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**CONSTRUCTIONS OF ADOLESCENT MOTHERHOOD:  
DISCOURSE ANALYSIS OF THE HEALTH PROFESSIONAL LITERATURE  
AND HEALTH PROFESSIONALS' TALK ABOUT YOUNG MOTHERS**

A THESIS PRESENTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS  
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## ABSTRACT

Adolescent motherhood has been linked with disadvantage and has been framed as a social problem. Research has also drawn attention to individual and socioeconomic deficit to explain poor outcomes, and proposed individual interventions to address the problems of adolescent motherhood. This ignores the social context of adolescent motherhood. Health professionals are an important aspect of this social context, as they represent authoritative social voices in strong positions of warrant that powerfully shape the experience of mothering in adolescence. Social constructionism draws attention to the variable and constructed nature of health professionals' understandings of adolescent motherhood. Discourse analysis is based on the assumptions of social constructionism, and is used to identify 'discourses' which construct objects, and make available subject positions that have material effects on those constructed. Using discourse analysis, literature for health professionals and interviews with health professionals were analysed to describe the discourses available to construct adolescent motherhood. Four scientific discourses were identified in the professional literature: a 'Naturalist' discourse that constructs parenting as a biological matter and draws upon eugenic arguments; a 'Public Health' discourse which constructs adolescent motherhood as a disease requiring surveillance; an 'Economic' discourse which understands adolescent motherhood as a drain on society and a cost to the adolescent mothers; and an 'Ethnicity' discourse that separates people into categories to determine who will reflect or resist dominant social structures. These discourses were drawn upon to construct a 'cycle of disadvantage', in which adolescent motherhood is the result of individual choice or family deviance, which can be solved by intervening with disadvantaged individuals or families. In the interviews with health professionals, adolescent mothers were constructed primarily as 'adolescents' within a 'Developmental' discourse. This adolescent positioning precluded them from being positioned as a 'good' mother within a 'Motherhood' discourse. Health professionals also constructed adolescent mothers as having individual differences in mothering ability, but these constructions supported generalisations made about the category 'adolescent mother'. An 'Ethnicity' discourse was drawn upon primarily to construct Māori as the 'other', while mainstream European cultural practices and values remained unexamined. These discourses highlight the role of the individual, the family, and

social class in transmitting disadvantage, and were used to identify deviant individuals and families, rather than as a way to address the social context of disadvantage. The association of adolescent motherhood with deficiency and lack has implications for health care provision, as it is likely to impact negatively on adolescent mothers' experience of health care. In particular, advice for health professionals to be non-judgmental when providing care for adolescent mothers is unlikely to be effective, as this advice does not address the wider discursive location that produces these 'judgmental' attitudes.

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