

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

**Antenatal Education for Adolescents:
A Qualitative Study from a Foucauldian Perspective**

**A thesis presented in partial fulfillment of the
requirements for the degree of
Master of Philosophy
at Massey University, Albany,
New Zealand.**

Anna Brown

2011

Abstract

The purpose of this research has been to explore the arguments around whether antenatal education (ANE) programmes dedicated to adolescents are beneficial. Epidemiological research presents pregnancy during the adolescent years as problematic and positions the pregnant adolescent and her baby at risk for ongoing negative health and social outcomes. In an attempt to increase the uptake of ANE by pregnant adolescents and their partners and therefore improve these outcomes, ANE programmes dedicated specifically to adolescents have been established. Using Foucault's concepts of power, the medical 'gaze', surveillance, and governmentality, a qualitative methodology positioned within a critical paradigm has been utilised to challenge some of the taken for granted assumptions around the delivery of a dedicated adolescent ANE programme. These concepts also enabled antenatal education to be examined from an alternative theoretical perspective and provide an alternative view of antenatal education as a bio-political and disciplinary power that is capable of constructing the individual. One health practitioner, nine female and four male adolescents participated in semi-structured interviews, either individually or as a group, to discuss their views and experience of the ANE programme. Thematic analysis was used to create topic groups that were integrated into themes. The two following overarching themes were identified: bio-politics: how the population of pregnant adolescents are managed and subjected to extra surveillance and intervention; and anatomo-politics: where the health education that the participants received constructed a representation of a normal or ideal birth experience and feeding choice. This thesis argues that an adolescent ANE programme reinforces an identity of difference from other expectant parents and can be a manifestation of the 'gaze', subjecting the adolescents to 'surveillance', which results in increased intervention. It explores some of the strategies used to facilitate the management of this population; identifies some of the techniques that are used in health education to instill self-discipline and gain compliance; and identifies how the disciplinary power of health education is sometimes resisted by the participants.

Acknowledgements

There are many people I would like to thank who have contributed to the completion of this thesis. Firstly, thank you to all the participants whose contribution made this research possible. I am truly grateful for how you all so readily shared your views and experiences with me. To the young parents, I sincerely wish you all a happy and rewarding journey through parenthood.

I would like to express my sincere gratitude and thanks to Dr Annette Huntington whom I feel very privileged to have had as my supervisor. Thank you for introducing me to the work of Michel Foucault which has opened new and interesting ways for me to see and understand so many aspects of nursing and healthcare. You have made this thesis such a challenging and rewarding experience.

Thank you to Dr Denise Wilson for starting me out on this research and proficiently guiding me through the initial stages. Thank you also to Dr Lanuola Asiasiga; your supervision throughout the interviews and report writing was invaluable. I would also like to thank Dr Stephen Neville; I appreciate the time you spent discussing Foucault with me, which kept me afloat while Annette was overseas.

I am truly indebted and thankful to my wonderful family for their continued support which has enabled me to keep going. Thank you for understanding my preoccupation with this work. I am very grateful to my husband, Andy, who has kept the household running so efficiently, and to my children Dylan and Lucy for the sacrifices they have tolerated. I hope I have inspired you to be always wanting to learn.

Thank you also to my good friend Helen for helping me realise that this journey was achievable from the beginning. I am always grateful for the encouragement, interest and understanding that you have provided.

Table of Contents

Abstract	i
Acknowledgements	ii
Chapter One: Introduction	1
Terminology.....	1
Background	2
Adolescent pregnancy	3
Antenatal education	4
Antenatal education for adolescents	5
Research objective	5
Relevance to health practitioners	6
Summary	6
Outline of the thesis structure	6
Chapter Two: Literature Review	8
Introduction.....	8
Literature search techniques	8
Adolescence	8
Adolescent pregnancy	10
Constructions of adolescent pregnancy.....	11
Deviated from society's norm	11
The pregnant adolescent stereotype	13
Adolescent pregnancy as a public health problem.....	15
Obstetric and neonatal outcomes	15
Educational disadvantage.....	18
Socio-economic disadvantage.....	19
Adolescent fathers.....	21

An early transition to parenting	22
A vulnerable population.....	23
Antenatal Education.....	24
Antenatal Education in New Zealand	26
Content of antenatal education programmes.....	26
Antenatal education for adolescents	28
Social support.....	29
Summary	30
Chapter Three: Theoretical Approach and Methodology	32
Introduction.....	32
A critical approach.....	32
A postmodern perspective.....	33
Theoretical approach.....	33
Power	34
Resistance	36
Pastoral power.....	37
The clinical gaze	37
Surveillance.....	40
Governmentality	42
Bio-power	42
Bio-politics.....	42
Anatomo-politics.....	43
Research methodology.....	43
Research methods	44
Ethical considerations	44
Participants.....	44
Confidentiality	44
Privacy	45
Cultural and social responsibility.....	45
Prevention of harm.....	45

Participants.....	45
Group one:	46
Group two:	47
Data collection	47
Transcription.....	48
Data analysis.....	49
Trustworthiness.....	50
Reflexivity.....	51
Summary	52

Chapter Four: Bio-politics "the earlier the better...more important to get in earlier." **53**

Introduction.....	53
The bio-political management of a population	53
Dividing practices	53
Creating a space	54
Governmentality	55
The 'big tick list'	55
Repeat pregnancies	57
Governing at a distance.....	58
Surveillance.....	61
Self surveillance.....	62
Positioned as different.....	63
Diversity.....	67
Summary	71

Chapter Five: Anatamo-politics "I really want to do the proper thing"72

Pastoral power.....	72
Empowerment.....	73
Rewards and punishments.....	74

Breastfeeding	74
Challenging the dominant discourse	77
Labour and Delivery	79
Pain relief	81
Resistance	83
Summary	85
Chapter Six: Discussion.....	86
Introduction.....	86
The 'enclosure'.....	86
Social identity	87
Personal identity.....	87
Social support.....	89
Surveillance.....	92
Health Education as Biopower.....	93
Empowerment	93
Gaining Compliance	94
Normalisation.....	94
Reward and punishment.....	95
Guilt	96
Resistance	96
Governmentality	97
Financial dependence.....	100
Summary	101
Chapter Seven: Conclusion.....	102
Introduction.....	102
Limitations	104
Recommendations.....	106

Possibilities for future research.....	108
Concluding statement.....	109
References	110
Appendix A: Ethical approval	127
Appendix B: Participant letters of invitation	128
Appendix C: Participant Consent Form.....	134
Appendix D: Parental Consent / Participant Assent Form	135
Appendix E: Interview Guide	136
Staff.....	136
Pre-course:	136
Post-course:.....	137
Postnatal :.....	137