

# Perceived stigmatisation of young mothers: An exploratory study of psychological and social experience

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## Abstract

Patterns of childbearing vary cross-culturally and historically. In Canada, the average age of women at first birth was 28 in 2003, with almost 50% of all births occurring to women 30 years of age and over. This represents a radical change from the recent past—in 1971 average age at first birth was 22.8. Such changes may impact upon dominant discourse regarding normalcy and deviance with regard to women's fertility behaviour. The effect of shifting demographics and discourse on the psychosocial experience of mothers has not been a focus of study in Canada. We conducted a grounded theory study exploring the psychosocial experience of mothers of varying ages and ethnic backgrounds in Montreal. Thirty-three women partook in either an in-depth individual interview or focus group. By the end of the research, age and ethno-racial status emerged as two key grounded variables affecting women's experience of motherhood. Anglophone Euro-Canadian participants in their early 20s felt strongly stigmatised as mothers, which they attributed to their age at parity. In contrast, older Anglophone Euro-Canadian mothers and Anglophone Afro-Caribbean mothers of any age rarely mentioned stigma as a facet of even minor importance. The perceived stigma permeated the lifeworlds of younger Anglophone Euro-Canadian mothers with negative cognitive, emotional and behavioural effects. We argue that such stigmatisation may serve a penological function to affirm and maintain dominant Anglo-Canadian middle-class cultural norms emphasising the importance of education, careers and delayed childbearing for women. Younger Anglophone Afro-Caribbean mothers may not feel such stigma because early age at parity is more common in the Caribbean sub-culture, which may be relatively more pro-natalist than mainstream Euro-Canadian culture. We conclude by theorising that Anglophone Euro-Canadian mothers in their early 20s may now be experiencing aspects of social exclusion traditionally associated with 'teenage mothers.' This may have a deleterious effect on health.

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## Introduction

Patterns of childbearing vary both cross-culturally and historically. In Canada, the average age of women at first birth in 1971 was 22.8, while by 2003 it was 28.0 (Statistics Canada, 2005a). In fact, almost 50% of births in Canada are now to women

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30 years of age and over, a radical change from the situation a few decades ago. Delayed childbearing is now the norm in Canada, a situation replicated in developed nations across the globe (United Nations, 2003). As fertility patterns change, so does dominant discourse regarding what (and who) is ‘normal’ and what is ‘problematic.’ McMahon (1995) notes that, in times past, young motherhood was chiefly considered not only appropriate, but desirable. Currently, young motherhood is more often considered problematic and undesirable. Shaw, Lawlor, and Najman (2006) note that the Canadian Government is among a host of western governments (including the UK and the USA) that are actively intervening to lower fertility among women 20 years of age and below. Nathanson (1991) argues that teenage childbearing was constructed as a ‘social problem’ in the US during the 1970s, partly through increasing fears of African-American population growth and ‘moral’ issues surrounding female sexuality. Geronimus (1996, 2003, 2004) has cogently argued that discourse in the USA regarding appropriate childbearing ages is often intertwined with issues of race and culture. She argues that African-Americans may be targets of social opprobrium for engaging in early childbearing, mainly because it violates the Euro-American cultural model of postponing childbearing beyond the teenage years—conventional wisdom holding that early childbearing is a behaviour with disastrous consequences in terms of educational and occupational attainment. Most of this international literature converges to suggest that women aged 20 and under engaging in childbearing (somewhat disparagingly labelled ‘teenage mothers’) across the western world suffer varying hardships related to such opprobrium, including stigma, moral condemnation and social exclusion (Geronimus, 2003, 2004; Lawlor & Shaw, 2002, 2004; Shaw et al., 2006).

Though these studies have made an important contribution to critical discourse surrounding timing of childbearing, changing demographics may demand new foci of inquiry. For example, studies that compare ‘teenage mothers’ to other mothers tend to imply a sharp dichotomy in experience between these two categories. Heterogeneity within the ‘20 and over’ category is not recognised. However, as average age of parity increases, definitions of who is a ‘young mother’ may also change. Models that dichotomise mothers into ‘teenage mothers’ and ‘the rest’ may need to be re-considered as patterns of childbearing change in the

general population. Given that average age of parity in Canada is currently almost 30, women giving birth in their early 20s are now engaging (in relative terms at least) in early childbearing. New research needs to accompany this demographic shift to explore these issues. It may well be that as fertility norms change, so does discourse (and concomitant subjective experience) surrounding normalcy and deviance.

The present exploratory study attempts to shed light on these issues, examining the lived experience of recent mothers, in the context of these changing demographics. A qualitative methodology was employed within the interpretive framework of sociology that emphasises subjective experience and personal meaning. In line with this tradition, the study was primarily data driven under the rubric of grounded theory (Glaser & Strauss, 1967). We did not impose narrow a priori parameters regarding specific foci of interest with regard to subjective experience and personal meaning. Literature suggested that matters such as maternal age, ethnicity, income, neighbourhood of residence and family structure would influence the results. However, we did not pre-commit our data collection or analysis to any of these variables. Instead, our aim was to give voice to participants’ lived experience, allowing issues and categories to emerge from the data.

## Method

### *Selection and recruitment of participants*

The study was designed to examine the differential experience of motherhood between two different ethno-cultural groups living in the same inner-city neighbourhoods of Montreal: Anglophone Euro-Canadians and Anglophone Afro-Caribbeans. Anglophone Euro-Canadians were defined as those having European ancestry whose primary language of communication was English. Anglophone Afro-Caribbeans were defined as those born in the Commonwealth Caribbean or descendants of recent immigrants from the Commonwealth Caribbean, whose first language was English, and whose lineage was primarily African. We set out to recruit women of diverse ages and incomes within these groupings. It was hoped that this strategy would allow assessment of relevant variations in subjective experience and personal meaning. This approach is consistent with the tenets of grounded theory, which suggest inclusion of multiple

comparison groups that help stretch and challenge emerging theory (Glaser & Strauss, 1967; Strauss & Corbin, 1994). Grounded theory also encourages analysis that allows for the natural emergence of groups—thus demarcation of groups should not be set in stone. Consequently, we did not specify categories such as age in advance, allowing any differential experience to emerge naturally from the data.

We recruited women from a variety of sources in an attempt to prevent bias associated with over-reliance on a single method of enrolment. Advertisements were placed in three community newspapers inviting interested mothers to call the study number to discuss participation. One of these was a generic newspaper about parenthood in Montreal, the other two were newspapers serving the local Caribbean Community. This method of recruitment yielded a substantial number of older Anglophone Euro-Canadian mothers but fewer Anglophone Afro-Caribbean and younger Anglophone Euro-Canadian mothers. Nevertheless, early in the recruitment process, these few younger participants voiced divergent experience from the majority. To follow up on this, the first author contacted and subsequently visited a number of mother and baby support or activity groups explicitly serving Anglophone Afro-Caribbean, and younger Anglophone Euro-Canadian, populations. During these visits, the research was explained and attendees were given the opportunity to sign up for participation. This method, commonly used in sociological studies of motherhood (e.g. Bailey et al., 2002; Mitchell & Green, 2002) yielded the vast majority of Afro-Caribbean and younger mothers participating in the present study. Almost all of the women lived in the central or western part of Montreal, with lower-income women often living close to higher-income women. This reflects the fact that Montreal is a city without segregated ‘Black ghettos’ or extreme socio-economic residential segregation (Germain & Rose, 2000).

#### *Interview and focus group procedures*

All but four women participated in an in-depth interview with the first author. Most were held in the participant’s homes, though a few were conducted in university offices. Interviews lasted 60–90 min and were audiotaped. The four other women, all of whom were known to each other, participated in a focus group at one participant’s

house. This was conducted at the women’s request. The group lasted 90 min and data gathered from this method was similar in form and content to that yielded by in-depth interview. Interviews and the focus group followed a topic guide that was formulated after discussion with colleagues, key informants and a review of academic and lay publications dealing with issues of motherhood. The topic guide listed appropriate areas to cover, including experiences of motherhood, service utilisation, and social support. The interviewer asked simple, open-ended questions in order to elicit unbiased responses, for example: ‘how’s it been since having your last child?’ and ‘tell me about social support you have received?’ The McGill University Institutional Review Board gave ethical approval for the study. All participants gave informed consent. Data collection occurred between spring 2004 and spring 2005.

#### *Analysis*

Analysis was driven by the grounded theory approach outlined in the various writings of Barry Glaser and Anselm Strauss (Glaser, 1978, 1992; Glaser & Strauss, 1967). This primarily inductive method requires that analysts develop prominent themes and categories during data collection that is grounded in the lived, day-to-day experience of participants. Provisional themes are then tested as working hypotheses on further rounds of data for further verification or rejection. In the present study, prominent themes were defined as issues that were common, pervasive and dominant—that is, as issues defined by participants as of supreme importance in their lives (Strauss & Corbin, 1994). Further weight was given to themes if raised unprompted by participants and expressed with forceful language and concomitant emotional arousal. Preliminary analysis began at the time of data collection. The first author noted observations and reflections after each interview. The interview recordings were then listened to again, with common themes and significant quotes being marked. Interviews were then transcribed verbatim by professional transcribing staff into a word processing package and uploaded into Atlas-ti qualitative software (Muhr, 1997). The first author then conducted a more nuanced analysis. Firstly, the two ethno-cultural groupings were coded independently, with prominent group themes noted and discussed. Secondly, a similar independent

analysis occurred with regard to comparison of two age groups, those 25 and under (younger mothers) and those over 25 (older mothers). This was an emergent threshold—the first author noted a marked disparity in experience between younger and older mothers during early data collection, which became stronger during analytic iterations.

During these iterations, the first author engaged in constant comparative analysis, deliberately searching for significant similarities and differentials across individual participants in order to test emerging categories and themes (Glaser & Strauss, 1967). These were discussed between the authors as well as with project research assistants (who had read a sub-sample of transcripts) and other expert collaborators on an ongoing basis. After disputes, the first author would revisit the data, re-examining the contentious provisional findings. Discussions would then ensue on whether the re-examination warranted a collapsing, expansion or deletion of a theme. Final agreement on emerging themes was reached by consensus. This form of multiple coding is recommended to strengthen validity of results (Pope & Mays, 2000). The overall synthesis of this process is presented in the results.

### Final sample

In total, 33 women participated in the study, almost all of who had at least one dependent child 3 years old or younger. Details of the final sample are presented in Table 1. Of the 12 Anglophone Afro-Caribbean participants, 7 were born in the Caribbean, 4 were born in Canada and one was born in

Europe. Of the 11 mothers in the 25 or under grouping, only one was in her teenage years at the birth of her last child.

## Results

A striking difference emerged from the data. Younger Anglophone Euro-Canadian participants felt severely stigmatised, which they attributed almost solely to their ‘young’ age of motherhood. In marked contrast, older Anglophone Euro-Canadian participants and Anglophone Afro-Caribbean participants of any age hardly mentioned stigma as a facet of even minor importance in their lives. The results section chiefly focuses on the perceived stigma of younger Anglophone Euro-Canadian participants through documentation of two significant processes that emerged from the data: (i) social exclusion and (ii) negative rumination. All names used in the results are pseudonyms, and some characteristics have been deliberately blurred to protect anonymity. Supporting quotes are composites of individual narratives and are emblematic of the wider data.

### Social exclusion

Almost all of the younger Anglophone Euro-Canadian participants gave instances of social exclusion, which they attributed to stigma associated with having a baby at a ‘young’ age. Most said they had social difficulties because they were pre-judged as being, in their own words, ‘a failure,’ ‘retarded,’ or ‘an oddball.’ Rejection was mostly

Table 1  
Key variables of the sample

	25 or under at time of interview N = 11	26 or over at time of interview N = 22	Total N = 33
<i>Anglophone Euro-Canadian</i>	<i>n</i> = 7	<i>n</i> = 14	<i>n</i> = 21
Mean age at birth of last child	20.9 (SD = 2.0, range 18–24)	30.1 (SD = 3.2, range 27–37)	
Single mother	2 (28.6%)	0 (0%)	2 (9.5%)
University degree obtained or in progress	2 (28.6%)	9 (64%)	11 (52%)
Household income < \$30 000/year	7 (100%)	1 (7%)	8 (38%)
<i>Anglophone Afro-Caribbean</i>	<i>n</i> = 4	<i>n</i> = 8	<i>n</i> = 12
Mean age at birth of last child	21.8 (SD = 0.5, range 21–22)	30.3 (SD = 3.3, range = 24–34)	
Single mother	3 (75%)	6 (75%)	9 (75%)
University degree obtained or in progress	0 (0%)	2 (25%)	2 (16.6%)
Household income < \$30 000/year	4 (100%)	6 (75%)	10 (83.3%)

experienced in the public arena from unknown strangers on buses, on the streets, in parks. Below is a quote from Danielle, a 24-year old single mother with a 3-year old child.

They look at you way differently if you are younger, like I am retarded or something...it really bugs me actually, it does, there's some days I don't wanna deal with this shit, I just stay in. Some days you're out there and you're just in a bad mood and...someone just starts on me too and I just go 'WHAT?!', 'WHAT DID YOU SAY?!' They so picked the wrong day to give you the comment too...it's like 'leave me alone'. Some days you can deal with it, some days you can't... I get shit all the time on the bus, 'what are you doing with your kid? Do this! Do that!' She's still alive after 3 years right, so I must be doing something right! A lot of people say I look 18 so I think I get twice as much bad comments...I am being punished. [Danielle's emphasis]

For Danielle, opprobrium emanates from the general public. This opprobrium and stigma has a censorious effect on her social life that causes pain and distress. She feels unaccepted and devalued because she is a 'young mother.' Her social life suffers as a consequence. A similar experience was described vis-à-vis informal support services open to the general public such as breast-feeding clubs and mother-child groups. Almost all younger Anglophone Euro-Canadian participants said that they felt particularly stigmatised by older 'career moms' at these groups. Jane is 25 years old, employed part-time and married with two children under three. She had terminated involvement with many such groups because she felt older mothers dominated them. She was pleased to find a program that specialised in supporting mothers 25 years old and under.

I've tried other playgroups and mother-toddler groups and stuff like that around this area and I just didn't enjoy it, just can't relate to that...I think what makes a big difference is the generation gap...it's very difficult, I know it doesn't seem that difficult, even 10 years difference, a 35 year old, but I dunno, its hard to relate to older parents, they haven't had to go through the same hardships, that young people do, and just the backlash that young people have...older people they look at you, they see how young you are, your kids, automatically you're labelled as

problematic, 'you don't know what you are doing, you are not capable, let me tell you!, let me give you some advice!'. And sometimes it is just over-flowing the advice and you get so angry with people.

Another younger mother stopped going to a group for similar reasons stating: "a lot of women in their 30s and 40s...I wasn't intimidated by it, but I still felt like they were talking down to me and I felt...I didn't feel comfortable at all...it wasn't for me." Interestingly, participants did not highlight staff at these groups as a source of stigma. In fact, medical professionals per se were not mentioned as stigmatising in this regard: the finger was pointed at the general public (especially older women) and occasionally even at family members. For example, Laura is a 23-year-old mother with a 3-year-old daughter. She is currently studying at a higher-education institute and in a common-law relationship. She attributes a consequent episode of mental illness to familial rejection:

Well it was stressful for my parents because I was young. My dad is a senior executive and I guess he was very, they are very-high achievers, so for my parents it was very shameful that I became a young parent, and they were not that supportive. It was more out of need to support me, but there was a lot of shame involved with it, and it was a huge stress on their marriage that they actually blamed me for their problems. They made me feel like I hurt them and a failure, like a good for nothing. Sorry, I was internalising all of that. So... blame me for...so that was a huge stress, so for me it was hard... we left on pretty bad terms... that was stressful...I had a lot of anxiety and depression...I was really, really low, really depressed, suicidal. I was pretty much completely alone, raising a child by myself... I had absolutely no support at all.

Laura states that her family thought that early childbearing was 'shameful,' denoting a woman who was a 'failure.' Consequently, she felt 'completely alone' which made life 'hard' to the point where she was 'suicidal.' Geronimus (2003, 2004) explicitly proposes that social support to mothers is often offered or withheld according to the purveyor's moral beliefs about appropriate ages of childbearing. This appeared to be the case in the experience of these women.

In contrast to the experience of younger Anglophone Euro-Canadian participants, Anglophone Afro-Caribbean participants of all ages tended to suggest that being a mother actually *enhanced* their social status and concomitant social activity, with many explicitly stating that childbearing and rearing were highly valued in their own sub-culture. Below is a quote from Jill, a 24-year old Anglophone Afro-Caribbean mother of a 2-year old.

West Indian people put a lot more value on their children. Here if you have a child, you can't contribute to the income, the society income, but back home, for them, it's like the village who nourishes off children. Why? Because they help the community, they do works, they do, they help take care of the yard, the animals, the trees, the garden where they get their food. So, it's like, it's unheard of if a woman back home like is 40 years old, it's unheard of being in the West Indies and saying that I'm going to put my career first. It's not heard of. If you don't have a kid, people are like, 'what's the matter with you?'

Jill suggests that in her own Anglophone Afro-Caribbean culture, being childless is almost a source of stigmatisation. These comments were echoed by other Anglophone Afro-Caribbean participants, who rarely mentioned stigma associated with motherhood, but instead focused on the positive social consequences of being a mother, for example bringing them closer to female family and friends. Anglophone Afro-Caribbean norms associated with motherhood may have been perpetuated in the Montreal setting.

Among older Anglophone Euro-Canadian participants, stigma was absent from their discourse surrounding motherhood, though their experience regarding social support and activity was complex. Many were geographically and emotionally distant from their own parents *prior* to childbirth. Their high incomes and older ages appeared to give them a large degree of financial and psychological independence. For this group, the relative solitude of the nuclear family appeared voluntary and mostly desirable, whereas younger Anglophone Euro-Canadians were evidently distressed by their relative isolation.

#### *Negative rumination*

The content and tenor of interviews with younger Anglophone Euro-Canadian participants suggested

that perceived stigma has a deleterious impact on their emotional and cognitive lifeworld. These participants appeared to be finely attuned to the critique of their parental status implicit in the attitudes and behaviours of third parties. Almost all internalised this critique to some extent, leading to varying degrees of shame, guilt, anger and self-questioning. These processes are illuminated in the quote from Jane below:

You are walking a fine line, you think the entire public are watching you, under a magnifying glass, saying 'you better do things right', as if there is not enough pressure already! They are saying 'you're kids are going to end up screwed up with ADHD!'. Who knows? 'They're going to end up with a therapist or they're going to end up on the streets doing drugs!'... There is just too many things to worry about, I felt, I still feel, a lot of pressure, that's how young mothers are seen, as people who aren't capable of taking care of their kids or themselves. It seems like these days they will take your children away for anything. It's not what my kids are doing that is stressing me out, it's what my mind is telling me I should be doing, but that's because I've got that idea from everything around me

Jane felt that she was subject to unwarranted formal and informal societal surveillance. She felt that this indicated contempt and distrust of young mothers, whose capabilities were doubted and questioned by the general public and social services. This was somewhat internalised, in that she came to routinely scrutinise and question her own behaviour; this was related to ongoing psychological distress. Below are two more quotes instantiating the process and impact of negative rumination from Jennifer and Danielle:

I am sick of it all! They put a lot of pressure on things you shouldn't have to worry about. I really doubted myself and my capabilities and I really, I was really depressed about that, about what kind of mother I would be to my child because of what other people had said about me. It's not fair, they have no right!

It was pretty hard at first, when I first had her, you start doubting yourself...it got to a point, I told my friends, 'I'd smack someone's face!' They're all like...we all got knocked up and we're totally useless and our kids should... people

told me ‘why don’t you put your kid up for adoption...what are you doing?’ Like I don’t know I guess they think we just sit around chain smoking and watching TV and stuff...you know yelling at our kids. I was twenty-one when I got pregnant like I wasn’t even like fifteen. I don’t think that I was like...that young...I wasn’t a teenager like the dreaded teen pregnancy”

It was noted earlier that Danielle believed the general public associated her youthful looks with ‘the dreaded teen pregnancy.’ Interestingly, none of the other women made a connection between their own negative experience and public perceptions that they may have been a ‘teenage mum.’ This suggests that the perceived stigma traditionally associated with ‘teenage mothers’ maybe expanding to include mothers in their early 20s as well.

Both Jennifer and Danielle note that the unsolicited words and actions of other people undermined existing confidence regarding their mothering ability. Jennifer said that this made her ‘sick’ and ‘depressed.’ Danielle said it led her to want to ‘smack someone’s face!.’ The actions of third parties in this regard was amplified for these two participants, as they stated elsewhere in their interviews that their previous experiences with children (e.g. in their extended families or through babysitting) actually made them feel quite confident in the day-to-day aspects of raising children. Danielle closes by giving a satirical reference to the worn-out image of a young, single mother, again indicating the power of social stereotypes to invade and dominate the self-concept of those they are intended to represent.

Almost all of the participants in this study (regardless of age or ethnicity) felt some degree of doubt and self-questioning regarding their maternal competency and self-identity. However, doubts amongst older Anglophone Euro-Canadian participants were mostly self-generated and unrelated to surveillance or disdain by third parties. Interestingly, Anglophone Afro-Caribbean participants of any age probably displayed the most equanimity in this regard. They did not experience the same kind of negative rumination regarding their maternal status and competencies, perhaps because they did not feel the disdain and surveillance of outsiders. They generally associated the response of outsiders with joy and happiness. Marlene is a 42-year-old mother of seven. She says that her children are ‘her rock’ and she has felt supported by her family, her church and her friends. Like many of the Anglo-

phone Afro-Caribbean mothers, she comments on varying cultural norms:

The cultural factors that I find ok with West Indian parents is that they think it is a norm to just have babies, ok! I didn’t have my children for other people to take care of. We don’t get compensated for this. And we are the ones taking care of the children of the future.

Feelings of guilt, shame, humiliation, pain and internal conflict associated with ‘young’ motherhood seemed to dominate younger Anglophone Euro-Canadian participants’ lives, whereas they were not manifest among younger Anglophone Afro-Caribbean participants. Membership in the Anglophone Afro-Caribbean sub-culture may act as a protective cocoon with regard to stigma associated with young motherhood, related to differing cultural norms regarding motherhood.

## Discussion

The key finding of this study is that younger Anglophone Euro-Canadian participants felt severely stigmatised as a consequence of their parental status. The experience of stigma was almost entirely absent from the narratives of older Anglophone Euro-Canadian participants and Anglophone Afro-Caribbean participants of any age. This stigma had various deleterious affects on the social, affective and cognitive dimensions of their lifeworlds. Most notably, it appeared to lead to social exclusion and chronic negative rumination. The aim of a grounded theory study is to produce a testable theory grounded in real data, rather than generalisable findings. In an attempt to ensure erroneous inferences are not drawn from the present study, we firstly deal with its methodological limitations, before going on to document the grounded theory generated by the study.

### *Limitations of the study*

This was an exploratory study aiming to generate theory that can be further investigated. Findings are suggestive and inferences drawn about other women in Montreal and elsewhere are tentative. There were small numbers of participants in some of our sub-groups, with only seven younger Anglophone Euro-Canadian mothers and four younger Anglophone Afro-Caribbean mothers. Recruitment was difficult for a number of reasons. There is a relatively small

population of Anglophone Afro-Caribbean mothers in Montreal, and owing to experiences of discrimination in this population, they may be somewhat averse to participating in research (Henry, 1994; Kelly, 1998). Younger Anglophone Euro-Canadian mothers may be reluctant to participate in research for the very reasons uncovered in this paper: it may be considered part of the omnipresent surveillance mechanism that imprints stigma upon them. A larger sample would have increased validity and transferability of findings. That said, clear differentials emerged with the younger Anglophone Euro-Canadians describing a distinctly different experience to other participants. This indicates internal validity of the results within this sample.

A related limitation concerns reliance on community volunteers recruited through newspaper advertisements and mothering groups. Mothers responding to our solicitations may have differed from the majority of mothers in Montreal. It might be that disaffected young women were drawn to participate in the study in order to give vent to especially strong opinions and negative experiences. Another limitation is the possible confounding of effects of age, marital status and socio-economic status on experiences of stigmatisation. As can be seen in Table 1, younger mothers were more likely to be single mothers, less likely to have a university degree and more likely to have a lower household income. This is unsurprising, given that socio-economic status generally accrues with age. These other factors may similarly work to mark them out as 'deviant,' further adding to perceived stigma. That said, five of the seven younger Anglophone Euro-Canadian mothers were not single mothers, two were pursuing university degrees and most of the others worked part time or full time. Their consistent view that they were stigmatised primarily because of their young age, rather than lack of education, unemployment, or single motherhood, is somewhat supported by their own socio-demographic reality. Related to this, it is important to note that Quebec is the only province in Canada where more children are born to never-married mothers than to married mothers (Institut de la statistique du Quebec, 2005; Statistics Canada, 2005a). Thus, unmarried motherhood in Quebec is the norm and may be less stigmatised than in other parts of Canada, again supporting younger Anglophone Euro-Canadian participants' central argument that perceived stigma was related to their age.

The final limitation is that this is primarily a study of perceived experience; it is not a social attitudes survey or an empirical attempt to establish causes of stigma. We did not ask older mothers for their views of younger mothers, as this was beyond the epistemological orientation of the research. The results raise further questions regarding cross-cultural attitudes to motherhood and the broader norms and values that may lead some groups to be singled out and stigmatised.

#### *Generated theory and further research*

Given the exploratory nature of the research, we are restricted in making definitive statements regarding empirical findings. That said, the aim of a grounded theory study is generally to produce a 'local' substantive theory that can be further tested and explored elsewhere. Based on our results, we theorise that Anglophone Euro-Canadian mothers in their early 20s may be facing some of the social exclusion traditionally associated with 'teenage mothers.' Ongoing demographic changes may influence these dynamics of social exclusion. Notably, women in Montreal who bear children in their early 20s are currently deviating from the demographic norm. Average age at first birth in 2003 was 28.0. Almost 50% of births in Quebec are now to women 30 years of age and over (Statistics Canada, 2005a, 2005b). To put it more bluntly, early childbearing is now, in demographic terms, 'abnormal.' It may be that demographic 'abnormality' intersects with dominant conceptualisations of social and moral 'abnormality' in the production of stigma among younger Anglophone Euro-Canadian mothers. Such an interpretation would aid comprehension of the lack of stigmatisation reported by younger Anglophone Afro-Caribbean mothers. Unfortunately, fertility data by ethno-cultural status is unavailable in Quebec or Canada, though it has been noted that immigrant women have a significantly higher total fertility rate (TFR; 1.8) than the Canadian born (1.5, Statistics Canada, 2005b). Quantitative research suggests that the TFR is significantly higher and maternal age at birth is lower in Commonwealth Caribbean nations (United Nations, 2003). Data from the USA suggests that early childbearing is significantly more common, normative and desirable among African-Americans than Euro-Americans (Geronimus, 2003; McAdoo, 1997; Roschelle, 1997). This raises the question of the moral, demographic and social status of early



childbearing amongst the Anglophone Afro-Caribbean sub-culture in Montreal. Some of our participants argued that childbearing in general was more normative and highly valued in this sub-culture (see quotes from Jill and Marlene in the results). This is consistent with other research among Anglophone Afro-Caribbeans in Toronto, which suggests early childbearing is normative, if not desirable (Henry, 1994). It may be that norms within the Anglophone Afro-Caribbean sub-culture in Montreal are supportive of early childbearing, and thus protective against wider societal stigma, though further corroboratory research is necessary to explore these issues.

Stigma accruing to younger Anglophone Euro-Canadian mothers may be linked to wider North American norms that intensely valorise career and educational achievement as markers of ‘success’ for young women. A commonly held belief is that early childbearing is a significant barrier to the achievement of such ‘success,’ though data supporting such a hypothesis is equivocal (Geronimus, 2003, 2004; Lasch, 1977; Nathanson, 1991). Young Anglophone Euro-Canadian women who deviate from these prototypical scripts may be considered exemplars of what Goffman (1963) calls the morally ‘tainted and discounted,’ and, in consequence, may be duly marked out for scrutiny and criticism. In fact, a close reading of the results shows that younger Anglophone Euro-Canadian participants used penological terminology to describe their predicament. Common phrases used (or variants thereof) include ‘I am being punished,’ ‘it is confining,’ ‘the backlash,’ ‘I feel condemned,’ ‘it makes me feel guilty,’ ‘I am being judged.’ Such language did not occur in the discourse of other participants. Part of this penalisation involved perpetual surveillance and frequent opprobrium from the general public. This ‘disciplinary gaze’ (Foucault, 1995) was internalised to varying degrees, leading to shame, guilt, self-questioning and self-doubt. This could be considered a punishment in itself for the social ‘crime’ of early childbearing. In summary, younger Anglophone Euro-Canadian women perhaps feel ‘punished’ for transgressing not only a demographic norm, but also for violating commonly held Euro-Canadian middle-class ideals regarding education, employment and appropriate time for childbearing.

## Conclusion

From this study, we produce a grounded theory that Anglophone Euro-Canadian mothers in their

early 20s may perceive stigma and experience social exclusion traditionally associated with ‘teenage mothers.’ This appears to have deleterious effects on various behavioural, affective and cognitive aspects of everyday life. We make theoretical links between perceived stigma and changing demographic norms, noting that it may serve a penological function upholding dominant ideals regarding ‘appropriate’ fertility behaviour. We did not conduct a discrete health evaluation of participants but we note that social exclusion and lack of self-esteem have been linked to the onset of post-natal depression (Beck, 2001; Mills, Finchilescu, & Lea, 1995). Similarly onset of depression has been linked to life events (such as childbirth) that are followed by chronic difficulties, particularly those characterised by humiliation and defeat (Brown & Harris, 1989; Brown, Harris, & Hepworth, 1995). Given that our participants experienced all of the risk factors mentioned above, it is likely that they constitute a high-risk group for common mental disorders such as depression. Other research has consistently linked social isolation to various other broader health outcomes, including mental health (Berkman & Syme, 1979; Cohen & Wills, 1985; Kawachi & Berkman, 2000). We thus hope our paper will stimulate further research testing our theory that age, parental status and ethnicity interact in the differential perception of stigma and social exclusion. This can then be linked to discrete health outcomes, ensuring that the potentially damaging disparities documented in this paper can be further elucidated.

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