

2-15-2018

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# State of intervention: community stakeholder discourse on teen childbearing in Iowa

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To cite this article: Andrea M. Weare, Tammy J. Walkner & Melissa Tully (2019) State of intervention: community stakeholder discourse on teen childbearing in Iowa, *Critical Public Health*, 29:2, 205-214, DOI: <https://doi.org/10.1080/09581596.2018.1440069>

## **ABSTRACT**

The state of teen child bearing in Iowa(USA) is positioned by community leaders as a discursive battleground for intervention. In 2015 meetings with community stakeholders, participants framed 'culture'(which they defined as ethnicity and religion) as a barrier in decreasing the state's teen pregnancy rate and increasing girls' economic self-sufficiency. The childbearing teen body was, unsurprisingly, portrayed as a public health problem in need of organizational intervention. But *how* participants linked 'culture' to neoliberal ideals was surprising and specific. Utilizing McRobbie's concept of the 'real self' and Foucault's explication of governmentality, this study draws out the role of neoliberal self-sufficiency in grooming teens to perform adolescent femininity and self-govern. In doing so, it considers community stakeholders' meaning-making processes. Findings show the interventionist discourse does more than attempt to prevent early pregnancy: it reinforces acceptable and unacceptable pregnant bodies and compels community leaders and practitioners to govern childbearing teen bodies in precise ways.

## **KEYWORDS**

teen pregnancy; real me; culture; community; girls

Although teen childbearing in Iowa, USA, is down from past years (National Campaign, 2015), community stakeholders frame the teen body as at-risk and see certain 'cultural' values, often associated with immigrant communities, as part of the 'problem'. Used as a catch-all phrase for ethnicity and religion, 'culture' is described by Iowa community stakeholders as a barrier to decreasing the state's teen pregnancy rate

and increasing girls' economic self-sufficiency and opportunities for lifelong success. While teen childbearing has been defined as an economic challenge before (Hoffman, 2006; Klein, 2005; Rich- Edwards, 2002), the way in which Iowa community stakeholders articulate 'culture' as a threat to girls and as a cause for concern in their communities offers insight into how neoliberal values are embedded in teen pregnancy discourses. The state of teen childbearing in Iowa is positioned by community leaders as a discursive battleground for intervention.

The attempt to govern girls in ways consistent with 'traditional values' as the state becomes more ethnically and culturally diverse (Iowa Data Center, 2016a, 2016b) is presented as a challenge that can be understood through McRobbie's (1985) notion of the real self. McRobbie's feminist postmodernist critique investigates the Western obsession of finding oneself, which she calls the 'myth of the "real me"' (p. 71). McRobbie suggests it is far more empowering to embrace living as multiple 'fragmented identities', instead of buying into social myths and patriarchal expectations that we ought to uncover a single and essential 'real' self (p. 71). McRobbie (1985) argues the fallacy of the real self is used for patriarchal control of girlhood and homogenizing acceptable performances of adolescent femininity. In our analysis, the definition of a 'real' Iowa teen girl is quite narrow: an educated non-mother.

Understanding community stakeholders' stances allows us to see how such discourse sustains 'the myth of the "real me"' and, in the process, calls for teens to self-govern their bodies. Additionally, we utilize Foucault's concept of governmentality to understand teen childbearing, wherein state authorities exert control in the form of 'experts' who generate and mediate discourses of power through networks like schools, families, media, and health clinics (Barcelos, 2014; Foucault, 1980). Governmentality is especially relevant to the 'real me' myth since 'sexuality and early motherhood are continuously negotiated and reshaped through both interactional processes and social movements' (Barcelos, 2014, p. 479).

Health messaging targeting girls – from parents, social workers, and educators – tends to homogenize teen girlhood into a singular 'real' self that girls are encouraged to align with. How Iowa community stakeholders frame ethnicity and religion, specifically, as barriers to girls' finding their real selves served as the basis of this analysis. Using

McRobbie's concept of the 'real me' and a Foucauldian understanding of governmentality, we examine the promotion of a singular, true self that girls are expected to find in adolescence. In doing so, we explore the meaning-making processes that community stakeholders employ to bring it about. This approach allows us to see 'how bodies are produced and regulated' through personal and organizational 'truths' and how such 'truths' are to be internalized through girls' self-governance (Barcelos, 2014, p. 478).

While waiting to start a family and receiving an education are difficult to argue against as productive paths for girls, the way in which Iowa community stakeholders employ neoliberal values to encourage girls to uncover their real selves is worth investigating and insightful for community practitioners working in health fields. This study expands the application of the 'real me' critique as it examines the very individuals who sustain the myth. Additionally, the study adds to the teen childbearing literature by speaking with those who provide direct services to teens – complementing teen sexuality and pregnancy messaging studies which analyze texts such as websites, pamphlets, or campaigns (e.g. Barcelos, 2014; Gray, 2014; Vardeman-Winter, 2012). Importantly, our analysis examines the individuals who connect teens to these texts but are less frequently studied themselves.

### **Problematizing the childbearing teen body in Iowa**

Historically, public health practitioners have used discursive power to combat infectious disease and related challenges, but as basic hygiene practices improved, public health moved its focus toward social and environmental problems impacting health (Lupton, 1995). Today, public health practitioners use scientific knowledge to support policies and practices that produce discourses representing dominant health beliefs and perceptions (Wilson & Huntington, 2006). Since the 1970s, teen pregnancy has been framed in the West as a major social ill with negative outcomes for teen mothers and children (Barcelos, 2014; Breheny & Stephens, 2007; Lupton, 1995; McDermott & Graham, 2005).

Teen pregnancy is frequently addressed in public health using a 'control' approach with a focus on changing behavior (Breheny & Stephens, 2007; Geronimus, 2003; Lupton, 1995). Some implementations of this strategy assume the target

audience is less knowledgeable and, therefore, impressionable about what is 'best' for them and their families (Lupton, 1995). One common argument for regulating teen pregnancy through prevention campaigns is its threat to the financial stability of young mothers and their children via a loss of furthered education and employment opportunity (McDermott & Graham, 2005). Some studies have explicitly questioned teenagers' abilities to adequately care for themselves and their babies (McDermott & Graham, 2005). Yet, most studies rarely discern between younger and older teens and their respective economic and marital statuses (Wilson & Huntington, 2006). Rather, pregnant teens are lumped together in failing to follow dominant norms of prioritizing financial stability and marriage before pregnancy (Barcelos, 2014).

Studies are beginning to share more nuanced, even positive, discourses about teen mothers who resist such stereotyping (McDermott & Graham, 2005), do not self-identify as a public health challenge (McMichael, 2013), and have experienced increased self-esteem, motivation to treat addiction, and purpose in life thanks to early motherhood (Wilson & Huntington, 2006). Yet, deeply entrenched assumptions persist in Iowa where community stakeholders view a growth in ethnic and religious diversity as a barrier to decreasing Iowa's teen pregnancy rate and increasing girls' economic self-sufficiency.

Through a feminist theoretical lens, we explore the social control and self-policing of 'real' girlhood in Iowa and capture the intersections of gender, discourse, and 'truths' about the female teen body among community stakeholders. Because teen pregnancy challenges the dominant discourse of ideal motherhood, the way Iowa community stakeholders discuss and regulate it is an area ripe for feminist exploration. Doing so allows us to draw back the curtain of how 'experts' are created and sustained (Foucault, 1980) and what their expertise says about how to be a real female teen in Iowa.

### **Feminist methodology**

The discursive data for this study were collected from 18 community meetings conducted across the state of Iowa between May and August 2015 (see Appendix 1). The Iowa Women's Foundation (IWF) – a statewide organization dedicated to women's and girls' issues and the only foundation of its type in the state – organized the sessions to engage community and industry stakeholders. The goal of the meetings was to learn

about the economic challenges faced and opportunities for women and girls in different communities and to use the findings to influence IWF's future goals, including lobbying and advocacy.

### **Reciprocity and reflexivity**

In an effort to create the reciprocity of qualitative feminist methodology (Guillemin & Gillam, 2004; Harding, 1987; Jorgenson, 2011), in collaboration with IWF, we assisted the executive director and two staff members with organizing their large statewide tour (i.e. community meetings throughout Iowa) as well as provided assistance with IWF's methodology and analysis for reporting to their board of directors and stakeholders. Feminist research, after all, aims 'to work toward human emancipation' and these methodological protocols were put in place to aide IWF's mission and our own research to illuminate the state of teen childbearing and those involved in shaping its discourse (Esterberg, 2002, p. 17). In recognizing the rigorous feminist notion of reflexivity, we reflect here on 'how we are alike and different from our respondents' (Jorgenson, 2011; p. 115). To avoid being viewed as the researchers in the back of the room, the three researchers took turns speaking at the beginning of each discussion meeting alongside the IWF executive director to introduce ourselves and our role in the IWF tour. To close the distance between the researcher and the researched, we positioned ourselves as part of the greater Iowa community. Finally, we would like to acknowledge that our identities as women undoubtedly affect our positionality. Yet, we aim to use our positions to 'bend back' as Myerhoff and Ruby (1982) suggest and to 'go more deeply into the self in order to understand others' (Jorgenson, 2011, p. 115).

### **Community meetings**

With the assistance of local community leaders (e.g. executives at United Ways of Iowa, employees at YMCA/YWCAs), the IWF executive director organized the discussions to attract business, nonprofit, and other community leaders including church, school, and government employees. In total, 307 people participated in the 18 dialogues. Although the IWF executive director aimed to include 12–16 people in each session, some sessions exceeded this amount due to interest in the community, while others fell short (see Appendix 1). Despite the different group sizes, everyone was given an opportunity to speak. Participants were overwhelmingly female with only 12 male

participants. Recruitment of participants focused on women's organizations, programs for women and girls, and women leaders in the community, which is reflected in the number of female participants. Additionally, participants were most often in leadership or other professional roles in their organization or community (e.g. executive directors of nonprofit organizations, members of local government, school administrators, and small business owners). To address this key characteristic, we describe participants broadly as 'community leaders'. We do not use any names or identifying information to maintain participants' anonymity.

The sessions were 90 minutes and followed the same format: opening remarks and an introduction by the IWF executive director followed by participant introductions and preplanned questions focusing on economic self-sufficiency. The discussion was guided by questions developed by the IWF executive director and its Community Engagement Committee, which included input from the researchers (see Appendix 2). With permission from IWF and participants, the researchers attended the sessions, recorded the conversations, and transcribed the audio in accordance with our human subjects institutional review board (IRB).

### **Analysis**

Our analysis is based on participants' discussion of teen pregnancy, teen mothers, and pregnancy prevention in their communities. The researchers first noticed the prevalence of these topics during observations at the meetings, noting how participants commented on teen pregnancy and changing cultural norms as barriers to self-sufficiency for women and girls in their communities. The discussion guide did not include any questions about teen pregnancy. Instead, the topic arose in response to questions about challenges to economic self-sufficiency in their communities and groups that face the greatest barriers to success (see Appendix 2). As such, our analysis is as an analytic expansion (Thorne, 1994), in which qualitative data are analyzed to answer a question not originally posed (Hinds, Vogel, & Clarke-Steffen, 1997). This approach is particularly relevant because the questions about challenges and barriers to self-sufficiency elicited responses about teen pregnancy and early motherhood. In short, this response arose from participants, not from a predetermined set of questions from IWF or the researchers. Recordings were transcribed and

imported into NVivo 11 to assist with uncovering themes within the large data-set. NVivo allowed us to conduct a meta-scan of all 18 session discussions capturing as many relevant discussions as possible on teens, childbearing, and pregnancy. NVivo was used to scan all transcriptions via initial keyword searches to uncover relevant discussions. To develop a keyword search list, one researcher read the transcripts of a subset of the 18 sessions in which the issue of teens and pregnancy was raised. Next, using keywords garnered from the subset reading (e.g. teen(s), pregnant(cy), birth, baby(ies), mother(hood), children, sex), multiple searches were conducted across all 18 transcripts to find relevant passages in which participants discussed teens and childbearing. The passages were then read and analyzed for themes regarding the position of community leaders on teen childbearing and teen pregnancy.

Discourses are inherently powerful (Hall, 1980), and Iowa's community leaders help create and circulate a powerful childbearing teen discourse that has implications for their clients, their organizations, and their broader view of teens and motherhood. Our analytical approach was influenced by research which seeks to interpret language by following the flows of discourse. Using Esterberg's (2002) approach for uncovering themes in qualitative data, community leaders' views regarding teen pregnancy (e.g. 'self-sufficiency', 'poor role-modeling') were developed into themes uncovering patterns and repetitions (e.g. 'finish high school', 'get a job', 'no parenting') in the discourse. The governmentality framework was then used to consider organizational and personal points of view on the control and regulation of the childbearing teen body. Throughout the results, participants are identified by an assigned participant code, which includes a city location indicator and number to maintain anonymity per IRB procedures, as well as the date of the session (see Appendix 1).

### **'Culture' in discourses on the childbearing teen body**

Because it is IWF's mission 'to enhance and improve women's economic self-sufficiency'(Iowa Women's Foundation's, 2017), it is not surprising an economic agenda foregrounded IWF's discussion questions at each session. Naturally, participants reflected this neoliberal economic focus. However, the participants were not prompted to discuss teen pregnancy, religion, or ethnicity. The IWF executive director (and leader of each session) did not explicitly ask about these issues (see Appendix 2), yet, participants raised them again and again in



their responses. *How* they framed what they called ‘culture’ as ethnicity and religion and as a barrier to decreasing the state’s teen pregnancy rate and increasing girls’ economic self-sufficiency was specific.

By and large, the priority among community stakeholders across Iowa who work with young female clients was teen pregnancy prevention. ‘Culture’ was uniquely linked to neoliberal values of economic self-sufficiency, specifically surrounding discussions of abstinence and contraception. Participants expressed regret regarding the closing of family planning clinics in smaller Iowa towns and lack of contraception access because ‘access to birth control is absolutely essential to economics [for] girls, women’(C7, 17 June 2015). But, a specific framing of ‘culture’ cast certain ethnicities of girls and parents and certain religions as barriers in lowering the state’s teen pregnancy rate. The following analysis details this phenomenon.

### **‘Real’ role models: discussing parents and religious leaders**

In the past 20 years, Iowa has become increasingly ethnically diversified with African, Hispanic, Asian/ Pacific Islander, and other immigrant diasporas growing in university towns and larger cities (e.g. Ames, Des Moines, Iowa City, Waterloo), factory plant towns (e.g. Muscatine, Sioux City, Storm Lake) and towns on direct public transportation lines to urban Midwestern hubs like Chicago, Minneapolis, and Kansas City (Iowa Data Center, 2016a, 2006b). While the state becomes increasingly diverse, community stakeholders remain homogenized in their message to girls to disregard non-experts (e.g. priests, grandparents) who do not share their vision of ‘real’ girlhood.

In some of Iowa’s ethnic and religious cultures, teen childbearing is not definitively viewed as disadvantageous to adolescence or self-sufficiency. In some Hispanic cultures – Iowa’s second largest demographic – early childbearing is prioritized (Headlee, 2014). Hispanic communities and expectations within remained a muddy point for many (white) participants who worked with teens in some of Iowa’s highest Hispanic populations: ‘We are having more and more cultural diversity. It brings some challenges because it brings cultural expectations’ (D1, 1 August 2015).

Additionally, participants were aware of the social pressures teens faced from some churches on early childbearing. Catholicism, the most common religious practice among Hispanics, traditionally discourages the use of contraception and abortion, making pregnancy more prevalent (Headlee, 2014). Some participants were concerned about teens who did not fit

the religious ideal being left without support:

There's the ostracization that occurs from the community ... If you leave a relationship there is no support out there because you're a bad person [and] couldn't make it happen ... That mentality has been with our society for so long. The church is one of the big assholes in the whole thing. (MC7, 11 June 2015)

Another participant lamented battling the church on contraception: 'What about unplanned pregnancy? What are the resources available? Is birth control the need? The Catholic community doesn't address it' (Du4, 29 May 2015).

Foucault shows us that governmentality operates via experts, such as those quoted above, who proclaim 'don't get pregnant' to their clients. But, more expansively, it relies on a stream of power that spills into other aspects of social life by grooming clients to govern themselves, willingly and happily (Foucault, 1991). The masquerade of finding oneself in an effort to be a true or 'real' teen encourages girls to do the policing themselves. Though the participants tried to guide teens toward self-governance, they worried about a lack of follow-through by other experts in town like cultural and religious leaders whose messages may contradict theirs. This fear of others not promoting the real teen myth suggested the participants believed that female teens should conform for their own good by performing traditional motherhood at a later more 'normal' time (McRobbie, 1985). As Barcelos (2014) notes, the 'normalized childbearing subject is financially independent, married, presumably heterosexual, and safely old enough to avoid the label of "teen" mother' (p. 479).

By focusing so heavily on the 'normal' pregnant woman as the embodiment of real femininity, the participants were largely silent on the possibility that childbearing teens could have positive experiences as early mothers. Yet, studies interviewing teens have revealed experiences of personal betterment following childbearing such as improved self-esteem, a sense of purpose and life direction, and pride and joy in parenthood (Wilson & Huntington, 2006). However, these perspectives are rarely included in advocacy, government, or media messaging 'because the findings challenge dominant discourses on teen motherhood' established by doctors, teachers, and community stakeholders (Barcelos, 2014, p. 479). Encouragingly, some community stakeholders brought up progressive views of the intersection of early motherhood and 'culture'. As one participant expressed with frustration, 'I was talking to a group of donors, and they wanted to fund Hispanic women. In her mind, the

majority are getting married and having a baby ... that kind of ethnicity expectation' (D2, 5 August 2015). While the organization's donors may lump all Hispanic teens as at-risk of early pregnancy, the community stakeholder spotted the myth of the 'real me' at work and pushed back on this appraisal. Additionally, other participants suggested implementing 'on-site daycare for teen moms at schools to help them not drop out' (FD8, 1 June 2015). Though this suggestion is certainly progressive, it is still foregrounded in the 'real me' myth when education and upward mobility are positioned as the endgame.

### **'Real' girls: education and upward mobility**

As discussed above, participants saw their organizational roles as 'experts' for teen girls who had few or no positive influences in their lives. As one participant put it, this expertise came down to 'planning for your future, and how do we help girls have goals, and plan for contingencies, and having savings [accounts]' (J6, 29 June 2015). While some of the participant's job descriptions included home visits to teen clients, others did not but visited regardless – above and beyond the call of duty – as an extension of the guidance they felt their clients lacked. One participant's expertise focused quite literally on personal economics: ... helping them get an apartment, how to do a job interview, role playing with them. We are going out over an hour to an hour and a half with these visits ... The longer they wait to have babies the more self-sufficient they become, and then they'll have choices in their lives. (MC9, 11 June 2015)

Overall, participants possessed a worldview that was informed by their own life experiences such as being parents themselves (a few revealing they had been teen mothers too) as well as their organization's mission statements to improve the lives of Iowa's girls by teaching self-sufficiency. As described by the participant above, pregnancy prevention, thus, served as an indicator of the success or failure of their expertise.

In addition to concerns about contraception as a measure for teen pregnancy prevention, discussions revealed that participants positioned teens as poor decision makers who did not work hard enough for their education and upward mobility. While this may not be surprising considering the trend in Western public health to place accountability in the hands of the individual (Lupton, 1995), participants coupled disillusionment about romantic relationships with neoliberal expectations to support oneself: 'Why don't these young women understand that loser is never going to pay child support?' (MC2, 11 June 2015). More specifically, participants

positioned 'early education for young girls and moms' as the singular solution 'to reduce teen pregnancy' (FD1, 1 June 2015).

Such views obscure the structural and social pressures teen girls face. Valorizing education and criminalizing federal assistance was a common theme among community stakeholders, some even claiming that teens who became pregnant were simply not taking school seriously enough and taking advantage of federal support. As one participant put it, 'It's sad. I case manage in the youth program. Many of my clients have children ... It's not a joke. It makes me want to cry because how can you feel that low that that's your option?' (C5, 17 June 2015). These types of teens were often described as not living up to their potential. One participant's dream was 'that by the time that girls are in high school, they plan to be self-sufficient. Too many of them are [saying], 'I'm just gonna be a mom'. They don't figure out [life] is not just having babies' (J11, 29 June 2015).

On the one hand, it is encouraging that community stakeholders want 'the best' for their teen clients. On the other hand, their definitions of 'best' are written from the perspective that teen pregnancy is an uninformed choice for all teens rather than considering teens' perspectives: 'I want girls to never even think of it being an option not to go on and do more. My kids grew up that way. They never even knew it was an option not to go to college'(J13, 29 June 2015). Participants connected completing high school or beginning college to a long-term goal of teens gaining more financial capital and independence. This concern echoes teen pregnancy prevention campaigns that tout finishing high school and planning for college as 'real' teen path (Barcelos, 2014; Hoffman, 2006).

As one participant put it, 'I have a 16-year-old girl and a 17-year-old boy [on my caseload], and they say they're in love and want to have babies. I'm like, oh, you're idiots' (FM10, 28 July 2015). Her summation of these teens' views does not validate or attempt to understand *why* teens think having a baby is the next logical step in their relationship. She followed with, 'We just need to give them kids to babysit' suggesting that babysitting would encourage them to change their minds (FM10, 28 July 2015). These views do little to uncover the potential underlying motivations leading teens to get pregnant, intentionally or unintentionally.

Teen childbearing is an ideal case for unveiling how power works by producing truths about what is 'best' for teens. This understanding of Foucault's governmentality at work enables us to see how power operates in public health messaging via 'the construction of "experts" with

particular authority to produce and adjudicate truth claims through sites such as the family, school, clinic, media, and legislature' (Barcelos, 2014, p. 478). The process of creating power is sometimes difficult to detect. Embedded within 'best' practices are expert opinions on how to be good (read: non-childbearing) teens – teens who go to school do not become early mothers. The powerful message of 'don't get pregnant' is not simply dictatorial coming from a single individual at the podium. Rather, it 'traverses and produces things, it induces pleasure, forms knowledge, produces discourses' (Foucault, 1980, p. 119), such as the promise of colleges and universities, the pleasure of a higher income, and the potential to be 'real' moms in the future.

As McRobbie (1985) notes, the idea that there is a singular definition of a real girl, or real mom, operates as 'a form of enforcement, a means of regulating legitimate ways of being, legitimate ways of understanding the self and the world' (p. 71). It is here within a neoliberal discourse that participants have largely placed themselves as the bearers of truth and, by extension, protectors of teens who need to be taught to self-govern – attend school, work hard, don't get pregnant – to become 'real' teens.

### **Discussion: beyond 'don't get pregnant'**

Drawing on conversations with community stakeholders at organizations in Iowa – from large hospitals to small nonprofits – we explored the various processes of meaning-making about the childbearing teen body. The findings suggest that community stakeholders perceived 'culture' (defined as ethnicity and religion) as a barrier in decreasing the teen pregnancy rate and increasing teens' economic self-sufficiency. But the way participants expressed culture as in conflict with neoliberal ideals was unexpected and specific as to how girls ought to go about uncovering their 'real' selves.

Imbued in discussions on 'the more and more cultural diversity' in Iowa was an assumption that ethnicity and religion were barriers in girls uncovering their 'real' teen selves. As community stakeholders sustained the myth of a singular, good adolescent experience (e.g. delayed motherhood, higher education), their missions to improve the lives of Iowa's women and girls were influenced by views of culture as a barrier. This finding supports other studies which have also analyzed the linking of cultural tradition, pregnancy and economic security from the perspective of community and medical practitioners (MacLeod, 2002; MacLeod & Durrheim, 2002).

Participants views of teen childbearing reflects the ways in which the issue has historically been framed in the United States as an adolescent pathology (Klein, 2005) and public health problem (Rich- Edwards, 2002). By identifying as 'experts', community stakeholders positioned themselves as knowing what was best for Iowa girls and that 'others' (from parents to religious leaders) did not. Such 'regimes of truth' (Foucault, 1980) are dangerous for their ability to maintain the status of truth bearers who discern good teens from bad ones (p. 131). The participants recognized teen childbearing as a complex issue, one they were negotiating personally and professionally. Yet, the 'don't get pregnant' stance remained their dominant discourse positioning them as experts helping clients become real girls with ideal adolescent experiences.

In doing so, most participants possessed the neoliberal mentality of getting their clients off public assistance and becoming self-sufficient. Their general perspective aligned with the 'a hand up, not a hand out' neoliberal ideology. As McRobbie (1985) reminds us, the notion of an authentic, real version of ourselves is a false one and keeps teens entranced in a mission to find or discover their true selves. In this way, the community stakeholders individually reflected and produced as a whole an aim to financially empower young women, yet only within the boundaries of 'real' motherhood: off public assistance.

The viewpoint that teen pregnancy is to be prevented is not necessarily wrong. Rather, it is specific and normative. Instead of becoming teen mothers, participants felt their clients should finish high school, get a university or technical education, live independently, and prosper economically. While the participants' own experiences being mothers influenced their professional positions, so, too, did their organizations' missions. Across the board, discussions revealed that organizations working with girls had a specific definition of teen self-sufficiency rooted in neoliberal values of individual responsibility and American myths (e.g. raising one's self up by one's bootstraps). And yet this view of non-white teen childbearing and government assistance is not limited to the United States, as other Foucauldian studies have found similar discourses – most recently in New Zealand – linked to helping non-white teens become the 'right' kind of parents (Ware, Breheny, & Forster, 2016).

Because this study analyzed data collected from IWF's pre-planned discussion questions, participant answers were prompted by and, thus, reflected IWF's own economically focused agenda. Analyzing responses to IWF's discussion is a limitation in the design of this study.

However, because IWF's discussion questions never prompted the discussion of teen pregnancy, religion, or ethnicity, and these issues were raised by participants independently, we found the pattern intriguing and worthy of analysis as it provides insights into how practitioners link economic, cultural, and personal outcomes and imbue teen bodies with substantial social meaning.

## **Conclusion**

With decreased federal funding, tight budgets, and rampant under-staffing, community stakeholders worked within their means to assist the teen clients who came through their doors. But, as Barcelos (2014) reminds us: 'it is through the expertise of those authorized to produce knowledge that "public" issues of governance are linked to "private" questions about how one should behave' (p. 479). This leaves Iowa teens understandably confused when they are told 'to avoid sexual activity while we valorize motherhood, assume heteronormative relationships, and sexualize young girls' (Barcelos, 2014, p. 478). Our analysis revealed several notable ways in which governmentality operated in community stakeholder pregnancy prevention communication. It specifically elucidated on how community positions on teen childbearing are never neutral but informed by both personal and organizational missions and myths of the ideal teen and ideal mother (McRobbie, 1985). This discourse does much more than attempt to prevent early pregnancy: it reinforces acceptable and unacceptable pregnant bodies and hails community stakeholders and practitioners to govern childbearing teen bodies in precise ways. Doing so excludes non-normative experiences of teen childbearing as illegitimate and further marginalizes Iowa's non-white, non-Christian teens, many of whom immigrated from Latin American, Asian, and African countries (Estrin, 2016; Okech, 2013). The findings serve as another stepping stone for researchers and practitioners exploring the complex and contradictory discourses surrounding the governance of teen childbearing and early motherhood, issues that will remain at the forefront of public health initiatives.

## **Disclosure statement**

No potential conflict of interest was reported by the authors.

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### **Appendix 1. Session details.**

Location	Location codes	Date	Number of participants
Waterloo	W	5/22/15	14
Cedar rapids	Cr	5/27/15	15
Dubuque	Du	5/29/15	13
Fort Dodge	FD	6/1/15	18
Storm lake	SI	6/10/15	21
Mason City	MC	6/11/15	11
Creston	C	6/17/15	12
Bettendorf (Quad Cities)	QC	6/18/15	19
Jefferson	J	6/29/15	16
Chariton	Ch	7/9/15	4
Ottumwa	O	7/9/15	18
Sioux City	SC	7/15/15	24
Council bluffs	Cb	7/16/15	19
Des Moines	DM	7/23/15	32
Fort Madison	FM	7/28/15	18
Decorah	D	8/5/15	7
Iowa City/Coralville	iC	8/6/15	24
Marshalltown	M	8/7/15	22

## **Appendix 2. Discussion questions.**

What are the greatest challenges you see affecting economic self-sufficiency for women (and children) in your community—and how would you characterize their financial/economic struggles?

What are the most common requests/need from women and children that you see in the area of economic self-sufficiency?

When you think of women and girls struggling financially, how would you describe your community resources? What exists? What works?

How do future clients, families in need, learn both formally and informally about community resources?

Are there gaps in community resources? How could services be expanded?

Within your community, is there a particular group (demographic, geographic, cultural, other) facing the greatest barriers to self-sufficiency?

Removal of what barriers would make the most significant impact to improve women's and girls' lives in your community?

What have we forgotten to ask that needed to be asked?

Out of all we've discussed today, what do you think are the two specific areas or issues we could invest in to help women and girls in your community achieve economic success?