



‘Other Girls’: A Qualitative Exploration of Teenage Mothers’ Views on Teen Pregnancy in Contemporaries

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Abstract

Perspectives that consider teenage mothers as a ‘social problem’ are well described in the literature. However, the attitudes towards teenage mothers held by other teenage mothers are not well understood. Given the growing use of peer support in the reproductive health of teenagers, the attitudes of teenage mothers towards their contemporaries is worthy of exploration. We aimed to examine the discourse around teenage pregnancy in teenage mothers who have recently experienced teenage pregnancy and motherhood for themselves. Forty mothers aged 16–19, who had recently given birth and used a homebased sexual health service took part in semi-structured interviews to explore their views on pregnancy in other teenagers. The analytical framework of ‘othering’ and resistance are used to examine their discourse around teenage pregnancy in teenage mothers. Findings indicate that teenage pregnancy and parenting in teenage mother contemporaries is not always viewed positively. Some teenage mothers in this study used strategies to distance themselves from perceived negativity. Two overarching themes emerged from the data: *Constructions of moral judgement* and *Maintenance of positive self-representations*. The negative portrayal of teenage pregnancy within wider society impacts the ongoing stigma attached to teenage pregnancy within the teenage population. Approaches such as peer education and peer support used in reproductive health should not be considered neutral, taken for granted processes, but may be complex and more nuanced. Health and social care professionals supporting young parents should be aware of the potential for stigma, discrimination, isolation and exclusion within teenage peer groups. Policy makers need to ensure young mothers have access to a broad range of support opportunities and this should include formal, professional support.

Keywords Teenage pregnancy · Stigmatisation · Peers · Sexual health · Young mothers

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Introduction

Adolescent pregnancy is often presented as a significant problem with negative consequences for young mothers and their children (Duncan 2005; Yardley 2008; Harden et al. 2009; Macvarish 2010; Bell et al. 2014; Ellis-Sloan 2014). Poverty, maternal mental health, unemployment, and child health deficits have been associated with teenage pregnancy over the last two decades (Social Exclusion Unit: SEU 1999; Department for Education and Skills 2006; Mental Health Foundation 2013; Public Health England 2016). In the United Kingdom (UK), poor health outcomes and social exclusion are projected life trajectories for many teenage mothers.

There is a growing body of research to suggest that teenage pregnancy and parenting has a number of social consequences linked to bias and stigma (Wiemann et al. 2005; Yardley 2008; Smithbattle 2013; Ellis-Sloan 2014), vulnerability to negative attitudes (Wiemann et al. 2005) and exclusion and isolation (Whitehead 2001). Stigma and discrimination among teenage parents appears to be a compelling social problem, which is important to healthcare professionals. Smithbattle (2013) suggests that it prevents the delivery and uptake of effective care, exacerbating the challenges faced by young mothers. Qualitative research by Ellis-Sloan (2014) examining young women's paths to teenage motherhood, highlights that young mothers have an awareness of their stigmatising identity, and this affects how they present themselves.

The concept of stigma has its origins in the work of Erving Goffman (1922–1982) (Mason-Whitehead and Mason 2007, cited in Abrams et al. 2008). According to Goffman (1963) stigmatising attitudes and behaviours discredit individuals, leaving them less likely to be accepted within society. Link and Phelan (2001) suggest that stigmatisation occurs when individuals become labelled, set apart into categories of 'them' and 'us', and are associated with undesirable characteristics.

The Stigmatisation of Young Parents

A number of studies have explored the impact of stigma on young parents. Findings point towards a culture of stigmatising treatment. US based research by Wiemann et al. (2005) explored substance use and exposure to violence in adolescent parents who felt stigmatised, and reported that 40% (in a sample of 925 mothers), felt stigmatised by their pregnancy. Those who experienced stigma were more likely to report peer isolation, lowered self-esteem and alcohol use at the time of conception and during pregnancy. Findings suggest that perceived stigmatisation was associated with increased fear of abuse and assault from peers and family members (Wiemann et al. 2005).

UK based research by Whitehead (2001) highlighted that isolation and exclusion were prevalent among pregnant teenagers, with many teenagers identifying that they felt isolated and alone throughout pregnancy (Whitehead 2001). Yardley (2008) in a study exploring the impact of stigma on 20 teenage mothers based in the Midlands, UK, identified a general feeling of stigmatisation, from the wider public, among the

participants (Yardley 2008). Teenage mothers, in the study, reported that they regularly experienced discrimination from the general public, in the form of disapproval, negative comments and argumentative encounters. A significant finding in the work undertaken by Yardley (2008) revealed that when teenage motherhood was less valued, the negative effects of stigmatisation were more intensely felt. Consequently, in this group of young mothers, stigmatising attitudes towards other young mothers were more likely to be adopted. There has been relatively little research undertaken into the ways in which teenage parents stigmatise each other, however the findings from Yardley (2008) revealed that some young parents condemn their contemporaries (other teenage mothers) whilst simultaneously presenting themselves as exceptions to the teenage mother stereotype. This finding is of particular interest, given that peer support approaches have become increasingly used as a method of education and assistance in relation to the problems faced by young people, which somewhat presupposes peer-empathy, rather than peer-animosity.

Peer to Peer Support and Education

Peer support is an approach that is becoming increasingly popular in the promotion of self-management in relation to health: for example diabetes (Fisher et al. 2012), asthma (Embudeniya et al. 2013), chronic conditions, such as cancer (DeMello et al. 2018) and coronary issues (Varaei et al. 2017) but also in relation to social issues: for example mental health (Webb et al. 2008), the management of drug and alcohol abuse (Morgan et al. 2010) and bullying (Martin et al. 2012). Peer support has also been used to provide accessible support more specifically for young people, both face-to-face and online as a virtual group (Munce et al. 2017). Peer to peer sexual health information giving amongst young people, is seen as an appropriate and effective approach (Freudenberg and Ruglis 2007; Howard and McCabe 1990; Key et al. 2005; Rowlands 2010), which often plays an important role as the initial and most common source of sexual health information (Whitfield et al. 2013). Investment and promotion, through social policy, of informal peer support in terms of friendship groups has also been suggested specifically to support teenage mothers (Ellis-Sloan and Tamplin 2018).

Stigma Resistance

One potential way young mothers could avoid the stigma attached to teenage pregnancy is to resist the application of stigmatising label personally. They could try to adapt their own behavior—and that of their immediate contemporaries—presenting an alternative to challenge the beliefs of others making negative judgements about them. However, although this may be locally and individually useful it will do little to significantly challenge the widely held negative social attitudes towards teenage mothers. Recent research on stigma has stressed the structural use of stigma by governments and institutions in a neo-liberal economy using what Link and Phelan (2014) have entitled “stigma power”. This focus encourages researchers to ‘look up’: to examine the role of ‘structural factors such as history (time), geography

(place), politics and economic conditions' (Tyler and Slater 2018) in the operation of stigma. Outlining this issue in her earlier monograph *Revolted Subjects* (2013) Taylor shows how neoliberal welfare reform draws on multiple stigmatized identities (gendered, classed, reproductive and racialized) to create a discourse in which teenage mothers become fabricated as 'national abjects such as 'the welfare scrounger' (2013, p. 26). Such figurations 'legitimizes negative public sentiments about single mothers in receipt of state support and authorizes punitive economic and social policies'.

As importantly, Taylor focuses on the experiences of those who have been made abject and live through the everyday approbation of state institutions and other citizens. Resisting such negative interactions could be carried out by collectively contesting the abject discourses and use of stigma power but this would be demanding of young, marginalized females who have recently become mothers. One potential way young mothers could avoid the stigma attached to teenage pregnancy is to resist the application of a stigmatizing label personally. They could try to adapt their own behavior—and that of their immediate contemporaries—presenting an alternative to challenge the beliefs of others making negative judgements about them. This may be locally and individually useful but does little to significantly challenge the widely held negative social attitudes towards teenage mothers. Indeed it could be argued that by distancing and 'othering' their peers, teenage mothers are enhancing the stigma power of governments and institutions. Nevertheless, this personal boundary formation allows the exercise of agency and hence this paper will focus on the way individual teenage mothers attempt to resist the negative labelling they may experience by separating themselves from their peer group (rather than contesting the stigmatisation of teenage pregnancy per.se.).

The nature of peer stigmatisation is a relatively unexplored area in teenage pregnancy, and to date, no published research has investigated the attitudes of teenage mothers towards other teenage mothers. Thus, stigma within teenage mother contemporaries is not well understood. Given the growing use of peer support for teenagers by health and social care since the 1980s (Letourneau et al. 2004), an exploration of the attitudes of teenage mothers towards their peers is warranted. How teenage parents, as a highly-stigmatised group, perceive pregnancy in their contemporaries is therefore an area worthy of discussion. The purpose of this paper is to present the findings from an exploration of teenage mother's views of pregnancy in other teenagers.

Methods

The study took place within a Young People's Sexual Health Service in the North of England. The service has the responsibility for delivering community based contraception and sexual health advice to women who have recently given birth, in order to prevent unplanned repeat pregnancy. The focus here was the research question 'What are young mothers' views on pregnancy and parenting in other teenage girls'.

This was an exploratory study based on data collected by in-depth, semi structured, face-to-face interviews with a sample of young mothers who gave birth aged

between 16 and 19 years. The young women had given birth within the last 3 years, and had used the service within a few weeks of discharge from the maternity hospital. The aim of the overall study was to gain an in-depth understanding of women's experiences and views of using the sexual health service. Given the exploratory nature of this work and its aim, a qualitative design was selected. Qualitative methods are suited to studies of an exploratory nature (Denzin and Lincoln 2000) where the development of a rich, detailed understanding of a particular issue or phenomenon is required. The overall study was driven by research aims and objectives, which focused upon young mothers experiences of the service and how this affected their future sexual and reproductive health and behaviour. A further aim was to explore the views and experiences of professional stakeholders who work with this group of women. It was necessary to use a set of pre-determined questions for the data gathering process, with the possibility of other questions emerging from the dialogue between researcher and participant (Green and Thorogood 2011). UK National Health Service ethics and research governance approval was sought and obtained prior to commencement of the project.

The fieldwork took place between April 2013 and July 2014. In keeping with a qualitative approach, sampling used a purposive design to recruit participants best suited to provide meaningful data. Service users were informed about the research by the sexual health nurse during a home visit. After a week, if agreeable to participating in the study, an appointment was made for the interview to take place. All service users who were approached, agreed to take part ($n=40$) (Table 1). The interview was conducted by a researcher in the mother's home, guided by an interview schedule of open questions and prompts. The qualitative research evidence on the prevention of unplanned repeat pregnancy in teenagers is limited. Embedding the one to one interviews in existing research in this area was challenging, however the schedule was developed in partnership with patient representatives on the project advisory group. Although the interviews focused on the experience and views of the contraceptive service, the interview guide and qualitative, exploratory approach enabled participants to talk openly about wider issues concerning their pregnancy, sexual health and their thoughts about pregnancy in other girls of a similar age. Indeed, understanding the contextual factors that influence new teenage mother's contraceptive decision making was thought to be a vital part of the evaluation. The researchers were keen to unpick the wider issues that contribute to the sexual and reproductive health and behaviour of the mothers using the service. There was a need to explore, from the mothers themselves, why they thought other girls within their peer groups might feel driven towards pregnancy during adolescence. More specifically, the question "Why do you think girls get pregnant?" was asked at interview. Interviews were later transcribed and their content coded and analyzed manually to identify core themes (Braun and Clarke 2006). The overall research question which guided the analysis of this data was "what is the discourse around teenage pregnancy in teenage mothers who have recently encountered and experienced teenage pregnancy and motherhood for themselves?" Data were searched to find repeated patterns of meaning and issues of interest in relation to the research question. Labels were applied to important features within the data which were

Table 1 Participant characteristics at time of interview

All participants (n = 40)	Number of participants
<i>Age at time of interview</i>	
17	6
18	8
19	16
20	6
21	4
<i>Living arrangements</i>	
With partner	20
With family	9
Alone	3
With family + partner	8
<i>Partner employment</i>	
Employed	18
Not employed	22
<i>Ethnicity</i>	
White British	40
<i>Previous livebirths</i>	
None identified	38
1	2
<i>Current pregnancy identified as planned/unplanned</i>	
Planned	8
Unplanned	24
Other (both planned and unplanned)	8

relevant to the overall question, codes were used to capture relevant concepts which emerged from the labelling process. Every data item was coded, all codes and relevant data extracts were collated (Braun and Clarke 2013). Coded data were searched for similarities, and where similarities were found and agreed on, the data was used to construct relevant themes. Two researchers independently identified the core themes. The researchers met and reviewed the essence of the themes for their clarity in relation to the research question; the authors debated the relevance of the themes to the overall 'story' about the data, and proceeded to name the themes appropriately.

Trustworthiness of the study was promoted by carefully monitoring the research process. Two researchers analysed the data independently. The final themes were identified through discussion (Jeanfreau and Jack 2011). Credibility was maximized through repeat contact with participants, and was enhanced through discussion of the emergent themes with patient representatives—young mothers who had previously used the sexual health service, and who were key members of the advisory group.

Results

The sample consisted of 40 young mothers, living in the North of England, who gave birth to their babies aged 16–19, and who used a homebased contraceptive and sexual health service following childbirth. Findings indicate that teenage pregnancy and parenting in teenage mother contemporaries is viewed with criticism and negativity. Not only that, a number of the teenage mothers in this study used strategies to distance themselves from this negativity. Two overarching themes emerged from the data which elucidate teenage mothers' views on pregnancy in other teenage mothers; *constructions of moral judgement* and *maintaining positive self-representations*.

Constructions of Moral Judgement

Teenage mothers constructed moral judgements in relation to pregnancy in their contemporaries. Many of the participants were critical of their contemporaries, judging them in relation to their underlying motivations, their lifestyle choices before and after childbirth, and their parenting behaviours in general. The data suggests that in relation to their contemporaries, the participants supported and perpetuated a negative discourse which associates teenage pregnancy with welfare dependency, following a trend or fashion, and being immature. When asked what they felt about teenage pregnancy in other girls, many of the participants chose to present their views of the reasons for teenage pregnancy in their contemporaries. With respect to the perceived reasons, financial and material gain through benefit entitlement was most regularly cited:

I think its cause like oh I don't, I know people who have got pregnant just for money and that, it's wrong (K30N).

But a lot of people, a lot of young girls will think 'Oh, I'll get money and a house' but it's not, it's not, it doesn't work like that and it's not that simple (T2O).

Some girls do it to get a house; some girls - it's really bad and disgraceful - but do it for more money (L5O).

Maybe to get your own house and that, I think that's why some girls do it, to be a family and get money (C18N).

Moral judgements were also made in relation to, not only the motivations for pregnancy and parenting, but the actions taken to bring about the pregnancy; at times 'other girls' were judged and accused by the participants of using underhand tactics such as planning the pregnancy without the father's consent, and being manipulative and reckless:

Because most of my mates they just get pregnant to trap their boyfriends and that, and I've got a few mates that have got more than one kid and they're like pretty young (K11O).

Yes, because I know a lot of boys who are shy and stuff like that and a lot of girls who are out there and don't mind what they say, what they do, stuff like that so I think it works both ways, really. I don't think it's only the boy pressuring the girl at all (C13N).

Being drunk, (laughs). Getting drunk and then not thinking what they are doing - just being stupid really. I think that's why. I think being drunk and going out is the main reason (C13N).

They don't know because they are immature teenage girls. They think they're clever and half the time they don't know who the baby's dad is. They just sleep about and don't take precautions (L50).

'Other girls' were also accused of, and judged for being unable to think for themselves, and for being unable to avoid the influences of pressure from their friends. Peer group conformity was cited as a motivation for pregnancy in adolescence:

It's just some of them perhaps do it because it's what their mates are doing. It's like they don't have a mind of their own, they just want to fit in with everyone, but it's stupid that they have to feel that way (N22N)

Personally I don't know, but it's like in a way a fashion. It is bad to say but it's like a fashion for young mums (L50)

'Well, they've done it. So it is alright for me to do it. I want that.' I think a lot of it now is, 'They've got a baby. I want a baby and there's a trend thing (T20).

... With some lasses I think if one of their friends get pregnant, then all of them get pregnant (C10N).

Judgements and criticisms were made with respect to promiscuity and contraceptive use:

I don't know, I've seen a lot of girls around here and they will just open their legs for anybody and you should see some messages on Facebook, what they put as their statuses (S31N).

I think some people actually are stupid enough. I can call it stupid now, they're not ... they don't take it just because they think it won't happen to them and I think that's what I thought would happen ... that's what I thought that it wouldn't happen to me but it actually does, yes. So I think that's why people don't take it (S25N).

Maintaining Positive Self-Representations

Whilst *constructions of moral judgement* were evident across the data in relation to how the participants saw teenage pregnancy in others, similar to the findings of Yardley (2008), what was also evident was a desire to distance oneself from the behaviours of 'other girls'. Many participants repeatedly presented a positive, and what appears to be considered as 'morally acceptable' image of themselves. This

was evident in how they employed a variety of self-verification measures to portray themselves as decent and moral, specifically in relation to being financially independent, planning the pregnancy, and being a role model. Unlike how they spoke of their contemporaries, participants spoke of being very prepared before embarking on pregnancy, whether this meant in relation to managing finances, living arrangements, and academic achievement. Two participants pointed out they had made decisions about becoming parents, and they had waited until their examinations and schooling were successfully completed:

Not with us, no. We... Obviously in terms of doing things the right way if you like, obviously I've done, I've gone through my GCSEs, I've just finished my A-levels, and my partner has done the same (M7N)

... but for people who haven't got as good grades as me, I can walk into a job near enough straight away Gaz has struggled to get into jobs because his grades aren't as good, so for people who haven't got the grades can't get the jobs as easy, it's an easier option really. Nine months is probably a lot shorter than what it would take them to get into work (B38N).

Narratives about being independent of welfare illustrate that participants were/are keen to avoid any criticism of using pregnancy to access housing and benefits whilst suggesting that their contemporaries are doing just that:

Whereas I still live in my mum's house, where as my house apart from now but I am going to be moving out but it's not to a free house (T2O).

I know when I were at school, like, 15 or 16, I couldn't wait to get out of home, I couldn't wait to move out. I wanted to do it properly, like I said I went straight into sorting a house out ourselves (B38N).

Participants also spoke about the importance of 'good parenting'; providing a 'good life' for their baby and for ensuring a degree of financial stability:

In my sister's year, 15, 16-year-olds are having babies. I think, as long as they can bring them up and look after them and they've got some money, somewhere to live, then I think there isn't anything wrong with it (C13N)

Personally I wouldn't have a baby if I knew it wouldn't have a good life. I wouldn't have had a baby if I thought I can't afford this for her or she can't have this. I wouldn't have done that and I've always worked (C36N)

Participants seemed to work hard to portray themselves as 'decent' individuals. One participant reflected on her own childhood to illustrate how this had prepared her for becoming a good parent:

I think it is how they were brought up themselves; I think that makes a big change in how they bring their kids up. Like my mum never used to be bad with me so I think that is why I have been able to find it easy. In a way I have learnt from seeing my mum bring me up and things like that and I have looked after all the family's kids. I couldn't imagine being like that in front of kids,

like swearing and acting like they do in certain ways. But some people are brought up with the smoking and the drinking and the drugs and the swearing so it is just normal to them (B37N).

I've brought my sister up and things like that, so I'm not ... I've never drank, I've never smoked, I've never touched drugs, I've always been in by 9 o'clock at night and things like that (B37N).

One participant took an anti-abortion stance in order to facilitate the process of distancing herself:

I don't know, pregnant at the age I was, I would have to say it would have to be planned because I don't agree with abortion, and I've always said I don't, but young people nowadays, they get pregnant, think "oh my god" and in the end, they have aborted a life, they have killed ... (J12O)

Discussion

Young mothers in this study were motivated to maintain a positive self-image as they discussed their contemporaries. Similar to previous work by Ellis-Sloan (2014), our data suggests that the young mothers present themselves as entering into pregnancy from a responsible, considered position. The participants in this study are keen to articulate their decisions about housing, education, parenting, and employment pre-pregnancy. However, as they discuss their contemporary's paths to motherhood, their motivation to maintain a positive self-image leads them to engage in negative evaluations of 'other girls' in the same situation. Evident in this data is that young mothers, when asked about their teenage mother contemporaries, employed a process of 'othering'. Brons (2015) defines othering as 'the simultaneous construction of the self, or in-group, and the other, or out-group, in mutual and unequal opposition. This is achieved through the identification of some desirable characteristic that the in-group has, and the other/out-group lacks, and some undesirable characteristic that the other/out-group has and the in-group lacks (Brons 2015: 70). In this case, young mothers interviewed act as the in-group, through their perception that it is desirable to have planned a pregnancy whilst considering vital aspects such as housing, education, and employment before embarking on parenthood. They cast the other/outgroup, as undesirable, having embarked on parenthood in an unplanned, reckless and irresponsible manner.

The social category of young mothers has been constructed within a number of political paradigms in relation to a range of political ideologies replicated and reproduced both in the media, and in political rhetoric, and has become mainstream in the social and cultural milieu (Arai 2009). The process of 'othering' evident within the data shows how young mothers themselves inculcate these messages, and they too contribute to the social construction (Berger and Luckmann 1991) of 'young mothers' as a negative category. Not only do the young mothers in this study employ 'othering' to maintain their self-esteem at acceptable levels, we suggest 'othering' is an approach taken to deflect the stigma of teenage parenting.

In constructing moral judgements about their contemporaries, teenage mothers engage in vilifying the 'other', in relation to benefit entitlement, boyfriend entrapment, over use of alcohol leading to an unintended pregnancy, promiscuity and following the crowd. Othering facilitates the process of defining and securing their identity by distancing and stigmatising 'an (other)' (Grove and Zwi 2006). Our findings suggest that by casting their contemporaries as the 'other'; that is the stereotypical teenage mother portrayed through the media, the young mothers interviewed in this study establish their own identity through opposition to this. Whilst this may be helpful to their own internal narrative on their pregnancy, it unfortunately compounds the stigmatisation of teenage mothers as a group.

The framework of othering facilitates a greater understanding of the motivation behind teenage mothers' negative evaluations of their contemporaries. Our data suggests that the ongoing negative depiction of parenting in adolescence provokes teenage mothers to self-portray morality, maturity and responsibility, whilst setting themselves against the alleged irresponsible, immoral behaviors of their contemporaries. This analysis supports the longitudinal study of teenage mothers' by Wenham (2016:138) who found that teenage mothers try to adopt behaviours and attitudes that 'set them apart' from their contemporaries as they developed their 'Maternal Careers' to deflect stigmatization. We suggest that our work builds upon the work of Wenham (2016) by proposing that the issue of peer support among teenage mothers can play a substantial part in how young mothers address and respond to prejudice and stigma.

The tendency to identify other teenage mothers as able to provide an appropriate and valuable source of empowerment and advice has become more prevalent in the support of young people in relation to health and healthy lifestyles, with a particular focus on teenage pregnancy and rapid repeat motherhood (Mental Health Foundation 2013; McLeish and Redshaw 2015; Department for Education and Skills 2006). In addition, the peer support approach has been explored, evaluated and conceptualized by researchers, who warn against assumptions that it is neutral or value free (Dennis, 2003). Findings from this study suggest the complexity and range of influences that shape and structure peer support need to be appreciated, so that support schemes can be used in the most positive and empowering way possible for all parties involved (Cotterell 2013).

This is particularly relevant in a climate of austerity, where formal support is being 'rolled back' and informal, friendship networks are being mobilised to support young mothers (Ellis-Sloan and Tamplin 2018). The evidence here suggests that it is not appropriate to rely simply on informal networks; friendship groups can offer valuable support, however it is the quality of the friendships (rather than quantity) that is important here. In addition, it is important to note that skilled formal support can bring with it a critical awareness of the prejudices young mothers face from broader social structures; in other words, supporting young mothers also requires, in addition to informal networks, professional and formal support, information and advice. What is needed therefore, is a broad mixture of both informal and formal support; in addition to spaces and opportunities to develop and engage with informal networks (Ellis-Sloan and Tamplin 2018), on-going investment is needed to provide young mothers with access to skilled, formal support.

Conclusion

An exploration of the attitudes of teenage mothers towards their peers highlights how the portrayal of teenage pregnancy within wider society impacts upon the ongoing stigma attached to teenage pregnancy within the teenage population.

Health and social care professionals working with young parents are encouraged to sensitively challenge stigmatising attitudes, highlighting the consequences of stigmatisation, and presenting a more balanced, evidence based, fair perspective of teenage parenthood for all to contemplate. This data suggests that approaches such as peer education and peer support used in reproductive health (Kim and Free 2008; Southgate and Aggleton 2016) should not be considered neutral, taken for granted processes, but may be complex and more nuanced. Health and social care professionals supporting young parents should be aware of the potential for stigma, discrimination, isolation and exclusion from peers. When peer support is made available to young parents, these encounters must be managed critically, and with expert guidance. Finally, public health initiatives should address the health needs of this stigmatised group, instead of overlooking the impact of the continuing influence of the media and political rhetoric on teenage parents.

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Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical Approval This study was reviewed and given ethical approval by two bodies: Faculty Research Ethics Committee, FHS, University of Hull and the Health Research Authority via the Integrated Research Application System (REC Ref: 13/YH/009).

Informed Consent Informed consent was obtained from all individual participants included in the study.

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