Reflections of former teenage mothers:
Multigenerational and enduring layers of stigma

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ABSTRACT

Introduction: A growing body of literature has highlighted social stigma encountered by teenage mothers. Less is known, however, about ways in which such experiences manifest across time. In this article, the author reports findings from a qualitative project that explored the retrospective reflections of former teenage mothers about their lives and mothering journeys from adolescence to midlife.

Methods: Qualitative in-depth interviews were undertaken with 22 women who had given birth as teenagers and whose eldest child was between the ages of 18–40. Findings were analysed using a constructivist grounded theory approach, which integrated a feminist lens.

Findings: Surprise findings reveal that some of the participants discussed ways in which their children had been exposed to rejection, differential treatment, or labelling because of being born to a teenage mother. Further, stigma was experienced as an ongoing source of tension, even up to the point of midlife for some of the women interviewed.

Conclusion: Stigma has been recognised to be a phenomenon that can perpetuate social inequalities for teenage mothers. Enduring and multigenerational stigmas described by some participants affected family dynamics, healthcare interactions, educational experiences, and undermined their social and reproductive worth. Complex layers of stigma described by women within this study are thus crucial for social workers to recognise and challenge when promoting the wellbeing of adolescent mothers and their children.

Keywords: Teenage mothers, children born to teenage mothers, stigma, courtesy stigma, enduring stigma, sticky stigma

Introduction

This article examines multigenerational and enduring layers of social stigma as unexpected findings of a broader research project into the retrospective reflections of former teenage mothers about their lives and mothering journeys. Contextualising such findings necessitates an appreciation of the social context of which young mothers must navigate. Teenage mothers deviate from dominant life-stage trends by undertaking maternal responsibilities that, in contemporary western society are typically reserved for later stages of adulthood (Spencer, 2016). In doing so, they defy normative middle-class values of adolescence, which prioritise education, career, and delayed family formation (Neill-Weston & Morgan, 2017). Such values are aligned with neoliberal economic imperatives of workforce participation and

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fiscal austerity prevalent within Aotearoa New Zealand (Neill-Weston & Morgan, 2017). Subsequently, teenage mothers are widely regarded as a point of social and political concern (Neill-Weston & Morgan, 2017).

The idea that young parenthood is problematic does not always resonate with the perspectives of young mothers themselves, however. Studies show that teenage mothers often experience pride and satisfaction in their roles as mothers (Ellis-Sloan & Tamplin, 2019). Further, cultural variations exist relating to age upon family formation (Holden, 2024). For example, in Australia, adolescent pregnancy rates are higher amongst First Nations young people compared to non-First Nations young people, and there can be a sense of acceptance of young parenthood within their cultural communities (Graham et al., 2025). Similarly, Māori women have a higher likelihood of experiencing pregnancy before turning 20 than their non-Māori counterparts (Holden, 2024). Thus, Holden (2024) argued that viewing young motherhood as problematic may be particularly at odds with Māori culture and values (Holden, 2024).

Mothering outside of conventional reproductive timelines is met with intense social scrutiny, as reflected in various deficit discourses (SmithBattle, 2020). For instance, adolescent mothers are overwhelmingly positioned as being negligent and incapable parents within dominant media constructs (Bowen, 2020). They are further portrayed as being welfare dependent, financially motivated to fall pregnant for fiscal benefits, and as being "the cause of social decay" (Bowen, 2020, p. 71; Slater, 2018). Intersecting stigmas pertaining to age and single motherhood are particularly prominent, in that teenage motherhood and single motherhood are inextricably linked within media representations with suggestions that teenage motherhood equals single motherhood apparent (Slater, 2018). Broader gender-based judgements pertaining to female sexuality are further

rampant within popular societal and political narratives which portray teenage mothers as promiscuous (Portier-Le Cocq, 2018).

A less explored area of study relates to ways in which denigrating discourses can extend to the families of teenage mothers. Leading research conducted by Breheny and Stephens (2010) applied a critical constructivist lens to explore the representation of teenage mothers within primary health care journals in Aotearoa New Zealand between 1997–2002. Novel findings included multigenerational scrutiny. Specifically, young mothers' family background characteristics inclusive of parental socio-economic disadvantage could be drawn upon to justify a problematisation of adolescent fertility. Further, terms derived from biological and evolutionary sciences such as *rearing* and *offspring* were frequently used when describing relationships between young mothers and their families in ways that were argued to be reminiscent of eugenics discourses (Breheny & Stephens, 2010). Poorer behavioural and developmental outcomes of adolescent mothers' children were emphasised, and children were described as "poor physical specimens" (Breheny & Stephens, 2010, p. 316). Biological language interwoven into descriptions of young mothers and their families in turn portrayed them as "transmitting disadvantage through reproduction" (Breheny & Stephens, 2010, p. 316).

Teenage mothers' qualitative experiences of navigating social stigma are captured by an expanding body of research (SmithBattle, 2020). Social connection is highly important in terms of maternal wellbeing (Ellis-Sloan & Tamplin, 2019). Research has identified, however, that pregnant and parenting teens often do not feel comfortable attending general playgroups due to feeling judged by other parents, and this can contribute to social isolation (Australian Institute of Family Studies, 2010). Teenage mothers can feel judged within a school setting, which can contribute to school disengagement

(SmithBattle, 2020). They can also perceive dismissive, deficit focused, and discriminatory treatment from health care providers which can contribute to disengagement of health care services and can in turn exacerbate health disparities (Harrison et al., 2017; SmithBattle, 2020). From an intersectional perspective, it is noted that such experiences may be particularly problematic for members of marginalised cultural groups such as Australian First Nations and Māori people, who can experience existing health inequalities related to ongoing impacts of colonisation and structural racism (Graham et al., 2025). Young Māori mothers face a range of inequalities linked to negative experiences in health and welfare services (Heke, 2024). Stigma can even emanate from within teenage mothers' own families (Ellis-Sloan, 2014). Some young mothers can experience a lack of acceptance from families which can include being rejected and shunned (Baney, 2022). Emotional support from families is paramount for adjustment, and experiences of disapproval and rejection can result in emotional distress and negatively impact prenatal health during this pivotal time (Baney, 2022).

Ways in which stigma manifests over time are less explored, yet a small body of existing research indicates that stigma may not be confined to the stage of adolescence. For example, Spencer (2016) applied an interpretive phenomenological analysis to explore the experiences of 10 young maternal grandmothers in the United Kingdom. Spencer (2016) identified that some of the young maternal grandmothers could encounter a sense of rebounding social disapproval where intergenerational teenage pregnancy occurred (Spencer, 2016). Further, Hirst et al. (2006) undertook a qualitative, biographical study into the experiences of young mothers and fathers who became teenage parents within the context of intergenerational teenage parenthood in South Yorkshire. Enduring elements of societal judgment were evident in some of the former teenage mothers' accounts, such as the experience of one participant who had felt judged within her children's school into her 30s. Further, Hirst et al. (2006) noted that some participants described feeling hesitant to disclose their status as former teenage mothers at work due to concerns of judgment.

As noted, multigenerational and enduring layers of judgement have been infrequently considered in relation to teenage mothers. Such phenomena have, however, been widely applied to members of a range of social groups. For example, in their seminal work on stigma, Goffman (1963) underscored that those close to stigmatised individuals can be subject to labelling and differential treatment by association. This social process, termed *courtesy stigma* can be experienced by family members of people who have severe mental illness (Yin et al., 2020) or who are incarcerated (Brew et al., 2022) and can have a range of adverse consequences for social participation and self-esteem (Yin et al., 2020).

Enduring layers of judgment are also a recognised phenomenon experienced by members of certain stigmatised groups. As described by Bergman and Chalkley (2007, p. 251), "some stigmas, once removed, can continue to incite prejudice toward the formerly marked ('stickiness'), essentially restigmatizing individuals and continuing the stressful experience of being a 'dirty person' in others' eyes". *Sticky stigmas* can result in individuals who return from prison, or who are in recovery from addiction continuing to wear labels relating to deviancy or immorality, which can attract enduring unfavourable responses (Ashford et al., 2019; Shi et al., 2022). Sticky stigmas can adhere also to former sex workers, who can face enduring judgements of being morally tainted (Bergman & Chalkley, 2007). In this sense, stigma is a multifaceted phenomenon that can have extensive and lasting consequences (Ashford et al., 2019; Bergman & Chalkley, 2007; Shi et al., 2022; Yin et al., 2020).

Teenage mothers and their children experience several social inequalities such as high rates of poverty, and health disparities (Australian Council of Social Service, 2017; Australian Human Rights Commission, 2017; SmithBattle, 2020). Stigma can lead to systematic discrimination and an erosion of social rights (United Nations, 2012; Yin et al., 2020) and has been identified as a factor that can perpetuate existing inequalities for teenage mothers (SmithBattle, 2020). Complex layers of multigenerational and *enduring stigma* presented in this article are therefore a crucial factor for social workers to consider when supporting young mothers and their children.

Method

This qualitative research sought to explore the following research question: What themes can be identified about former teenage mothers' lives as they transition across their lifespan from adolescence to middle age? The research had a primary aim of identifying themes relating to ways in which former teenage mothers navigated various phases of their lives. Secondary aims of this study included exploring ways in which dominant societal values around early motherhood are experienced by former teenage mothers, including any implications for personal and social identity. A biographical approach involved the collection of data at a single point in time to retrospectively examine participants' lives, looking "'backwards' in time" (Bernardi & Sánchez-Mira, 2021, p. 3; Robinson, 2013).

The research was grounded in feminist standpoint theory, which was selected in recognition of areas of oppression faced by teenage mothers, including economic inequality, health disparities, and social stigma (Australian Council of Social Service, 2017; Australian Human Rights Commission, 2017; SmithBattle, 2020). From a feminist standpoint perspective, the situational knowledge of marginalised groups is distinctly valuable, as direct experiences of oppression afford insights that may

otherwise be obscured from view (Hesse-Biber, 2012; Intermann, 2016). This approach valued the socially situated knowledge of participants and provided scope for them to identify and critique oppressive societal dynamics pertaining to their lived experiences and maternal identities (Hesse-Biber, 2012; Intermann, 2016).

As a feminist researcher, I attended to responsibilities of feminist ethics of care, which involved placing importance on relationships, "trading a detached, distant, and hierarchical stance for an intimate, close, and equitable position" (Preissle, 2007, p. 527). Building relational intimacy included a process of self-disclosure and openness to telling my story (Harvey et al., 2016) as a former teenage mother. In this sense, interviews were "not a one-way process where the interviewer elicits and receives, but does not give information" (Hesse-Biber 2012, p. 30). Operating from feminist care entailed that I took time, slowed down, and listened to participants stories as opposed to being driven by "outcome-oriented priorities of Western academia" (Miele et al., 2024, p. 127). Throughout interviewing, I listened for opportunities to explore participants' vantage points as they arose in discussion organically. I attempted to mitigate power imbalances that exist between researchers and participants through a sense of partnership in knowledge building (Hesse-Biber, 2012). This included a commitment to learning from participants and reflecting participants' opinions and perspectives within the final write-up of research findings.

Selection criteria and sample

Criterion sampling was utilised to sample women who had given birth as teenagers and whose eldest child was between the ages of 18–40. Restricting participation to women whose eldest child had reached a minimum age of 18 ensured that participants were able reflect on their experiences across time. Limiting the age of eldest child to 40 ensured that results represented current social issues, acknowledging that the social and

political environment surrounding teenage motherhood has evolved considerably over time (Higgins et al., 2014; Robinson, 2013).

Human Ethics Committee approval was obtained from James Cook University. A total of 22 former teenage mothers participated in this study. The interviews were conducted over a 2-year period from 2020 to 2022. At the time of the interviews, all participants were living in Queensland. Two participants reported being of Aboriginal Australian descent. Table 1 presents participants' ages at the time of the interview, ages when their eldest child was born, and the ages of their eldest child.

Participants who took part in this study were recruited through social media, specifically via Facebook community groups for those residing in Hervey Bay, Gympie, and Maryborough as areas of regional Queensland. After posting a research flyer, 72 women made contact through Facebook Messenger to request further information. After providing this information, a total of 22 women nominated to participate in the study. Interviews were guided by a semi-structured interview schedule. Key topics explored included experiences of motherhood, transitions across various life stages, and experiences and perspectives relating to dominant social beliefs surrounding teenage motherhood.

Table 1. Participants' Ages at the Time of Interview, Ages when their Eldest Child was Born, and the Ages of their Eldest Child

Tinsley:	Interviewed at 44, had first child at 17, eldest child is 27.
Bethanny	Interviewed at 37, had first child at 18, eldest child is 18.
Dorinda	Interviewed at 45, had first child at 17, eldest child is 27.
Erika	Interviewed at 49, had first child at 17, eldest child is 32.
Kyle	Interviewed at 38, had first child at 18, eldest child is 20.
Gretchen	Interviewed at 54, had first child at 17, eldest child is 38.
Soraya	Interviewed at 48, had first child at 18, eldest child is 30.
Leah	Interviewed at 54, had first child at 17, eldest child is 37.
Luanne	Interviewed at 55, had first child at 19, eldest child is 36.
Bronwyn	Interviewed at 57, had first child at 17, eldest child is 40.
Theresa	Interviewed at 48, had first child at 19, eldest child is 29.
Melissa	Interviewed at 42, had first child at 17, eldest child is 25.
Carrol	Interviewed at 49, had first child at 18, eldest child is 31.
Camille	Interviewed at 36, had first child at 18, eldest child is 18.
Brandi	Interviewed at 47, had first child at 17, eldest child is 30.
Adrienne	Interviewed at 42, had first child at 17, eldest child is 25.
Yolanda	Interviewed at 56, had first child at 18, eldest child is 38.
Vicki	Interviewed at 54, had first child at 18, eldest child is 36.
Kameron	Interviewed at 39, had first child at 19, eldest child is 19.
Denise	Interviewed at 40, had first child at 17, eldest child is 23.
Shannon	Interviewed at 37, had first child at 19, eldest child is 18.
Kelly	Interviewed at 40, had first child at 18, eldest child is 21.

Data analysis

I sought to make meaning of the information collected through constructivist grounded theory as an inductive method of data analysis (Charmaz, 2014). Constructivist grounded theory interprets research findings as representing a co-produced reality between participants and researchers as opposed to reflecting absolute universal truths (Charmaz, 2014). This selection was influenced by a sense of what Plummer and Young (2010, p. 305) referred to as an "epistemological affinity" between feminist and constructed grounded theory approaches, both which share a rejection of empirical positivist notions of objectivity and can further the interest of justice though the creation of knowledge from the standpoint of marginalised people (Charmaz, 2017).

Three coding phases were undertaken, namely, initial coding, then focused coding, and finally, theoretical coding (Charmaz, 2014). During initial coding I transcribed interviews line by line, with a sense of openness to analytic possibilities (Charmaz, 2014; Glaser, 2016). Focused coding entailed coding the data selectively in areas where patterns emerged (Chametzky, 2016). Three core categories were identified that subsided patterns and themes evident within the data (Charmaz, 2014). Such categories pertained to *experiencing adversity*, *resilient behaviours or actions* and *a climate of social scrutiny*. Links were then made between the emergent themes, and patterns in a process of theoretical coding (Charmaz, 2014). Findings reported on in this article pertain to 'a climate of social scrutiny' as a core category, with a particular focus on four related subcategories: Early observations of stigma towards children; enduring stigma towards former teenage mothers and their children within an educational setting; ongoing sexual and reproductive scrutiny; and negative and enduring assumptions about outcomes of children.

Considerations of rigour

A number of strategies were employed to enrich analysis and enhance rigour, inclusive of critical reflexivity, and member checking. Critical reflexivity is a component of credibility within a constructivist grounded theory approach (Charmaz & Thornberg, 2020). I acknowledge that I am a former teenage mother, and thus could be considered to be an insider in relation to this topic. Critical reflexivity involved scrutinising my own assumptions, positioning, privilege, and interests in relation to this topic across the research process, which was aided through journalling and discussions with research supervisors (Charmaz, 2017).

To gauge the credibility of data, a process of member checking was undertaken. Through member checking, participants were afforded the opportunity to "check for accuracy and resonance with their experiences, in turn reducing risk of researcher bias dominating participants voices" (Birt et al., 2016, p. 1802). In line with the constructivist underpinnings of this research, member checking involved providing synthesised data from emerging themes in a way that addressed "the co-constructed nature of knowledge by providing participants with the opportunity to engage with, and add to, interview and interpreted data" (Birt et al., 2016, p. 1802). All participants were provided with a written summary of findings via email. Three participants nominated to provide their feedback to the synthesised data. One simply affirmed my interpretation of findings, and two provided further feedback which was integrated into the final analysis.

Findings

Reflective of the literature which suggests that stigma is an entrenched social issue facing teenage mothers (SmithBattle, 2020), many participants spoke of personal experiences of judgment or discrimination during the stage of adolescence. More surprisingly, however, was that some of the women spoke also of negative responses towards their children, or of persistent sense of judgment. Findings reveal four key themes related to such phenomena: 1) early observations of stigma

towards children; 2) enduring stigma towards former teenage mothers and their children within an educational setting; 3) ongoing sexual and reproductive scrutiny; 4 negative and enduring assumptions about outcomes of children.

Early observations of stigma towards children

Most participants described supportive family relationships; however, some discussed rejection from family members, which could extend to their children. Observations of this phenomenon could be apparent from infancy and highlight how stigma could impact children's family connections. For instance, Erika recalled that her brother had initially labelled, and distanced himself from her baby:

> My older brother—he had the worst judgement over me being a teenage mum he's like, oh you've had a daughter so, when she's a teenager she's gonna get pregnant and do nothing with her life… he wouldn't even see, come and see [daughter] until she was a year old, he was so disgusted.

Leah indicated that her father's resentment of her pregnancy influenced an enduring detachment from her son:

> Dad looked at me with like, death in his eyes because I was pregnant … and he never called [son] [his name], I don't think he actually ever called [son] [his name]—ever, he only ever called him "the kid", always, even though—and [son has] helped him out a lot but he's still always called him "the kid", never called him by his name.

In line with existing literature that highlights the stigma teenage mothers may face when seeking health care (Harrison et al., 2017; SmithBattle, 2020), some women in this study reported experiencing discriminatory treatment during birth. Less anticipated, however, were ways in which the innate

worth of their babies also appeared to have been compromised during such interactions, with discriminatory treatment that undermined the quality of health care for infants apparent. For example, Vicky recalled:

> I can still remember that doctor slapping the forceps on my stomach, like he just slammed them on my stomach, like it was a pain in the ass that he had to deliver my daughter two and a half months premature … I still remember the look on his face, it was almost like this is a waste of time let's drag this kid out of her, you know it felt horrible.

Similar disregard for both mother and baby appeared palpable in Luanne's recollection of birth:

> It's the same with giving birth they were worried I was too narrow then and [doctor] was just like, "nup, she's brave to get pregnant, she can deliver the baby naturally" and I ended up with 36 stiches it was a horrible horrible [labour]. … [baby] was born grey, and they had to work on him a little bit, and basically as soon as that was done, he walked out. … that was more abuse that I've had in my life basically the treatment.

Combined, these examples illustrate how babies born to teenage mothers can face familial rejection and compromised health, due to their association with young parenthood.

Enduring stigma towards former teenage mothers and their children within an educational setting

Stigmatising responses towards teenage mothers and their children could persist across time. Reflective of a small body of research that has captured judgement amongst former teenage mothers within their children's schools (Hirst et al., 2006) some participants in this study recalled experiences of feeling excluded, patronised, or judged. Less anticipated were ways in which children could be vicariously stigmatised.

A sense of stigma beyond adolescence was described by Kyle, who expressed feeling excluded socially as a parent of primary school children:

> When they started school all I wanted was some friends you know, I wanted someone who had kids to be friends with you know … but none of 'em wanted to be friends with me … right through primary school honestly. Was not so bad when they started high school.

Associative layers of enduring stigma were described by Theresa, who felt that that being a young, single mother had vicariously impacted her children's social inclusion:

> The other mothers at the school that had their you know, four-wheel drives and their you know soccer mum cars and the husband and all the rest of it there, they would literally not talk to me, they wouldn't let their children come over to [daughter] to play …

Theresa further described being treated in a patronising way by her children's teachers:

> One thing I found as well as a single young mum, was not being taken seriously at school, when I'd go to the school for a reason, you know to see them about my child—they'd treat me like I was a child.

An enduring stigma directed towards children was described by Leah, whose eldest two children were born when she was a teenager. Specifically, Leah felt that her children were targeted by a teacher during their primary school years. She explained: "He was a pig… towards my children … he didn't like that I was a young mother, he often had snide remarks".

The above accounts of multigenerational biases reveal an enduring thread of stigma, which could be particularly evident within educational contexts.

Ongoing sexual and reproductive scrutiny

Some of the women interviewed discussed an ongoing societal preoccupation regarding their past relationship patterns. Their accounts illustrated ways in which societal narratives which portray adolescent mothers as promiscuous (Portier-Le Cocq, 2018) could follow them across time.

For instance, Yolanda reflected on assumptions of prior promiscuity:

> I find that really interesting when people talk about teenage—they think that, I don't know, from what I've copped my whole life it's, you know "Oh you slept around", that's the first thing.

Tinsley, who was in her 40s at the time of interview recalled derogatory comments directed towards her during a recent workplace encounter as if the terminology was acceptable if directed at past teenage mothers:

> This one "piece of work" where I work, she goes, "Oh you must've been a bit of a slut back in your day" … I said, "Excuse me?" … I said, "What did you just call me?" She said, "I didn't call you anything," she goes, "I just said you must've been a bit of a slut back in your day." I said, "You're calling me a slut?"

Illustrating this point of an enduring sense of judgment, Dorinda recalled a recent experience that caused her to feel uncomfortable during a discussion at work:

> When I was talking to [colleague] the other day about being a teenage mother, that's when I felt a bit ashamed, and a bit of guilt of being a teenage mother … it was more of a question and his tone, and he can be very judgy … like, it's got nothing to do with you, take your judging elsewhere.

Associative stigma was evident, in that enduring reproductive judgement could also extend to some of the women's

children. Shannon expressed assumptions of intergenerational teenage pregnancy:

> When my son moved out when he was 16 for a little while, he was living with his girlfriend, at the time like I had a lot of people say, oh well you had him young, you just wait, he'll come home and she'll be pregnant and they'll end up living the same life you did.

Further, Kyle experienced a sense of re-emerging stigma when her son had not conformed to social ideals by virtue of having also become a teenage parent:

> Interviewer: "Did anyone try judge you as a—".
>
> Kyle: [interrupts] "Oh yeah".
>
> Interviewer: "Young nana"?
>
> Kyle: "Yeah, yeah. … Just like mother like son, yeah".

Persistent stereotypes about the women's sexual behaviours, along with related judgments about their children's reproductive timelines, highlight how stigma can undermine the social and reproductive worth of both mother and child.

Negative and enduring assumptions about outcomes of children

In addition to enduring reproductive assumptions, some participants reported social suppositions that their children were destined to failure due to being born to a teenage mother. Social messages of being destined to failure could emerge when children were infants. As expressed by Shannon: "[People would say] you're just going to ruin that baby's life, and your own, you've already ruined your own".

Ongoing assumptions that her son could not achieve were described by Camille:

> …it filters down to children as well, like, you know people say to me, oh what's

your oldest one do? I'm like, well you know, he's moved out of home, he's got a really great job … but they're kind of expecting him to be like, somewhere you know smoking drugs.

Further, Denise explained that her adult daughter had been directly exposed to similar assumptions of being predisposed to fail:

> My daughters [is] about to graduate uni … one of her lecturers actually said in a lecture, that if you were brought up by a teenage mum, basically you've got no hope and she stood there and she went, well, I was brought up by a teenage mum I think I'm doing alright, and they're like oh yeah but you're the exception not the rule, it's like really cause mum had a lot of friends who were teenage mums and they're doing okay too.

In this sense, stigmas which portray young mothers as being welfare dependent (Bowen, 2020; Slater, 2018) appeared to extend also to some participants' children, whose prospects were scrutinised because of being born to a young parent.

Discussion

While stigma associated with teenage motherhood has been well documented (SmithBattle, 2020), this research uncovered less anticipated findings pertaining to associative and enduring layers of stigma. Stigmatising responses towards some participants' children from infancy onwards were evident and could consist of familial rejection or compromised health care delivery. Enduring stigma towards former teenage mothers within an educational setting emerged and included vicarious rejection or judgement towards children. Sexual and reproductive judgements persisted for some participants, including the experience of one participant who encountered workplace judgment regarding past sexual patterns into middle age, and the experience of another who felt rebounding stigma within the context of intergenerational

teenage parenthood. Multigenerational reproductive judgment was also evident in some women's accounts of ways in which their children were presumed to be predisposed to teenage parenthood. Further, the women's accounts highlighted a persistent narrative of inadequacy regarding their children's prospects.

Participants' qualitative observations of ways in which rejection, discriminatory treatment, and negative stereotyping transferred to their children emerged as unique findings of this research. From a theoretical perspective, participants' accounts of ways in which early motherhood served as a devaluing mark towards their children may be reflective of courtesy stigma—a phenomenon whereby closeness to stigmatised persons "leads the wider society to treat both individuals in some respects as one" (Goffman, 1963, p. 30). Courtesy stigma has been identified extend to children of various stigmatised groups (Luther, 2016; Yin et al., 2020). To date, this phenomenon appears to have been largely overlooked for children born to teenage mothers. Social assumptions that undermined children's prospects appear however, to be reminiscent of Breheny and Stephens' (2010) discursive analysis which identified that teenage mothers are constructed as having children of lower quality who perpetuate cycles of welfare dependence and disadvantage.

The concept of sticky stigmas may also have theoretical significance in interpreting research findings pertaining to enduring experiences of stigma. This concept has been applied to an array of stigmatised populations, including ex-prisoners, people recovering from addiction, and former sex workers (Bergman & Chalkley, 2007; Brew et al., 2022; Yin et al., 2020). Although sticky stigma as a concept does not appear to have been directly applied to former teenage mothers, as noted, prior research has identified that some former teenage mothers can feel judged within their children's schools well into adulthood (Hirst et al., 2006). Findings of this research present additional

layers enduring judgement, illustrating ways in which such judgment can also extend to young mothers' children within a school context.

Enduring stigma regarding participants' past sexual patterns represent popular societal and political discourses which frequently portray young mothers as promiscuous (Portier-Le Cocq, 2018). The sticky nature of such labels may be indicative of how deeply entrenched intersecting stigmas pertaining to age and single motherhood are within the social imagination (Slater, 2018) as well as the severity of gender-based judgements around female sexuality (Portier-Le Cocq, 2018).

Further, existing research has identified that stigma can be experienced by young maternal grandmothers upon their daughters' pregnancies (Spencer, 2016). Findings of this study build upon such understandings. Specifically, one participant's account of feeling judged as "like mother like son" within the context of intergenerational teenage pregnancy illustrate that young paternal grandmothers may also experience a sense of judgement pertaining to their children's reproductive timelines.

Enduring and associative stigmas can have long lasting negative consequences for stigmatised individuals and their families (Brew et al., 2022; Yin et al., 2020). For participants within this study and their children, such consequences could include weakened family relationships, discrimination within healthcare, prejudice within educational contexts, and diminished social value. Thus, recognising and challenging the multifaceted ways in which such phenomena are experienced by teenage mothers and their children is crucial for promoting wellbeing, and aligns with social work's dedication to supporting those who are marginalised (Aotearoa New Zealand Association of Social Workers, 2019).

Encountering stigma can lead to distrust, making it difficult for social workers to build positive working relationships

(Baines & Clark, 2022; Holden, 2024). Counter-oppressive approaches to practice are an effective way to build trust and rapport in the context of marginalisation and therefore may be well suited to working with teenage mothers and their families (Baines & Clark, 2022). Working in ways that are counter-oppressive requires a high level of reflexivity regarding issues of power and would thus necessitate a constructive analysis of personal connections to problematising assumptions about early family formation (Baines & Clark, 2022). As noted, cultural variations exist regarding ages of conception, and early family formation is not uncommon amongst Māori women (Holden, 2024). Hence, non-Māori social workers engaging with Māori families must approach their practice from a place of cultural humility, with respect for cultural meanings regarding motherhood (Holden, 2024).

Counter-oppressive approaches provide scope for engaging in critical discussions about negative stereotypes which undermine dignity and worth (Baines & Clark, 2022). On a therapeutic level, such discussions may assist teenage mothers, former teenage mothers and their families to reject deficit stereotypes, thereby mitigating emotional or intrafamilial effects of stigma (Baines & Clark, 2022). Social workers who work across multidisciplinary settings may be particularly well placed to challenge enduring and associative stigmas within health care and educational contexts through awareness raising interventions which promote understanding and confront harmful stereotypes about early family formation. Further, critical examination of oppression may uncover opportunities to challenge stigma on a broader scale (Baines & Clark, 2022).

Limitations

The size and scope of this study prevented the use of a longitudinal design. Limitations relating to retrospective research designs include the possibility for results to be affected by memory lapses or natural distortions in recalling events (Greenhoot, 2012). Findings of this research cannot be generalised due to parameters of the sample. For example, all the women who took part in this study were residing in Queensland at the time of interview, and none of the women had been aged 16 or younger upon birth to their eldest child. Therefore, findings may not represent experiences of women in other regions, or who gave birth at earlier points within their adolescence. A significant limitation in reporting on stigma as it pertained to participants' children, is that such findings relied on participants' observations and did not capture the voices of children born to teenage mothers themselves.

Conclusion

Stigma has been described to systematically erode social rights and perpetuate inequalities amongst various social groups, including teenage mothers. Complex layers of social stigma faced by young mothers and their children described within this article are thus an essential aspect for social workers to consider when providing support to young mothers and their children. Social workers should be mindful of ways in which stigma may not only undermine the inclusion, dignity and worth of teenage mothers, but also that of their children. Counter-oppressive approaches to practice are particularly adept to working across stigma and therefore suitable for working with teenage mothers and their families. Finally, further research which explores the qualitative experiences of the children of teenage mothers is recommended to more fully explore this phenomenon and to better understand the adjustment needs of young mothers and their children alike.

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