and informing later analysis. Throughout the research study, the data analysis was not fixed but rather fluid and circular, encompassing two stages. Stage one involved coding field notes and individual interview transcripts and writing a short narrative biography of the 11 young mothers interviewed in depth. This captured the depth of meaning and essence of the individual stories which underpinned and were built on during the second stage of analysis. The second stage involved emergent thematic analysis, including search for larger patterns, congruency, meanings and points of thematic convergence that cut across the interviews, observational field and reflective notes (Braun and Clarke, 2006). This ensured triangulation, as emerging themes converged from the interview, fieldwork and

Table 1. Characteristics of 11 interview informants.

No	Pseudonym	Age	Country of Birth	Pregnancy and/ or children	Current relationship	Current Living circumstances	Highest education level
ii01	Kellie	16	Australia	32 wks pregnant first child	In relationship with Baby's father	Living at home with parents and/or siblings	Year 10
ii02	Nicole	18	New Zealand	8-month-old child	In relationship with Baby's father	Living with child's father's parents	Year 10
ii03	Serena	18	Australia	20 wks pregnant first child	In relationship with Baby's father	Living at home with parents and/or siblings	Year 10
ii04	Katherine	21	Australia	38 wks pregnant and 23-month-old child	In a relationship with boyfriend (who is not biological father of first child)	Living with second child's father	Year 11
ii05	Rani	20	Australia	14 wks pregnant and 2-year-old child	In a relationship with boyfriend (who is not biological father of first child)	Living at home with parents and/or siblings	Year 12
ii06	Mia	20	Australia	39 wks pregnant with two other children <2 years	In relationship with children's father	Living with children's father	Year 12
ii07	Annabel	18	Australia	16-month-old child	Single	Living at home with parents and/or siblings	Year 11
ii08	Stephanie	18	Australia	26 wks pregnant with first child	In relationship with Baby's father	Living at home with parents and/or siblings	Year 10
ii09	Tabitha	19	Australia	19-month-old child	In a relationship with boyfriend (who is not biological father of child)	Living at home with parents and/or siblings	Year 10
ii10	Elizabeth	21	Australia	15-month-old child	Single	Living alone	Year 10
ii11	Lucy	23	Australia	Three children aged 3,4 & 5 years	In relationship with children's father	Living with child's father's parents	Year 12

observational data sources (Yin, 2009). Ideas and key concepts that stood out from the data were then assigned coloured codes, condensing the bulk of the data set into units for analysis, and were used as a method of organising the large amount of interview and fieldwork data, enabling a rigorous evaluation of what the data were saying (Coffey and Atkinson, 1996). The back and forth process between interview and field notes confirmed the original concepts, endorsing the initial themes as being representative of the data. This analysis process continued until the themes were distilled and captured in six overarching metaphorical themes. The authors felt metaphor was a suitable and creative strategy to portray the young mothers' realities because it provides a symbolic image and language that can echo deeper meanings and understandings behind human experience, generating new insights and challenging old perceptions (Carpenter, 2008).

Findings

The six metaphorical themes that captured the essence of the young mother's storied experiences are presented in Table 2. The thematic metaphors are described below with supportive quotations from transcripts, field and reflective notes using pseudonym names chosen by the young women.

Background of young mothers

Picking up the pieces. For some of the young mothers, life growing up was fragmented, fraught with transient lifestyles and family conflict. These childhood experiences played a major role in shaping their young lives and directing their life stories. For example, Lucy reported going to at least 10 different schools during her childhood, which she admits contributed to her dislike of school:

> . . .*like every town we would move to would be a new school so that's why I absolutely hated school . . ..you had to make new friends and it was awkward. (Lucy)*

Recurring themes of family conflict were also seen in Nicole's story as she recounted how she became homeless:

> *Yeah, he (stepfather) is mental in the head; there would be arguments at the house every day and this happened for years too till I was 15 or 16 cause that is when I moved out of home because he ended up putting me in hospital from head butting me . . . I pretty much left home and moved around to friends. (Nicole)*

For homeless Nicole, a month-long relationship with her boyfriend preceded becoming pregnant. Although her pregnancy was not planned, the circumstances provided the

Table 2. Thematic metaphors from young mothers' narratives.

Background of young mothers	1. Picking up the Pieces
	2. Walking a Narrow and Familiar Path
Young mothers experience of	3. Jumping Over Puddles
pregnancy and motherhood	4. Riding the Rapids to Motherhood
	5. Living with Dirty Looks
	6. Asking for Directions

opportunity to flee her "old life" and an unhappy childhood environment as she recounted how her life changed when she met her baby's father:

> I didn't want to have any of that in my life anymore. I just wanted to put it in the past because I was depressed, I think for ages, and I hated life and I just wanted to kill myself for a long time because of j. (stepfather) and all that sort of stuff but so then I met (my boyfriend) and that is when my life turned around. (Nicole)

Walking a narrow and familiar path. It was not surprising that some of the young women's stories were hazy, disconnected and vague, with a limited exploration of their past or present. For some of the young mothers, attaching to a known and familiar path was the only viable option. Their stories seemed to be devoid of conscious choice or decision making; some allowed external influences to dictate their life paths, including becoming pregnant. Ten of the 11 young women reported that their first pregnancy was unplanned, many of which followed shortly after a new or casual relationship. For Annabel, a night out drinking at a party preceded her unplanned pregnancy at 16 years of age:

> Um I was going off the rails a bit (laughs) like going out every night drinking and partying . . . and I had been seeing my baby's dad for like over a year but it wasn't anything serious like it was just like we were friends and stuff and we stopped seeing each other for a while and then we saw each other at a party and that is when it happened. (Annabel)

The lack of insight and capacity to make informed and mindful decisions about their futures is supported by Goodson and Gill (2011), who emphasise the significant relationship between an individuals' narrative and reflective capacity and their ability to actively chart their life course. A shared theme in many of the narratives was that young motherhood presented a familiar life choice. For example, some of the young mothers spoke about their childhood desire to become mothers, as Katherine recounted: *"I've always wanted to (have children) ever since I was young"*. Four of the 11 young women interviewed were born to very young mothers themselves. In addition, the majority of the young mothers were the eldest in their family and learned how to mother from caring for their younger siblings. This familiar and comfortable motherhood role can be viewed as either a culturally learned pattern or a way of seeking meaning and purpose through caring for vulnerable children. Whether the choice to become a mother was conscious or unconscious, many of the young mothers played these traditional gender roles because of the narrowly defined perception and thin description of "who they are". Motherhood offered an attainable goal, and a valued, meaningful identity. This is true for mother-of-three Lucy, who reveals that her life had not significantly changed because she has always identified strongly with the motherhood role:

> I was always like a mum so basically was this mature sixteen year old and then growing up, looking after my little sisters and then I basically went straight into looking after my own baby. (Lucy)

Young women's experiences of pregnancy and motherhood

This research study specifically explored through story how a group of young women navigate a significant life event; that is, becoming pregnant and transitioning to motherhood. Motherhood for these young women was described as a significant turning

point in their lives. It provided a compulsory crossroads whereby they could continue to *walk the narrow and familiar path* or embrace and respond to their new role and challenges of motherhood. Four metaphorical themes emerged from the data which captured the essence of their pregnancy and motherhood experiences, and are presented below.

Jumping over puddles. A striking characteristic of these young women was their capacity to embrace and creatively adapt to their new mothering roles despite the many challenges they faced. None of the young women interviewed shared the dominant negative view of young motherhood. On the contrary, they viewed becoming pregnant and having a baby as opening doors that offered new and meaningful experiences where *"everything has changed"*, as Mia reports: *"I have just become a different person"*. Constant reference in field notes of the young mothers' boundless energy and relaxed attitude to their everyday mothering roles were confirmed in the overall tone of the narratives. Their resilient characters (developed during childhood) were central to their ability to remain tolerant and openly adapt to their changing circumstances while transitioning to their motherhood role. This was highlighted in the way Katherine spoke of her attitude towards parenting:

> *Take it as it comes, everything changes, everyone's got different experiences I suppose they all, everyone, children are different, it kind of makes it harder for some people some children make it easier so, just yeah, take it as it comes. (Katherine)*

Riding the rapids to motherhood. A major theme from all of the young mothers' narratives was how becoming pregnant and having a baby was a turbulent, swift and often complicated period, heightened by a myriad of developmental tasks including biological, cognitive, psychosocial and cultural transition to young adulthood and motherhood simultaneously. For some of the young women, the transition from child to mother was the catalyst for positive change as they shared stories of growing up, becoming more independent and responsible since becoming a mother, including Katherine who stated:

> *I've grown up more, grown up; I've got my life on track. My first child made me do that in a way, I think I was still a bit childish when I fell pregnant until I had her and then she straightened me out a bit . . . .because I never had anybody to, you know, look after her. (Katherine)*

Although all of the young women described the transformative role of motherhood, their stories also portrayed the turbulence and challenges they experienced. These include the difficulty in integrating the often conflicting roles of being a mother and the desire to be a carefree teenager:

> *Annabel: I used to go out every night and just do whatever I wanted and pretty much got myself killed half the time but I can't really do that anymore except sometimes I do just cause I don't know because that is just what I like to do and I can't really change that. But I can if I really had to.*
> *GB: How does it feel when you go out and you don't have any responsibility?*
> *Annabel: I just feel young again like I used to.*

However, for most of the young women, the experience of becoming a mother became a reference point that guided them towards an alternate story by expanding their view, thickening their descriptions of themselves which included becoming more independent, responsible, grown up and recognising new and positive qualities in their character.

Living with dirty looks. All of the young mothers agreed that people viewed them differently since becoming pregnant or having a child. The majority of the young women portrayed a disconcerting image of learning to live with the stigma from their family, friends and the wider community. Initially, this stigma was felt because of the early negative reactions from their family and friends. This was demonstrated in Tabitha's story as she recalls her parent's reaction:

> ...you know you are stupid falling pregnant, and I said yes I know so my family didn't like it. (Tabitha)

As the young mother's stories of stigmatisation emerged, they seemed to react or respond in two different ways: with defensive defiance or, as seen in Tabitha's case, an attitude of resignation:

> ...completely changes you when you become a mum and it doesn't help that most of your friends, if they're not mothers, they treat you differently because you have a kid so I just don't care anymore, that's the way it goes. (Tabitha)

For some of the young women, feeling outlawed by the wider community influenced their self-understanding and social identity, as Mia described how the objectified gaze of strangers at the local shopping centre made her suspicious of everyone who looked at her:

> Mia: I think they are quick to judge, I think very quick to judge but maybe that is just me because I walk through the Forum and think everyone is staring, Yeah . . . .maybe that is just me being paranoid.
> GB: What do you think they are thinking in their head?
> Mia: Oh my god is she an idiot (laughing)

The wider community stigma and judgment also affected Lucy's confidence as a mother, as she described an overwhelming need to prove to others that she was a good mum:

> I didn't want to accept (any help) . . . .because I was a young mum if I accepted I felt like maybe I wasn't doing a good enough job. (Lucy)

The consequences of this real and perceived stigma from the wider community had a far-reaching effect on the young mothers' lives. Their stories tell how their identities were vulnerable to the effects of the external stigma associated with being a young mother. At a time when the young women need support, it appears that the *dirty look* stigma felt by these young women had extended to a distrust of formal health and social care providers. Fieldwork documents revealed numerous group conversations of inappropriate care or responses by health services, from disinterested doctors who, they felt, did not take them seriously because they were young, to Lucy's story of feeling diminished by the midwife following the birth of her first child:

> Today I arrived and sat in the living room with the young mothers, they were sharing stories of their midwives while they were in hospital. Lucy told the group that she was so exhausted after having her first child and fell asleep only to be awoken by the midwife grabbing her "boob and shoving the baby onto it". She hated it, felt violated and did not want to breastfeed after that and gave up. (Field notes 29th July 2010)

Asking for directions. All of the young women demonstrated resourcefulness by successfully accessing social support, including finding people, places and spaces within their community

to *ask for directions*. Their ability to activate these support systems and resources was a crucial part of their developing personal agency, and had a significant impact on how well they managed this transition. During the interviews the young women were asked to identify what support they had accessed. Six of the 11 young women named their mother as their main support person during their pregnancy and early motherhood experiences, and five named their partner and his family, especially in relation to providing emotional support. For some of the young women, the community house where the study was undertaken was the only service they were attending and played a vital role in developing new friendship groups and broadening their worldview by accessing other young mothers' stories (Brand et al., 2014).

As revealed in the backgrounds of young mothers, a lack of positive role models, a perceived lack of control over their life course and limited skills and ability to make positive life changes were a result of the *thin* descriptions they held of themselves. After recognising and experiencing their changing role as new mothers, the community house provided the space and supportive environment to explore and make sense their new motherhood role. This was an essential social resource during this transitional time for two main reasons. Firstly, many of the familiar structures of their old life have broken away, including high school and friendship groups. Secondly, they recognised and needed guidance and support to successfully navigate their new motherhood role with confidence and purpose. This was displayed in Tabitha's story as she described how she approached other young mothers at the service for parenting advice:

> *Mostly my mates because they are going through the same thing, people say why don't you go speak to your parents; I was like, I don't know, just rather speak to the girls. Cool, all the kids are all the same age so we're all going through the same thing. (Tabitha)*

During the field work, the young women engaged in a variety of learning activities from educational extension programmes linking young mothers back to secondary school or tertiary education, a positive parenting programme (PPP), cooking healthy meals, applying for jobs and completing first aid courses. These life skills were aimed at developing the young women's ability and competence to actively direct their lives and were appropriate to their changing needs as young mothers.

Discussion

Static storylines

This narrative study advances our understandings of the strong connection between life experiences, social, structural and cultural circumstances and how these can potentially shape and constrain young women's life scripts. Highlighted in the young women's stories of growing up was that most of the young women had endured struggles and life events which had impacted significantly on their lives. Early childhood biographies disclosed fragmented upbringings, including high mobility, divorce, family conflict, transient schooling and a lack of healthy role models. The young women's stories illustrated how they were often left *picking up the pieces* as they responded and adapted to changing and complicated circumstances growing up. These socio-economic characteristics and structures of poverty and disadvantage have been linked to early pregnancy and motherhood in other research studies, including lower maternal education and poverty (Meade et al., 2008), intergenerational teenage motherhood (Wilkinson and Pickett, 2009) and negative outcomes for children of teenage mothers (Shaw et al., 2006).

In this study, the young mothers' backgrounds had significantly impacted on their life experiences, leading many of the young women to *walk a narrow and familiar path*. Wierenga (2009) suggests that young people will often allow the real-world spaces to act as the boundaries of their imaginations, which can potentially set the constraints of where they see their future selves, which is strongly underpinned by stories from their past. From a narrative perspective, the young women's stories are based on narrow identity descriptions, with a pre-determined 'closed' plot that has been socially and culturally scripted within the broader socio-cultural context of their lives. Goodson and Gill (2011) explain that an individual's narrative capacity is embedded in the strong cultural and social forces that shape their lives. These socially scripted plots can be open to re-scripting or remain closed in a fixed version of one's life which, in turn, can potentially limit learning and active agency when constructing future lives.

In this study, the young women's life scripts were a result of thin or narrow identity descriptions. Motherhood offered a (theoretically) well-known future as they shared stories of identifying with the motherhood role. This phenomenon has been documented in other qualitative studies including Cater and Coleman (2006), who found that young women viewed motherhood as an attainable goal and a valued identity, especially if they had a previous love and experience of caring for babies. Moreover, Mitchell and Green's (2002) study found that young women perceive motherhood as a significant rite of passage to adulthood and status within society, a welcoming life option against a backdrop of restricted socio-economic opportunities. Young women from lower socio-economic backgrounds perceiving motherhood as a viable and rational life option and a means of changing their life course has been documented in several other research studies, including Turner's (2004) 'acceptance theory' and Arai's (2003) research on the links between structural factors and lack of opportunity, leading to 'low expectations' among young women.

Young motherhood as a transformational turning point

Contrary to the wider community's negative view and stereotypes of young mothers, what emerged from the narratives was quite a different story. The underlying story behind most of the young mothers' narrative accounts of becoming mothers was that it was a significant and meaningful experience, one that provided the catalyst for discovering new and positive parts of their identities that they had not previously recognised in themselves. These traits included growing up, and developing a sense of independence and responsibility, whereby a new and positive sense of self emerged (Herrman, 2006). This is an essential element in developing resilience, and is consistent with other narrative research of young mothers including Brubaker and Wright's (2006) study of African-American teen mothers and SmithBattle and Leonard's (1998) longitudinal study of young mothers in the United States of America.

As the young women's pregnancy and motherhood stories unfolded, all of the young mothers began exploring, reflecting and making sense of their motherhood experiences, expressing their desire to be "better mothers" and live "better lives". From a narrative view of experience, this process is an important aspect of developing both 'thick' storylines describing their identities and alternate storylines for their lives (Geertz, 1977). The breadth of a young person's storyline, including exploring multiple life contingencies plans that foster both a robustness and resilience, is an essential ingredient in young people adapting to change in a complex social world (Eckersley et al., 2006). This transformative

experience is also consistent with the cognitive development of young people's narrating mind to question and shift from the concrete world of *what is* to the abstract world of *what might be* (McAdams, 1993), clearly displaying a more reflective and narrative capacity (Goodson and Gill, 2011). Adopting a narrative approach to research and practice may provide the tools to re-calibrate our lens, and begin to engage and work with young mothers in a way that recognises, acknowledges and fosters these new and positive motherhood identities with care and sensitivity.

Resisting stigma

The transformative and positive experience of motherhood was clouded by a demeaning and often pathologising construction of young motherhood generally, including from health and social services. This finding has been described in other research of young mothers and referred to elsewhere as "living publicly examined lives" (Hanna, 2001) and being subjected to "formal and informal societal surveillance" (Whitley and Kirmayer, 2008). Young mothers believe they are treated differently because they are young (Redwood et al., 2012), and may be reluctant to ask for help in fear of being judged or their motherhood capabilities doubted (Brady et al., 2008; Whitley and Kirmayer, 2008). In this study, the young mothers' narratives reveal new understandings of how stigma influences young mothers' lives and storylines, and potentially how it may be undone by creating a different space to view and respond to young motherhood.

However, despite this real and perceived stigmatisation, embodied in many of the young mothers' stories, the young mothers refused to allow the wider community's stigma to play a prescriptive and undermining role in their lives. The willingness of young mothers to push back against stigma has been documented elsewhere, including Kelly's (1996) 'stigma is wrong' discourse and, more recently, Yardley's (2008) study which found that young women viewed their motherhood experiences in a positive light and did not believe that they were less competent or economically self-reliant than older mothers. This is all part of a growing body of literature in which young mothers are rejecting the deviant label and moving towards an alternative, more positive discourse of young motherhood.

Social support

The positive link between social support and positive outcomes for young mothers is a consistent theme across all of the health and social care literature, insofar as it has been named as one of the 10 main social determinants of health (Wilkinson and Marmot, 2003). In this study, community and social support offered a vital safety net and buffer to the young mothers' changing circumstances and realities. Many researchers have affirmed the crucial role social support plays emotionally, practically and socially in the everyday lives of young mothers (Brubaker and Wright, 2006; Clemmens, 2003; Logsdon et al., 2005). Similar to this study, social support has also been linked to the development of young mothers' individualised, self-reflexive identity (Mitchell and Green, 2002), and improvement of self-perceptions of parenting among first-time adolescent mothers (Devito, 2007). Social support came from a variety of sources, relying on parents for financial and practical support and other young mothers for emotional support, which often surpasses support received from their own parents and family members (Bunting and McAuley, 2004). This is a common

occurrence in teenage networking as the young mothers sought out stories of "people like me" as trusted and useful sources of new ideas (Wierenga, 2009).

At a time when the young mothers are open to *asking for directions* to help navigate their transitions to both adulthood and motherhood simultaneously, community spaces that build new social connections and foster sharing and witnessing of personal stories are extremely valuable. Atkinson (1995) affirms storytelling as an important social function that validates one's experiences by giving them greater meanings. Sharing stories helps people connect and explore commonalities with others, and is an integral resource for young people, enabling individuals to connect and make sense of their world (Eckersley et al., 2006). This is an important social process for young women. At a time when young women are questioning the context of their lives and seeking to develop narratives of hope and possibility, community spaces that foster social processes like 'storying' can potentially be life-changing, especially during a significant turning point such as transitioning to motherhood.

This research reveals some important new research directions for the future. Firstly, the study affirms narrative inquiry as a significant and powerful methodological tool to explore and illuminate young mothers' experiences. Further narrative research that offers key insights and knowledge into how we can strengthen the nexus between community, social and health research, practice and delivery for young mothers is urgently needed. This study has also opened up many possible directions for future narrative research, especially exploring the interplay between narrative capacity, personal agency and access to social and cultural resources in the community. Contextual research, exploring the link between vulnerable groups and community spaces that facilitate narrative and social learning and the re-authoring of individual and collective stories, warrants further exploration. Longitudinal narrative research needs to be undertaken that incorporates other life events or turning points in young mothers' lives. This could add value and key insights into why some young mothers are able to live flourishing lives, despite disadvantaged beginnings, and others cannot mobilise out of their static, socially scripted storylines.

Finally, there is a need to explore the use of narrative-based practice as a core component of working with young people. By encouraging a different space and perspective to view how we care and help others, a narrative approach could potentially act as a catalyst to a new narrative of young motherhood based on hope and possibility.

Conclusion

Despite early biographies of fragmented childhoods, the metaphorical themes revealed in this study portrayed powerful and shared storylines of resilience as the young women negotiated and creatively adapted to their changing circumstances and new motherhood roles. The central theme to their motherhood accounts was that becoming pregnant was a significant turning point in their lives, a transformational experience that provided the catalyst for new and alternate identity stories to emerge. Despite this research study being small, exploratory and focused on just one episode of young mothers' life stories in one community context, the findings offer some in-depth knowledge in how young women make sense, understand and experience pregnancy and motherhood, and thus help to deepen the dialogue with young mothers. Social and health care providers need to begin to view young mothers through a positive 'at promise' lens (Swadener and

Lubeck, 1995) that honours the complexity of young mothers' lives and the social conditions in which they live.

This study calls us to start re-visioning young mothers from "passive recipients of social policies determined by more powerful voices" (Kidger, 2004) to a narrative approach that provides the space for young mothers to find their own voices and solutions, becoming active agents in re-authoring narratives of hope, autonomy and agency. The young mothers in this study displayed openness and trust to share their intimate stories of pregnancy and motherhood experiences; we too should display the same courage in acts of listening and being open to new understandings of young motherhood.

Key points for policy, practice and/or research

- Pregnant and young mothers' stories often go untold or are poorly represented within dominant health and social care discourses, especially in relation to how young women make sense, understand, and experience young motherhood.
- Given a supportive context, young motherhood can be a transformational turning point in a young woman's life.
- Narrative research that provides the space for young mothers' voices to be heard is an important step towards challenging how we conceptualise young motherhood.
- A narrative approach to research and practice encourages alternative storylines to emerge and may act as a catalyst to a new narrative of young motherhood based on hope and possibility.

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