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From Severe Stigma to Powerful Resilience:
Youth Sexuality, Parenting, and the Power of Structural Support

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EXECUTIVE SUMMARY

Despite the progress we've made from a time when the topic was ignored or spoken of only in hushed whispers, youth sexuality and young parenting remain murky, repressed areas of both discussion and research. Hemmed in from both sides by the well-intentioned who see them as problems to be solved and the more overtly disapproving alike, young people in general and young parents in particular find themselves highly stigmatized, deprived of the necessary resources that would allow them to make the best decisions for themselves and their families.

Extensive stigma theory and our own research show that the stigma experienced by young parents and young families is both wide and deep, impacting their experiences and interactions in schools, health care settings, and within their families and communities. Internalized, this stigma impacts their feelings about other young parents and families and, finally, about themselves, their own families, their dreams, their goals, and their very futures.

There are presently three approaches that make up the overwhelming cultural framework for conceiving of and responding to youth sexuality. The first is abstinence-only, in which youth sexuality itself is constructed as highly problematic and essentially immoral, and harmful to both individuals themselves and the community at large. The second approach is pregnancy prevention; emerging from the field of public health, pregnancy prevention conceives of youth sexuality as healthy and normal, with the "unfortunate" outcome of youth pregnancy and Sexually Transmitted Infections, and with the overall goal of encouraging healthy approaches to sexuality and discouraging unplanned parenthood. While both of these approaches exacerbate the stigma associated with and experienced by young families, a third approach, youth empowerment, seeks to give young people, including those who become pregnant and those who choose to parent, the support and resources to achieve their goals and fulfill their dreams.

From these frameworks has emerged a new, wider fourth approach, growing organically from the work of reproductive justice organizations and young people most impacted by the present cultural moment. Informed by theories and lived realities of intersectionality, this fourth approach goes beyond the question of youth sexuality itself and seeks to understand and address how experience is constructed and how that construction leads to outcomes including and beyond sexuality and family life. This framework focuses specifically on resilience and support for young families, and in engendering a culture shift that will extend beyond any one framework.

In this paper, we share the results of our interviews with 14 participants working in the field of resilience and support for young families, including their personal and observed experiences of young families and the challenges they face, their understanding of stigma and the ways it is manifested and experienced, their programmatic undertakings to confront stigma and shift culture, and their evaluation methods and next and future steps. With this insight, we have created a conceptual model of how stigma affects young parents. We hope to move forward in partnership with several of the organizations who participated in this study to design evaluation tools to help them better understand what impact they are having, where we are truly seeing a culture shift, and how they are contributing to this vital work.

While the stigma surrounding youth sexuality, young parents, and young families is overwhelming, above all else, these interviews gave us reason for hope. At this critical moment in the fight for reproductive health, rights, and justice, young parents and their supporters are examining their experiences in new light, making use of them in new context, and coming together to create new frameworks for a better future, one in which all young people and young families will have the necessary resources and support to live out their dreams. We hope they will inspire you, as they have so deeply inspired us.

INTRODUCTION

Teen pregnancy has been conceived of as a social problem since the 1970s (Geronimus, 2000; Nathanson, 1991; Luker 1996). Researchers, politicians, foundations, and cultural actors have all characterized youth sexuality and its potential outcomes in this way, and the U.S. methods for addressing these constructed social problems is traditionally saturated with moral panic (Luker, 2006). As a result, young people experience stigma related to their sexuality. When young people experience stigma, they are more likely to isolate themselves, and may not seek important education, support, resources, and health services. Young parents' experience of stigma is intensified due to the daily negative messages they receive from the media, within institutions, and from their communities concerning their options, their choices, and their future. An emerging group of activists and organizations are working to shift the stigma around young people's sexuality and young parents. Their aim is to create a culture in which all young people, and young parents in particular, are supported and able to thrive.

Young parents are defined as people who parent during adolescence, the period from puberty until legal adulthood. Adolescence can begin as early as 9 and end as late as 25 years of age. For the purposes of this paper, young parents are defined as young people who are parenting from 13-24 years of age.

The Sea Change Program received a grant from the Ford Foundation to explore how stigma manifests at multiple levels of culture around young people's sexuality, with a particular focus on the stigma surrounding young parents. Through interviews with experts in the youth sexuality and reproductive health rights field, our goal was to better understand this issue in order to create a conceptual model of how stigma affects young parents. Our ultimate goal is to work in partnership with several of these organizations to design evaluation tools that support their work to destigmatize pregnant and parenting youth.

For the purposes of our investigation, we spoke with volunteer and professional activists and learned about the social and cultural conditions contributing to the perpetuation of stigma as well as the barriers facing young parents due to this stigma's effects. Ultimately,

their goal is to shift the dominant narrative of stigma for young parents in our culture. Through the work of reducing stigma, these organizations and activists seek to create a world in which all young people have access to quality comprehensive sexuality education and young parents are supported in all aspects of life. Our interviewees work to shift stigma at multiple levels of culture, targeting stigmatizing ads and language in the media, creating policy to provide support to young families, and providing leadership development to young people.

This report includes an exploration of the sociological background of stigma, the dominant societal frames related to teen pregnancy, and a description of our conceptual model. Our key findings include how our interviewees understand these concepts, including the constructed problem of teen pregnancy, and their multi-level strategies for creating culture change. We also explored interviewees' current evaluation methods for their work, and provide suggestions for next steps.

Over the course of this project, we interviewed 14 activists, professionals, and researchers who were involved in work shifting stigma for young families. Many of the people we interviewed fit into more than one category in that they were both activists and professionals in the field. In addition, we reviewed books, literature, articles, blog posts, and social media on this topic. All interviewees were informed that this project was funded by the Ford Foundation and expressed great interest in the final report and future support from the Sea Change Program.

Limitations

A limitation of the key informant sampling technique is that participants self-selected whether or not they wished to participate. Data collected from key informants is also not generalizable to all advocates and professionals in the sexual and reproductive health and rights field due to the limited sample size. Additionally, key informants may have included personal bias and potentially overstated or understated information due to their personal connection to the topic. Participants were recruited through snowball sampling, which could lead to a biased sample, in that people are more likely to recommend informants that share similar ideas. We have some limitations specific to our question protocol; we didn't specify our definition of the media, which may have led more people to share generally

about media and focus on public health campaigns as opposed to TV, movies, and print media. We also didn't ask participants to define or critique comprehensive sex education, which may have given us more information about how they defined comprehensive sex education. Youth programming was another area we could have explored with more detail, as we asked general questions about how youth were engaged in relation to stigma projects. Despite these limitations, key informant interviewees provided a much-needed perspective on the current landscape of stigma for young parents and strategies for culture change.

BACKGROUND

In the United States, young people (defined in this paper as people between 13 and 24 years of age) are understood to be in a period of transition from the dependence of childhood to the independence of adulthood. During these years, most young people will become sexually active. In the US, the average age for all genders of sexual debut is 17. At 15, 16% of young people have had sex. By 16, the number increases to 33% and by 17, 48% of young people have had sex (Guttmacher, 2014). These statistics are limited because sex is defined as penis-in-vagina intercourse, which may not include lesbian, gay, bisexual, trans*, and queer (LGBTQ) young people.

In general, contraceptive use is improving among young people. Data from 2006-2010 show that 78% of female teens aged 15-19 used condoms during their first (heterosexual) sexual experience. Additionally, 86% of female teens and 93% of male teens said they used contraceptives during their last sexual experience. One in four young women (18%) reported not using any contraceptive method during their last sexual encounter, which puts them at risk for unintended pregnancy (Guttmacher, 2014).

In 2010, 615,000 young women aged 15-19 became pregnant, with the majority of pregnancies occurring among young women between 18 and 19 years old (Guttmacher, 2014; Kost & Henshaw, 2014). The teen pregnancy rate has declined significantly since 1990, when it peaked; the decline can primarily be attributed to an increase in contraceptive use. The majority of young people's pregnancies end in birth (60%), with 26% ending in abortion and 16% ending in miscarriage (Guttmacher, 2014). Young people who identify as lesbian or bisexual have a pregnancy risk two to seven times higher than their heterosexual peers due to factors such as experiencing discrimination and being ostracized from family, as well as sex education programs that assume contraceptives are not relevant to LGBTQ youth (Saewyc et al., 2007). Race, class, and education affect pregnancy risk as well. While Black and Latina young women have the highest pregnancy rates and higher birth rates than white young women (Guttmacher, 2014), these rates alone do not reflect the context of young women of color's life experiences and living conditions, which severely impact both their pregnancy risk and the lived reality of their lives as young parents. Racial and ethnic disparities affect young people's ability to envision positive futures for themselves, which is connected to their ability or desire to prevent pregnancy (Advocates for Youth, 2012). Living in a region of high income inequality affects birth rates; young women with lower socioeconomic status are more likely to continue their pregnancies when compared to young women of higher socioeconomic status (Kearney & Levine, 2012). Outcomes of becoming a parent are a source of concern but also not agreed upon among scholars. Issues such as low birth weight, maternal health, educational attainment, and other concerns are subject to debate in the literature and raise questions about whether pregnancy is a negative outcome for young people at all (Furstenburg, 1991; Geronimus, 1991; Geronimus, 1996; Geronimus, 1997; Geronimus, 2000; Hotz et al., 1996; Kearney & Levine, 2012; Upchurch & McCarthy, 1990).

There are three overarching social frameworks that provide a background for our analysis of programs to shift culture around teen parenting: "abstinence," "pregnancy prevention," and "youth empowerment." These competing frames have contributed to policy-making and program development around young people's sexuality in the US. We will show how a fourth framework has emerged in response to the previous three and how advocates within this frame are articulating their vision, goals, and needs for shifting culture.

These frames are broad; not every person or organization fits neatly within one, and some organizations engage in work that fits within two or even three. For example, many teen pregnancy prevention programs provide comprehensive sexuality education, which includes youth empowerment as a theme and best practice, yet may stigmatize young parents by presenting teen pregnancy as a purely negative outcome. All of these frameworks have a unique analysis

of why youth sexuality is or isn't a societal problem and how stigma related to youth sexuality fits into their strategies to address it.

Abstinence

Within the abstinence framework, teen pregnancy is understood as a threat to traditional values related to marriage, maturation, and sexual behavior. Moral panic informs and supports the abstinence framing of teen pregnancy and youth sexuality. Moral panic theory is used in sociology to describe periods of social unrest in which a particular group emerges as a "threat" to traditional values, often reinforced by stereotypical portrayals of that group in media and that group being discredited by politicians and other leaders (Cohen, 1980). The moral issues at hand are often the symptoms of larger social, political, cultural, or economic issues (Cocca, 2002).

The abstinence frame provides context for understanding the current U.S. policies and societal viewpoints about teen sexuality. This frame views teen sex as negative and teen sexuality itself as uncontrollable and thus dangerous (Bay-Cheng, 2001). At the center of the abstinence frame is the idea that young people's sexuality is inherently dangerous and deviant, an idea that is often fueled by a fear that marriage is losing social importance (Luker, 2006). Another key argument articulated by advocates using the abstinence frame is that unmarried teen sex can result in tangible problems with emotional and mental health, as well as having negative consequences for the community at large (Luker, 2006; Mabray & Labauve, 2002).

Advocates who employ the abstinence frame use several specific interventions to address what they call the "problem of teen pregnancy," including abstinence-only education, abstinence-based education, and abstinence-plus education. While these types of interventions have different ways of addressing the "problem of teen sexuality," they all stigmatize expectant and parenting young people, because teen pregnancy is presented as a negative life consequence. Additionally, these advocates frame success as a world without sex before marriage and a world without unmarried teen pregnancy.

Interventions grounded in this abstinence framework can vary significantly. Abstinence-only sex education programs provide no information about contraception (except for failure rates) or prevention; instead the focus is on abstaining from sex until marriage. Abstinence-

only and abstinence-based programs teach abstinence from sex before marriage as the only morally correct option for sexual expression (Advocates for Youth, 2001). These programs also teach that sex before marriage has harmful psychological and physical effects. Abstinence-plus programs provide a strong focus on abstinence but include information about contraception. These abstinence values stemming from moral panic have made their way into some comprehensive sex education programs which frame teen sex as inherently deviant.

Over the last decade, several scholars have argued that this abstinence framework informed by moral panic is harmful to young people, particularly because it fuels the abstinence-only sex education movement and the incorrect assumptions that youth are "ruled by their sexual desires" and are incapable of making sound long-term decisions (Dworkin &Santelli, 2007; Fields & Tolman, 2006; Fine, 2005; Luker, 2006; Schalet, Santelli, et al., 2006). As a result of this moral panic infiltrating school and health care institutions, young people are provided with a limited view of their sexuality with no tools for navigating their sexual lives. Because organizations that operate from the abstinence framework are documented and critiqued in other papers (Bey-Cheng, 2001; Fields & Tolman, 2006; Fine & McClelland, 2006; Santelli et al. 2006; Trenholm et.al, 2007; Waxman, 2004), these advocates are not the focus of this paper.

Pregnancy Prevention

A second framework, pregnancy prevention, constructs teen pregnancy as an "epidemic" that threatens the wellness of communities, young people, and children. Pregnancy prevention emerges from the public health field, which focuses on systematic research and evidence-based interventions. Organizations and advocates using this frame rely on peer-reviewed research to inform their strategy and understanding of the problem. Within this frame, teen pregnancy is seen as a downstream problem that is preventable through upstream solutions such as contraception and abortion. Unlike the abstinence model, pregnancy prevention advocates do not construct youth sexuality as a problem unless it leads to unintended pregnancy. Youth are accepted as sexual beings and the potential negative consequences of their sexuality such as STIs and pregnancy are the problems, which are preventable through evidence-based programming.

Many teen pregnancy prevention programs provide information about all aspects of youth sexuality. These programs often encourage young people to make their own "responsible" choices by learning how their bodies work, how to prevent pregnancy, and how to navigate safe sex and communication. Most teen pregnancy prevention programs use comprehensive sex education curricula and advocate for its importance at the state and national level. Prevention programs often highlight the "cost of teen pregnancy" and the negative life consequences for young people and society overall in their curricula and in their advocacy efforts. Thus, they may contribute to and even rely on the stigma surrounding young parents as part of their strategy. Many prevention programs target the behavior of young people who have not yet become pregnant through education or behavioral interventions. These interventions can reward pregnancy prevention as a behavior and can also punish those individuals who do become pregnant.

Youth Empowerment

Youth Empowerment is a frame that encompasses multiple approaches to working with young people, such as positive youth development, youth leadership, and youth service learning (Catalano et al., 1998; Damon, 2004; Lerner, Dowling & Anderson, 2010). Many sexual and reproductive health organizations utilize the youth empowerment frame. Instead of conceptualizing youth sexuality as a problem, youth empowerment programs accept young people as sexual beings (Franco, Valladares, Valle, & Jiménez, 2012; Fine & McClelland, 2006). Youth empowerment programs understand young people as experts on their own lives and thus involve them in program design and implementation. Within this frame, young people become empowered by having access to medically accurate, age-appropriate information about sexuality, access to resources to control their reproductive lives, and the opportunity to develop leadership and self-agency (Fields & Tolman, 2006; Fine & McClelland, 2006; CLRJ; Fuentes, Bayetti Flores & Gonzales-Rojas, 2010; SIEUCS, 2006; Luker, 2006).

Within the youth empowerment framework, teen pregnancy can be understood as a possible consequence of youth sexuality. Becoming a parent following a pregnancy may be desired or not desired, but youth should be empowered to achieve their personal and family goals, regardless of their pregnancy decision. While there is much overlap between the prevention and youth empowerment frame, within youth empowerment the right support and skill development can encourage youth agency and leadership so that young people can accomplish their life goals even if they choose to parent.

Youth empowerment work can involve young people in creating and implementing comprehensive sex education curricula, life skill planning, service learning, and career development. Holistic approaches to developing young people's skills and self-esteem are common within the youth empowerment frames. Youth empowerment work can also include leadership development and civic engagement, which includes arming young people with tools to speak out about their experiences to policy makers and influence policy change.

Prevention programs may also participate in youth empowerment by including youth in programming and policy development. Many prevention programs have youth peer education programs, which train youth to provide peer-to-peer education. Additionally, prevention organizations often include young people in their advocacy strategies, and bring them to talk to policy makers about their experiences. Some prevention organizations provide school, life planning, and material support to pregnant and parenting young people with the goal of preventing a second pregnancy. Again, while support may be provided in prevention-based programs, young parents are stigmatized by being compelled to equate having a second baby with failure.

An emerging framework: support and resilience for young families

An emerging frame focusing on support and resilience for young families is developing in response to the needs of young parents. Within this frame, activists are working specifically to shift both the obvious and subtler forms of stigma for young parents that can dwell within the three other frameworks. They share goals with the prevention and youth empowerment frame in that they seek to create healthy communities and empower young people. Yet, this emerging frame also differs drastically because they are exploring whether the concept of young parenting should even be constructed as a problem. In fact, these advocates see poverty and the intersections of discrimination at all different levels of society as the real problems.

They strive to change culture and create a world in which all families are valued, supported, and celebrated regardless of parental age.

A key component of the emerging frame is intersectionality, a concept used to examine the ways in which the oppressive institutions of racism, sexism, homophobia, transphobia, ableism, classism, and others are interconnected and must be examined together (Crenshaw, 1989; Crenshaw, 2004; Damon, 2004). When applying an intersectional lens to youth sexuality, advocates acknowledge that many different aspects of culture and power interact with each other to create a stigmatizing environment for young people. For example, young people are a group that experiences discrimination due to their age, because many adults don't think young people are capable of making difficult long-term decisions (Alliance of Youth Executive Officers, 2001; Ministry of Youth Development, 2009). Different components of a young person's identity—race, class, religion, sex, gender, etc—overlap and can compound their ability to access quality resources, support, and respect.

An intersectional analysis informs the interventions and programs that advocates use to address pregnancy among young people. This includes advocating for quality comprehensive sex education programs as well as shifting structural and societal stigma for young families. Again, programming can vary greatly, but as a frame emerging from the youth empowerment approach, young people continue to inform the core of the program directly, and participate actively in implementation and evaluation. In policy development and action, for example, young parents work together with non-profit professionals (often former young parents themselves) to create policies and programs that meet their needs. Organizations and advocates using this frame are the focus of this paper.

Stigma

Many participants in this small interview study articulated "stigma" as a major issue for young families. Erving Goffman, the sociologist who offered the foundational conceptualization of stigma for social scientists in 1963, defines stigma as, "A mark that is deeply discrediting and that reduces the bearer from a whole and usual person to a tainted, discounted one" (1963). Recent scholars have expanded on this definition, explaining that:

Stigmatization is entirely contingent on access to social, economic, and political power that allows the identification of differentness, the construction of stereotypes, the separation of labeled persons into distinct categories, and the full execution of disapproval, rejection, exclusion, and discrimination. Thus, we apply the term stigma when elements of labeling, stereotyping, separation, status loss, and discrimination co-occur in a power situation that allows the components of stigma to unfold. (Link and Phalen, 2001)

Many other researchers have applied stigma theory to their work, particularly as it relates to sexuality, mental health, sexually transmitted infections, and abortion (Breitfkopf, 2004; Cockrill & Nack, 2013; Corrigan, 2004; Herek, 2009; Kumar, Hessini & Mitchell, 2009). Understanding these different components of stigma provides context for exploring how expectant and parenting youth experience stigma. For example, TV shows such as *16 & Pregnant* and *Teen Mom*, which were created with a goal of "preventing teen pregnancy," can also contribute to stereotypes about young parents and their families and can be exploitative for the young families who participate (Rankin, 2014). Young parents can experience discrimination in school because there is often little enforcement of the legal protections of Title IX. Young families are also marginalized and neglected in health care settings. As a stigmatized group, expectant and parenting young people experience judgment from family and other community members, especially when they have transgressed expectations around sexual behavior, maturity, marriage, and society's perceived social norms. Lastly, expectant and parenting youth can often feel as though they have failed to fulfill the expectations of their families or communities, which may lead to shame, isolation, and poor self-esteem. Based on the key findings of our interviews with 14 youth sexuality stigma experts and a review of the related literature, we created a conceptual model to demonstrate how stigma related to pregnant and parenting youth manifests at different levels of culture. The societal frames of abstinence, prevention, and youth empowerment affect our understanding and experience of expectant, pregnant, and parenting youth. Youth empowerment frames youth sexuality as a normal part of human development in which young people need support to develop into healthy sexual adults. Prevention frames youth sexuality as a potential problem with preventable negative consequences.

Our Conceptual Model:
Levels of Stigma

Societal Framework:
Moral panic about youth sexuality and
normative expectations around
pregnancy prevention

Media: Representations of young parents
that promote myths or stereotypes; Marketing
campaigns that condemn young parents

Policy: Federal/State educational
programs that promote abstinence; programs
that discriminate against young parents in
education, health care, or social services

Institutional: Knowledge,
attitudes and behaviors of social
workers, school administrators, and other
professionals that interact with young
parents; Policies within institutions that
discriminate against young parents

Community: Knowledge,
attitudes, behaviors of peers and
elders in communities

Individual:
Concerns about
judgment, experiences of
discrimination, self-judgment
and loss of support among
young parents; Expectations
of poor treatment among
young people making
pregnancy decisions

Abstinence frames youth sexuality as deviant, dangerous, and problematic. Moral panic stemming from the abstinence frame creates stigma around youth sexuality and for young parents because young parents become "otherized." The stain on their character is replayed at every level of culture and rests within their own sense of self.

Media: Myths, Stereotypes, and Misperceptions

Stigma in the media manifests through the promotion of myths, stereotypes, and biased representations about teen pregnancy. For example, two popular TV shows, *16 and Pregnant* and *Teen Mom*, promote the idea that teen pregnancy is a spectacle, and aim to decrease rates of teen pregnancy by showing how teen moms struggle (Rankin, 2014). Teen moms are separated and labeled in both TV shows through their representation, which is built on stereotypes of irresponsibility and misery. The shows also label teen mothers as lazy and use these representations as a tactic to scare teenage girls into preventing pregnancy. The shows create a narrative that allows the viewer a biased, one-sided view of the lived experiences of young parents.

Public health campaigns and PSAs from non-profit organizations like the Candie's Foundation have designed pregnancy prevention campaigns that reinforce stereotypes and myths about pregnant and parenting teens. For example, a campaign from the New York City Human Resources Administration used ads that promoted myths about young parents, including that they are a drain on the state's financial resources and are "wasting" their lives, and that their children will suffer as a result of their parents' "mistake." The ads feature distraught looking toddlers and babies with messages such as "Honestly mom, chances are he won't stay with you, what happens to me?" and "I'm twice as likely not to graduate from high school because you had me as a teen." The ads encourage viewers to text "NOTNOW" to learn about the "real costs" of teen pregnancy. These messages persuade viewers to see young parents as a social and financial problem.

Policy: Discrimination, Separation, and Targeting

Stigma can also manifest in policy, often taking the form of rules and regulations that label, separate, and discriminate against young parents. For decades, the federal government has provided funding for abstinence-only programs (Advocates for Youth, 2012; Hellerstien, 2015; SIECUS; Santelli et al., 2006). Abstinence-only programs reinforce stigmatizing messages that target not only young parents but also LGBTQ youth and all other sexually active youth. Abstinence-only programs have been shown to be ineffective in changing young people's sexual behavior (Kirby, 2001; Perin & DeJoy, 2004; Rose, 2005; Santelli et al., 2006; SEICUS, 2006; Trenholm et.al, 2007; Waxman, 2004). Still, many youth are exposed to the racist, sexist, and classist stereotypes perpetuated in abstinence education programs in their middle and high school years (Santelli et al., 2006; Waxman, 2004). Even with abundant evidence that abstinence-only sex education is ineffective, the federal government continues to provide $75 million a year to these programs (Cushman, Hauser, and Rodriguez, 2015; Trenholm et. al, 2007).

Another manifestation of stigma in policy is the failure to enforce existing policies that protect pregnant and parenting youth. Title IX provides young pregnant and parenting people with protections that guarantee access to education and prevent targeting and discrimination. For example, Title IX mandates that young parents have the right to: stay at their current school and participate in their extracurricular activities, take excused medical absences, make up work due to medical leave, be protected from harassment, and much more. Yet often the lack of active enforcement on the federal and institutional level leaves young parents to advocate for their rights on their own.

Institutions: Marginalization, Inconsistent Interpretation of Policies, and Neglect

Relatedly, in institutions such as schools, health care settings, and housing, young parents can experience stigma in the form of marginalization and neglect. Stigma can be seen in schools when a young pregnant person needs a new desk to accommodate their growing body and is met with resistance and discrimination from teachers and administrators. The young person may be met with resistance because school administrators and teachers might assume young pregnant people won't finish school and believe they are a negative influence on other students. Even though Title IX supports this young pregnant person's right to a new desk, there is inconsistent interpretation and enforcement of this federal law at the institutional level. School administrators and teachers often neglect young expectant and parenting students as a result.

A young expectant person may also experience stigma in health care settings. For example, during their labor experience, doctors and nurses may not see young people as able to make informed decisions and as a result may not present options to them during labor. Doctors and nurses may believe a young expectant person can't make an informed decision because becoming pregnant at a young age is seen as irresponsible and unintelligent. As a result, young parents can feel pressured into unnecessary medical interventions. Young parents also experience stigma when trying to access housing services. Landlords may not want to rent to young parents because they perceive them as unreliable tenants due to having a family.

Community: Exclusion, Name-Calling, Condescension, Labeling, Separating, and Devaluing

In communities, parenting or non-parenting young people can experience stigma related to their sexuality from adults and community members who are operating from an abstinence or prevention frame. Instead of providing support and information, many adults and community members condescend to young people about their developing bodies and emerging feelings of sexual desire or devalue their decision making. This stigma can be especially intense for young expectant and parenting people who show visible signs of being sexually active. Expectant and parenting young people may encounter name-calling, labeling, devaluing, and exclusion as a result. Young parents are often told that they have "ruined their lives," and are "disappointments" to their families and communities. Some young parents are kicked out of their homes upon sharing news of their pregnancy, further separating the young person and communicating the concept that being a young parent is not acceptable to adults and community members.

Individuals: Shame, Feelings of Judgment, Poor Self-Esteem, and Feelings of Failure

After young parents experience stigma on these different levels, they also experience stigma on an individual level, or within themselves. Young parents can feel scared to

tell anyone in their lives about their pregnancy due to fear of judgment. Stigma affects their ability to enjoy their lives and work towards their dreams, because they are told that their dreams are no longer possible. This internalized stigma may manifest in young parents expressing judgment and shame towards other young parents whom they perceive to be representing the stereotypes that have repeatedly been communicated to them. For example, a young parent who works hard not to appear to be a "drain on society" may have more than one job as well as being enrolled in school. When this particular parent sees another young parent who neglects their childcare responsibilities, parties frequently, or is doing poorly in school, they may have more judgment towards other young parents as a result of internalized stigma. Young parents experience the same stigmatizing messages that the rest of the culture receives, thus helping to shape their ideas of themselves and other young parents.

Stigma Management

Stigma management describes a set of behaviors that individuals engage in to increase their resilience to or protect themselves from the interpersonal manifestations of stigma such as name-calling, judgment, intrusive questions, and/or staring. Young pregnant people and young parents can manage their stigma in a variety of ways: they can choose to acknowledge their identity, provide education about their experience, communicate positive feelings about their identity, attempt to pass as normal, or seek support from other pregnant and parenting teens. Stigma management can have some positive and negative consequences for young parents. Educating others may resolve some of the feelings of isolation, and may empower youth, but also may expose them to unexpected enactments of stigma.

METHODS

In this paper, we report on key informant interviews with experts in the field of Youth Sexual and Reproductive Health and Rights (SRHR) to understand how stigma manifests for young parents, the work activists and organizations are doing to challenge this stigma, and how they evaluate their work. We identified our initial expert contacts through colleagues and scanning traditional and online media coverage of youth sexuality stigma. From there, we used a snowball sampling

method, asking participants to recommend colleagues that would be interested in participating in this project.

A total of fourteen experts participated in the interviews representing the following groups: Advocates for Youth, Advancing New Standards In Reproductive Health (ANSIRH), California Latinas for Reproductive Justice (CLRJ), Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR), Forward Together, Illinois Caucus for Adolescent Health (ICAH), Massachusetts Alliance on Teen Pregnancy, National Crittenton Foundation, the National Latina Institute for Reproductive Health (NLIRH), New Mexico GRADS, #NoTeenShame, TeenMomNYC.com, University of Massachusetts at Lowell, and Young Women United (YWU). #NoTeenShame participants often shared perspectives from their campaign, which is a volunteer effort, and their employment at their unique organizations.

We conducted interviews one on one, over the phone or via Skype utilizing a 15-question interview protocol, note taking, and audio recording. Additionally, prior to conducting interviews, we completed two practice interviews with two Health Educators at Planned Parenthood Northern California, who shared feedback about question content and clarity. The majority of interview participants identified as Latina (64%), with 7% identifying as African American or Black, 21% as White/European, 7% as Mixed/multi-racial/ethnic. Most participants identified as women (93%), with 21% noting that they were identifying as cisgender women. Our participants ranged in age from 24-42. The majority of our participants had been in the field of SRHR for four or more years (57%), with 36% being in the field for ten or more years. **See table 1** for demographic data.

All participants identified as part of the reproductive health, rights, and justice field, with the majority specifically aligning themselves with a reproductive justice movement, approaching their work through an intersectional lens recognizing and highlighting the complexity of multiple forms of oppression in young people's lives.

We audio recorded and transcribed all key informant interviews. In addition, the interviewer wrote notes about the interview to capture observations and insights in real time. One Sea Change Program staff member read all of the interviews and analyzed for key themes. Another Sea Change Program staff member read a

representative sample of the interviews to confirm thematic analysis.

DEMOGRAPHICS OF INTERVIEW PARTICIPANTS (n = 14)		
	#	%
Race/Ethnicity		
Latina/Hispanic/Chicana/@	9	64%
Black/African American	1	7%
White/European	3	21%
Mixed/Multi-Racial	1	7%
Age		
20-30	7	50%
31-40	5	36%
41-50	2	14%
Gender		
Female	12	86%
Male	0	0%
Trans*	0	0%
Queer	2	14%
# of years in field		
0-2	1	7%
3-4	1	7%
5-6	2	14%
7-8	1	7%
9-10	6	43%
11+	3	14%

KEY FINDINGS

One of the first questions we asked our participants was how they defined young people. An overwhelming majority concurred with our definition of young people as being within the range of 13-24 years old.

Below, we share the key findings of our interviews, including: how participants understand the constructed problem of teen pregnancy, how and where stigma manifests for teen parents at all levels of culture, what programmatic approaches our participants are undertaking to create culture change, and finally, how they are evaluating the impact of their work.

The Constructed Problem of Teen Pregnancy

These findings explore our interviewees' experiences of and opinions on how stigma related to sexuality, pregnancy, and parenting manifests at multiple levels of culture for young people. Participants consistently noted how the stigmas around youth sexuality and young parents are rooted in, and inseparable from, societal norms surrounding adolescent sexuality.

> [Our culture] uses sex and sexuality as a commodity, but [as a culture] we don't talk about [it] as a normal part of anyone's development into adulthood. We're also not providing young people with enough tools and education and resources to really develop as healthy sexual human beings. So, there's just a lot of stigma and shame and fear attached to youth sexuality. (Aimee Thorne-Thomsen, Advocates for Youth)

This sentiment was echoed by ANSIRH sociologist Gretchen Sisson, who has studied social attitudes toward youth sexuality: "we don't expect young people to be sexual, and we don't respect their right to be [sexual]."

Participants were able to describe numerous examples of stigma around youth sexuality and how this stigma could lead to negative health outcomes for young people, such as restricting access to sexual and reproductive health services, reducing sexual agency, having unprotected sex, having non-consensual sex, contracting a sexually transmitted infection, being in unhealthy and abusive relationships, and experiencing an unintended pregnancy. Professor Vinson, assistant professor of English at University of Massachusetts Lowell, explained how these stigmas are linked to the abstinence and prevention frames,

> I think one of the major barriers for young people is this kind of pedantic view of them as needing certain information but not other information and then this idea that we need to scare them or pressure them into making the "right" choices. And the way to do this is to present facts that support a particular worldview, the worldview that you should wait until marriage and adulthood.

Participants explained that in their view, teens that engage in sexual activity resulting in pregnancy are also heavily stigmatized in American culture – so much so that the phrase "teen pregnancy" has become short hand for "throwing their potential for a successful life away." Professor Vinson went on to say:

"Teen pregnancy" is a buzzword, and it is constructed as a national emblem of failure. Politicians are notorious for liking to pick it up [because it] generates funding [and] sympathy for them as politicians who seem to care about improving the community.

When teen pregnancy is framed as a problem and a failure, young families experience stigma. One participant noted,

Stigma [around young families]... [at] a state level it allows our state governments or our local governments to put the blame on young families instead of being accountable to what it would mean to actually support people in their paths. (Denicia Cadena, YWU)

In addition to stigmatizing young families, our interviewees believe that constructing teen pregnancy as a primary problem distracts from the "real problems" facing young people and society. In their view, poverty, lack of access to quality health care, quality education, support, resources, and the effects of systemic racism, classism, and violence are more pressing problems for youth. While the dominant narrative throughout our culture lays blame on young parents, participants discussed how blame functions as a distraction:

When you think of... the 80s of "welfare queen," stigma that we still live with today shows up as a shortcut of being able to blame usually folks at the very bottom, the disenfranchised, blaming them for their own circumstance with absolutely no acknowledgement of our social responsibility and with no acknowledgement of institutional issues that got us to where we are. (Gabriela Valle, CLRJ)

Valle highlights that when poor people are blamed for being poor, society ignores the structural and institutional problems that create poverty. Other participants elaborated on this, stating that individuals interested in reducing teen pregnancy should explore the root causes of unintended pregnancy:

If you really care that young moms are supposedly more likely to drop out of school--which I say supposedly because those numbers are flawed--you should take note of the fact that many of those students had dropped out prior to pregnancy and, actually, research suggests that young mothers return to school at higher rates than their peers that dropped out. But we often just say they don't finish their education. Well, look at the other peers in their community who don't finish their education. Many people in that community probably don't finish their education.

Let's talk about the education system. (Professor Vinson)

All our participants echoed Professor Vinson's thoughts above, namely that organizations concerned about pregnant and parenting youth need to focus their attention on larger issues of poverty, systemic racism, classism, sexism, and ageism. They see stigma as a result of these problems and the main drivers of the multitude of obstacles young people face to developing a healthy sexual identity.

Stigma in Media and Public Campaigns

Young people receive mixed messages about their sexuality from the media. In mainstream media, young people can be exposed to a slew of contradictory messages about sex such as: sex is normal and healthy for young people, sex is something that boys want and girls do not, sex is dangerous and leads to disaster, sex is a primary entry point to adulthood, and sex objectifies women and girls. Participants discussed the lack of cultural clarity around when young people are "allowed" to have sex as well as the clear social norms that value "waiting" to have sex.

Our participants briefly mentioned mainstream media messages from articles and TV shows that used stereotypes and myths to present teen pregnancy as a problem, but most of their focus on media was on messages coming from teen pregnancy prevention organizations and public health campaigns. There were three groups or organizations that were most mentioned by our participants as creators of these types of campaigns: the Candie's Foundation, New York City Ads (created by the New York City Human Resource Administration), and the National Campaign to Prevent Teen and Unplanned Pregnancy.

Collectively, these communications campaigns stemmed from a pregnancy prevention framework, constructing teen pregnancy as a problem to be solved. Campaigns that are using this messaging stigmatize youth pregnancy while existing in an environment already saturated with mixed messages for youth. One ad (see figure 4) from the Candie's Foundation shows a celebrity pictured next to a baby crib with the caption, "You're supposed to be changing the world, not diapers." Other ads (see figures 1 and 2) show babies crying or upset, with captions such as, "I'm twice as likely not to graduate from high school because you had me as a teen." Lastly an ad (see figure 3) from One Milwaukee depicts a teenage boy who is

pregnant with the caption, "It shouldn't be any less disturbing when it's a girl."

Interviewees explained that these campaigns about teen pregnancy reinforce the stereotype that teen parenting is outside of American social norms. The National Campaign to Prevent Teen and Unplanned Pregnancy was mentioned for its website "Stay Teen" which places young parents outside of our definition of a teen (Professor Jenna Vinson).

All participants discussed the negative effects of stigmatizing campaigns for young parents, namely that these ads reinforce feelings of shame and worthlessness for young families. They also critiqued the ads for using stereotypes such as teen parents being unable to attain their dreams and myths that being a teen mom causes higher rates of school dropout. Some participants wondered where the actual prevention information was in the ads; while the ads frame teen parenthood as negative, there is no information about how to prevent pregnancy or where to access reproductive health services. At least eight participants noted the racist and sexist lens applied to the ads. For example, two participants explained that the NYC ads were targeted predominantly at communities of color and were more visually represented in poor urban areas. Another participant explained that the "pregnant boy ad" not only stigmatizes young parents but also transgender individuals. Participants who identified as young parents also worried about how these campaigns, ads, and education may affect their own children, and what harm it may cause them to see negative images of their parents around them.

Beyond these particular advertisements, some participants took issue with the prevention framework as a whole because it assumes that young people cannot choose to be parents and lacks an analysis of how other factors such as race and class may affect reproductive decision-making or the acceptability of young parenthood. In fact, the social science about teen pregnancy is far more murky and complex than many prevention programs portray. Research suggests that much of the current facts and figures widely shared by prevention programs are based on flawed study designs, and when the proper controls are accounted for, the relationship between pregnancy and school dropout rates changes dramatically. For example, socioeconomic and personal background factors are far more likely to have significant effects
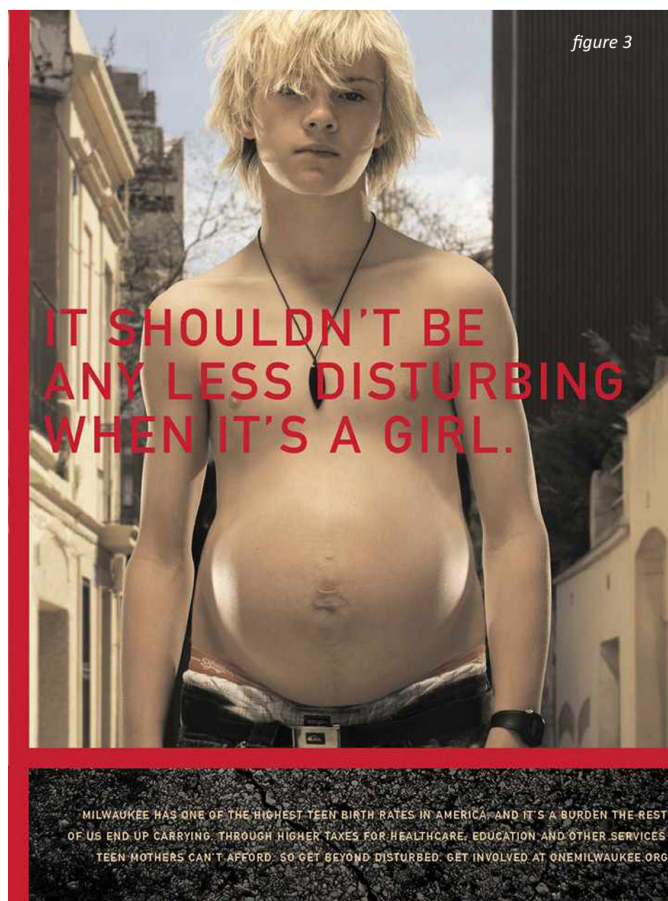

figure 1

figure 2

figure 3

figure 4

on a woman's risk of dropping out than pregnancy (Upchurch & McCarthy, 1990; Geronimus, 1991). Furthermore, constructing teen pregnancy as a public health crisis could have potential dangerous effects, evident in the research, which shows that babies born to young African American women under 20 years of age are healthier than babies born to older African American women (Geronimus, 1996).

Stigma Enacted through Policies & Institutions
Policy: Sex Education

One federal policy mentioned by all participants was Title IX, which provides education protections for expectant and parenting youth. However, participants discussed Title IX in the context of its lack of consistent enforcement within institutions, which is where we will discuss it in this paper as well. Policy about teen pregnancy prevention and abstinence-only funding were noted as barriers to accessing comprehensive sex education.

A lack of access to comprehensive sex education is an enormous barrier to young people developing healthy sexualities and the skills to navigate their reproductive lives. Participants shared how the lack of consistency and clear policy at the state and federal level to support comprehensive sex education does a disservice to young people:

> The only thing that was consistent about sex ed in our state [of California] is how inconsistent it is. How unfair this is to young people that the kind of sex ed, access to sex ed that they get, depends on their ZIP code or what teacher they got or if that school's superintendent was open or if that school board was more aware… if it looks like that in California that, by many people's standards, is more open than other states, what the heck does that look like in other states? Because in California we still see people getting away with these shenanigans like putting up abstinence-only, religious-under toned programs. (Gabriela Valle)

Some participants connected their own race and class to the quality of sex education they received, stating that schools with better resources in wealthier areas were more likely to put those resources towards quality comprehensive sex education. All participants, whether or not they had this experience personally, believed that race and class affected the quality of sex education. Additionally, participants who identified as

young parents shared how this subpar sex education put them at risk for unintended pregnancy.

> I still remember my health teacher getting red in the face when we were talking about - someone asked a question about condoms, and he couldn't answer it. People need so much training about how to normalize the word sex. (Lisette Orellana, #NoTeenShame Co-Founder)

Once they were pregnant, the sex education they received left them feeling targeted, shamed, and without useful information to help them navigate parenthood. Christina Martinez, a co-founder of the #NoTeenShame campaign, clarified:

> For myself as a parent it was like, well, [becoming a mother] isn't really a punishment. I mean, I love my kid, and everybody's like, 'well, this is the consequence.' And it was just really confusing to try and figure out as a young person.

For the young parents we interviewed, parenthood has been a positive part of their lives, and not being allowed to share their experience made them feel separated and confused. Yet, these same interviewees also shared the importance of comprehensive sex education for young people. Gloria Malone, co-founder of the #NoTeenShame campaign said, "I didn't become pregnant at the age of 15 because I had too much information."

Participants saw a connection between not having enough information or education to prevent unintended pregnancy and not having support in becoming a parent. Our participants expressed a desire for schools and policy makers to provide support to young people who wish to delay parenthood and prevent pregnancy as well as providing support to young people who choose to parent.

Institutions: Schools, Health care Settings, and Housing

The stigma that young expectant and parenting people face in school is a barrier to health and well being for young families. Within institutions, stigma around young parents can take several forms: negative attitudes among staff and peers; neglect; and failure to implement federal protections for pregnant and parenting youth.

Gloria Malone shared the impact of negative judgments on her own well-being:

> [People who say], 'you did this to yourself, now deal with it;' [that attitude] decreases my well-being. I actually missed a lot of prenatal appointments because of that thinking… And [as young parents] we just don't know how to process everything that we're going through, and we don't know we have rights because the school won't tell us that they're violating our federal rights.

Our participants shared that many school officials and staff have little to no knowledge of Title IX's protections for young families or of their legal responsibility to provide at least one staff member at the school or district to carry out the requirements of the law. Participants described being asked to leave school activities such as a summer school or sports practice due to their pregnancies. These exclusions are illegal under Title IX, but our interviewees explained that many young people don't know about this policy and many schools aren't actively monitored to ensure compliance.

Many participants noted that pregnant young people are marginalized, held up as an example of failure by teachers and school administrators, and then neglected.

> You're always going to hear the scenarios and the stories where teachers, principals, PE teachers, etc…. they feel so entitled to make judgments to the young parents. "Yeah, well, sex ed didn't do you any good, I guess, or you need sex ed now, right, because you'd better not get pregnant again." Nobody would say that to an "adult." The audacity that adults have to - they feel so confident and free to further stigmatize young parents in this way. It's really quite shocking. (Gabriela Valle)

Marylouise Kuti of New Mexico GRADS and Co-Founder of #NoTeenShame shared that the reason that schools may be reluctant to provide support for young parents in the form of onsite childcare centers and case managers is that they fear it might appear that they support teen pregnancy. Other participants described their own individual attempts to provide support to their pregnant and parenting peers by providing them with positive affirming messages about their parenthood only to be met with resistance from school staff and students who believe young parents do not deserve support because "they did this to themselves."

Health care was another setting in which our participants experienced stigma associated with pregnancy and parenting. Participants shared that many young parents grow up in impoverished neighborhoods, already lacking in quality, affordable health care. Being less than 18 years of age is another barrier, since accessing health care services without a parent's consent can be challenging. While programs exist to provide funding for confidential services, participants noted that not all young people know about such programs or can travel easily to health centers that can provide them.

Once a young person arrives at a health center, they may also encounter stigma and marginalization from health care professionals. Even if they have not set foot into a health center, young people's expectations of stigma can shape their behavior. Marylouise Kuti shared her experience of hiding her pregnancy:

> The stigma first of even telling anybody you're pregnant. I know, myself, I hid my pregnancy until I went into labor. I never went to the doctor. I never told my parents or my brothers.

When a young person goes into labor they can face many other hurdles in accessing quality health care during their birth experience. Tiffany Pryor, Executive Director of ICAH, noted that young parents they work with via their Family Network often share their stories of traumatic birth experiences and neglect from health care professionals during pregnancy.

> No one was talking about birth plans with young people. [There are] very few conversations about midwives and doula access and [young parents said], "oh, I wish that I knew that a doula existed." [With the] stigma and shame that they might have been facing [from] their family around being pregnant [a doula could have been] a nice support system.

The layers of racism, classism, ageism, and sexism that young parents face in health care settings are evident in their narratives of accessing health care:

> I was pregnant. I was bleeding. My mom took me to the ER. We were really poor at that time. And so the ER is packed. I'm sitting there. I'm bleeding. Everyone's like, hey, just go sit over there and hang out for a while, and we'll call you when we're ready. This white girl comes in with her cheerleading outfit on, and she's crying, and she's holding her throat, and she's in so much pain. And basically she had strep throat, and they rushed her straight back. Here I am. Bleeding, pregnant, teen mom, black Latina. I fuckin' lost it. (Gloria Malone)

A primary vulnerability for young families is housing. Prior to pregnancy, most youth are living with families and relatives. Telling families about pregnancy can come with significant risks, from living in a household with angry and unsupportive people to losing your housing altogether and facing homelessness.

> *What good does it do any young parent... you kick her out. Now you have her and the - if she keeps the pregnancy, the child of her and the partner. So, now you have two or three people in a more precarious position? That makes no sense. (Gabriela Valle)*

Valle and other participants shared that finding an affordable home is a problem due to discrimination from landlords and requirements that young parents may not be able to meet, such as having several months' rent available. Additionally, participants explained that if young families are unable to find housing, finding a homeless shelter that can accommodate their family can be challenging as well, as these shelters often have housing areas for adolescents that are separate from family housing.

Stigma Communicated by Adults in Communities

The stigma around being an expectant or parenting youth is also prevalent in many communities. Cultural norms, values, and mores interact with how adults and community members feel about and react to young people's sexuality. Participants shared that adults commonly feel they have to "protect" young people from the perils of sex and are often not willing to see young people as able to make their own intelligent decisions about sexuality.

> *I think that one of the biggest obstacles to young people in terms of sexuality is adult perspectives, adult - "expert" adult knowledge that we throw at young people as we educate them about their sexuality if we even do, or if we just throw a public service announcement between* Teen Mom *episodes and call it a day. People, they need their adults and their village to give them the right tools to succeed. And I don't think success means postponing a pregnancy... I define success very broadly. But if you don't know and you don't have the access to control what you want from your sexual experience, then we're doing them a huge disservice. (Professor Vinson)*

Despite their expertise, participants shared that the adults in their communities were very uncomfortable with young people being sexual and with talking to young people about sex.

The impact of this environment is that some young people can feel unprepared to be good parents and therefore accepted by their own communities. Participants in this report linked low expectations from the community to young parents not finishing school and to postpartum depression due to lack of support, isolation, and internalized stigma. Participants also discussed that stigma can last into later years, following parents as they mature and their children grow up. Christina Martinez, a Co-Founder of #NoTeenShame, shared her experience of how stigma affects her even as an adult:

> *Even though my child is graduating from high school in a couple of months I show up to the events and I'm visibly young and people are thinking, are you his sister? And it still affects me.*

Internalized Stigma

Stigma's impact can also be felt individually as low self-esteem, shame, guilt, and isolation. Participants explained that expectant and parenting youth often internalize these messages of stigma and shame from policies, media, institutions, and their communities. Internalized stigma can lead people to manage external judgment with coping mechanisms including avoiding others, acting like everything is okay when in reality they are experiencing physical, mental, or emotional health issues, or defying parents and other adults. Natasha Vianna, a Co-Founder of #NoTeenShame, shared her experience,

> *The things that you have the right to access, you don't because you want to prove a point. And then in the end for me personally it meant having to deal with depression on my own because I didn't want to tell anyone that I was depressed. I had to prove that I was happy because as a teen mom you're expected to be extremely unhappy. And so I was like, no, I can't prove them right.*

Participants explained that young parents are likely to withdraw and isolate themselves, engaging in behaviors such as not telling anyone about the pregnancy, not accessing health care, not asking questions about their body if they do access health care, not accessing mental health services, and not accessing pregnancy support groups. Gloria Malone explained this further,

When you hear a story of a teen mom who gave birth to her kid and threw [the baby] away in a garbage can, that's because of shame and stigma. That's because of your ads. That's because of the way that society looks at them. And they are so afraid to live their lives as a teen parent that they are willing to do some really drastic and terrible things.

Lisette Orellana, another Co-Founder of #NoTeenShame, elaborated on why lack of support harms young parents, saying, "When you don't have support and you're being stigmatized, it takes an even bigger toll. And emotional stability is such a huge key instrumental thing for growth." All of our participants who identified as young parents shared personal experiences about how internalized stigma prevented them from making healthy decisions such as: staying in unhealthy relationships, not asking for help, hiding their pregnancy, and not accessing health care and/or mental health.

Additionally, participants shared how internalized stigma enables young parents to judge other young parents. For example, Gabriella Valle shared an experience of a young parent comparing herself to another young parent,

They've spent so much time hearing nothing but negative things about themselves and each other that they internalize that and without critical thought [and] just simply repeat it like, oh, I'm a good mom. I'm not out there partying like her over there.

Valle describes how internalized stigma can lead to young parents shaming other young parents. Our participants said that supporting all young parents and teaching them to support each other is a part of their work to shift the culture of stigma around teen pregnancy and parenting.

The Solutions: Addressing Stigma at Every Level

Given this complex and intersectional culture of stigma and shame, our participants are taking a multi-pronged approach to challenge stigmatizing attitudes, behaviors, and beliefs about young families. They envision a world where young people are empowered to make decisions about their bodies, lives, and futures, and are working towards this goal through policy change, changing stigmatizing media frames, challenging stigma within other organizations, engaging adults in supporting young parents, and empowering young parents.

Many of our participants' organizations are working on changing policy related to sex education and/or supporting young parents in schools. All participants mentioned that education and support related to Title IX are necessary so that pregnant and parenting youth know their rights. Denicia Cadena explained that at YWU they conduct policy work related to education because the young families represented within their organization identified it as the most pressing issue in their lives. YWU collaborated with the New Mexico GRADS program to create a Senate memorial on young parents, which is a day of recognition for young families across the state. While there is no legal action attached the memorial, it passed the senate unanimously. Young parents talked to their representatives about their experiences, and representatives shared stories of their own: two were former young mothers and one had a young mother herself. After the success of the memorial, YWU, New Mexico GRADS, and several other partners went on

figure 5

to create the nation's first statewide absence policy, which provides excused absences for expectant and parenting students. The law is a huge victory for young families in New Mexico and provides them with the support and flexibility to finish their education.

Additionally, CLRJ and Forward Together are working on policy related to comprehensive sex education.

In California, while there are laws mandating comprehensive sex education, there is little to no enforcement. CLRJ and Forward Together are partnering with the American Civil Liberties Union on a bill that would modify the tenets of comprehensive sex education and make it more accessible to all students in California.

Strategy: *Re-Envisioning Young Parenting*
Target: *Decision-makers on Sex Education, the American Public, Young Parents*

As members of the Strong Families Coalition Young Parent's cohort, a project through Forward Together that supports all families, our participants worked to create a new frame for the media related to young parenting:

> *We were formally convening around stigma. We wanted all our audiences to stop using stigmatizing language [for young parents] and to create policies that support young parents as well as young people in general. (Adriann Barboa, Forward Together)*

This frame recognizes that young parents need respect, support, and access to resources that can help them move forward in parenting and healthy development into adulthood. Our participants use this new framing around young families to call out stigma and shame and propose providing support and quality comprehensive sex education to all young people. This new frame targets young families by offering them an empowering way to talk about their families, and also targets public health organizations, funders, and adults, hoping to change their language, as all of them often function as stigmatizers. As part of this shift, Strong Families held their 5th Mama's Day campaign, a campaign that seeks to celebrate all families on Mother's Day, including young parents, through

artwork and e-cards. Strong Families involved young families in collaborating to create the messaging for the campaign and cards (Adriann Barboa).

Organizations and advocates we interviewed are also working to create positive images, ad campaigns, and messages that show images of young families being successful as well as young people making healthy and responsible decisions about sexuality. Recently, Gloria Malone launched "31 Days of Positivity" on her blog TeenMomNYC.com as well as other social media outlets. Each day, Gloria shared images with a positive message about young parents (see fig 6). Additionally, #NoTeenShame regularly shares positive images and affirmations for young parents on their Tumblr and other social media (see fig 7).

Our participants' main goal is to widen the lens of what we see culturally as "parenthood." Adriann Barboa said, "Young families need the same things any new parent needs," such as access to housing, food, clothing, quality health care, education, breastfeeding education/support, baby development education and support, access to baby clothes, diapers, quality affordable childcare, and more. Professor Vinson pointed out that organizations miss an incredible opportunity to unify parents around their experiences by leaving out young parents. She shared that many mothers experience isolation after having a baby, and when young parents are unable to own and share those experiences, it both isolates them further and prevents them from becoming much-needed supporters and resources for other parents in their communities who feel alone. Participants continuously emphasized that young parents and their children are present in our society, and withholding support causes harm.

Language is a key mechanism organizations and advocates use in working towards shifting culture. Many people talked about how they have stopped using the terms "teen parent" and "teen mom" because young people themselves prefer the terms

You are
Beautiful, lovable, capable
and powerful

because you are a teen parent. Not in spite of it.

TeenMomNYC.com
31 days of positivity

figure 6

5 DAILY AND NECESSARY AFFIRMATIONS
For Every Young Mother & Every Young Father

Both my child and I are capable of accomplishing great things.

I am both worthy and deserving of love, support and respect.

Chosen families are as valid and important as biological families.

My new path may look different but this path is mine to follow.

I will keep my support system close... with their love, I can do this.

#NOTEENSHAME

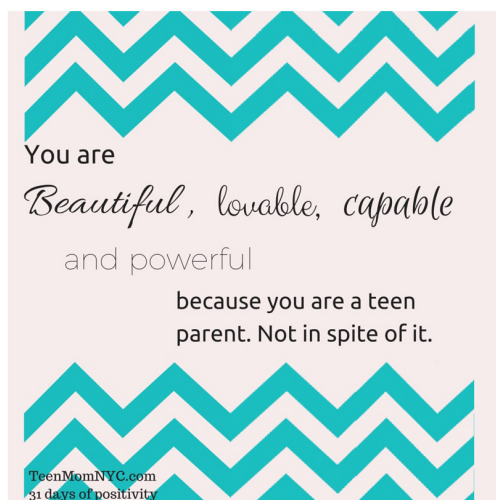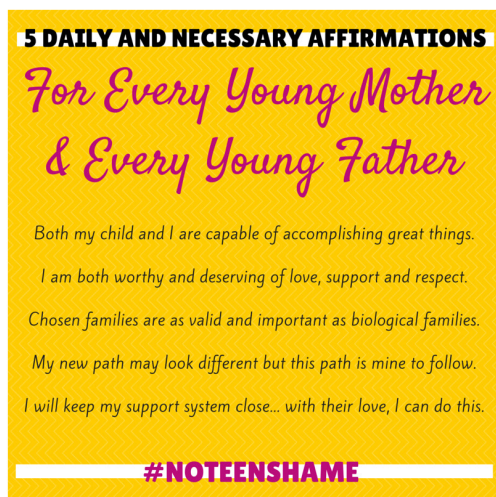*figure 7*

"young parents" and "young families". Aimee Thorne-Thomsen explains,

A lot of the work in public health sectors and a lot of language…in the media and in the culture is really derogatory and stigmatizing of young people. [They] call them teen moms. [They] don't think of them as families. [They] don't think of them as parents.

figure 8

Organizations that have made this switch in their language have incorporated these new terms into their media communications, program materials, in talking with young people directly, and when discussing young parents with colleagues.

Participants also discussed the importance of using gender-neutral language to incorporate and include LGBTQ young parents. Lastly, participants discussed using the term "expectant" and parenting young people to include young fathers. A few people we interviewed still use "teen parent/teen mom," but this was mostly due to personal preference and when referring to themselves as teen parents.

Strategy: *Challenging Stigma through Protest, Critique, and Education*
Target: *Decision-Makers on Pregnancy Prevention Campaigns*

Another example of how participants are shifting stigmatizing is through protest using Twitter and other social media. The #NoTeenShame twitter campaign started as a direct response to the Candie's Foundation's #NoTeenPreg hashtag. Natasha Vianna recalls,

We decided to move forward as a group of seven young women. And that was really important because all of those times when people would talk and say to us, well, you're just one mom, you couldn't say that to seven moms with experiences across the country. We all kind of worked together to think, like, OK, how can we respond to these stigmatizing ads? We worked together to develop a petition to raise awareness and asked for a meeting with the founder of Candie's, which never happened. He was not interested.

While the Candie's Foundation never agreed to meet with #NoTeenShame, Adriann Barboa noted that the founder wrote a blog post on the Huffington Post after the media attention from the petition created by #NoTeenShame. In the post, he defended the Candie's campaign, stating that their intention was not to shame or harm young parents but to educate teenagers about the consequences of teenage pregnancy.

All of our participants approach their critique of existing teen pregnancy prevention programs from an intersectional lens, and encourage other organizations to do so as well. Denicia Cadena elaborates,

When we're talking about a teen pregnancy prevention model but not talking about the systemic violence that's facing Black women and gender-nonconforming and trans* youth and also native and Indigenous women and gender-nonconforming and trans young people, we're doing a disservice to our young people by not talking about the full scope of systemic violence that they're facing.

Through their work with an intersectional lens, many participants brought up the need to set the record straight in regards to widely accepted yet methodologically flawed statistics about teen pregnancy. Participants mentioned that many aphorisms such as "teen moms are more likely to drop out of high school," "children of teen mothers are more likely to be incarcerated," and "teen parents cost society money," commonly cited by politicians, public health departments, and health care institutions, are based on flawed study designs, and that alternative

high quality research shows the negative effects of teen pregnancy to be nearly inconsequential and in some cases beneficial. Natasha Vianna said,

> At Massachusetts Alliance, we also are very careful in the work that we do to not use teen parenthood as the reason why you should prevent the teen pregnancy. The reality is that if you prevent teen pregnancy it doesn't guarantee now that this young person is going to succeed and thrive. Depending on what's happening in the community, their access to quality education, access to health care, what if a teen pregnancy was the best thing that could have happened to them?

Advocates we spoke with expressed a desire to collaborate with teen pregnancy prevention organizations and provide education to assist them in changing their stigmatizing language related to teen pregnancy. In fact, many of the campaigns our participants are working on provide this type of education. #NoTeenShame created an image (see fig 9) that they put on their tumblr page which provides tips to organizations about how to talk about teen pregnancy prevention without shaming young parents.

HOW TO RESPECTFULLY TALK ABOUT
Teen Pregnancy Prevention

1. Avoid using stereotypes, racism, sexism, classism, ableism, shame, stigma, or any comparisons to other groups of people.

2. Ensure that conversations are genuinely open and honest. Expect difficult questions and prepare to answer them directly.

3. Focus on the need for accurate information regarding LGBTQ-inclusive sexual education and dialogue on healthy relationships, safe sex, and consent.

4. Be aware of the potential macro-influences on teen pregnancy such as abuse, poverty, homelessness, sexual exploitation and lack of access to resources, healthcare, and quality education.

5. Acknowledge that young people have the right to autonomy and agency over their own sexual health.

#NOTEENSHAME

figure 9

#NoTeenShame participants shared that they don't want to stop organizations from working to prevent teen pregnancy, but want to provide information and support to prevent teen pregnancy without stigmatizing and shaming young families.

Our participants' organizations also provide education in the form of presentations, meetings, and resources to teen pregnancy prevention organizations on changing their framing of teen pregnancy when talking to politicians and donors. The dominant frame they

$9.4B $9.4 BILLION DOLLARS
COUNTING IT UP
UNITED STATES
COSTS OF TEEN
CHILDBEARING
2010
FOR MORE INFORMATION, VISIT
WWW.THENATIONALCAMPAIGN.ORG
$9.4B UNITED STATES $9.4 BILLION DOLLARS

figure 10

seek to change presents teen pregnancy as a cost to society and asks donors and politicians to invest in teen pregnancy prevention to save money (see figure 10). They explain that not only does this framing perpetuate the negative stereotype that teen parents are a financial drain on society, it is also incorrect. One participant elaborated on their analysis:

> We really started taking a hard look at the National Center for Teen and Unplanned Pregnancy that in New Mexico they make huge dollar bills with babies' faces in the middle saying it costs our state $500 million for young parents in our state...really looking at those numbers and asking us to think about our [economy] and finding out that they base that number on how much it would cost to incarcerate the children of young parents and lost state tax revenue. And so, we're putting onus on families where it doesn't belong and really committed ourselves to try to change that model. (Denicia Cadena)

Additionally, the inclusion of young parents as advocates and educators in this work to protest, critique, and educate is layered into their strategy to change the framing of teen pregnancy. Participants shared that young parents are an integral part of this strategy because they are the experts on their lives, and can share their stories to help teen pregnancy prevention organizations, politicians, and donors understand the negative effects of stigma.

Several of the non-profit professionals we spoke with described the Justice for Young Families initiative (J4YF) started by CLRJ six years ago and now including nine additional organizational collaborators. J4YF educates teen pregnancy prevention organizations about how to have conversations with their funders

and colleagues about shifting the frame around teen pregnancy. Gabriella Valle explains the importance of educating allied organizations:

> We're trying to also empower our own allies to go back to that funder and say, look, we're going to keep doing work that we do to support young people, to educate and elevate their knowledge. This is going to include unwanted pregnancy and STD prevention. And we're going to do it without perpetuating this negative message. We can work with you. But we're going to choose not to repeat the Candie's message.

Many participants discussed working with allied organizations that support their de-stigmatizing work but are unable to say so publicly due to funding restrictions. Additionally, participants voiced their desire to see a shift in funding, specifically more funding to support young parents and for organizations working to shift culture and stigma.

Strategy: *Transforming Community Attitudes and Behaviors*
Target: *Communities, Parents, Families of Pregnant and Parenting Youth*

Many participants we spoke with are engaging adults in programming as a part of their work to shift the culture of stigma for young families. COLOR engages adults in the Latino community in conversations to shift attitudes, beliefs about sex, sexuality, abortion, parenthood, and reproductive rights.

> We recognize that oftentimes because of the fact that some of these taboo conversations feel more comfortable in a home, we want to go to their homes to start having these conversations there with the idea that we're trying to bring them out of the home and into more of a public space and to really meet our community where they are in that way. (Cristina Aguilar, COLOR)

Advocates for Youth, CLRJ, COLOR, the Hispanic Federation, the NLIRH, and Voto Latino have all joined forces to launch the Yo Soy Campaign, which seeks to "end the stigma and silence around sex education, birth control, abortion & young parenting within the Latina/o community" (iamyosoy.org). One participant shared that the campaign targets parents and families in the Latina/o community through their website and social media images where they provide resources and tools to help them have conversations about sexuality

at home with their children (Angy Rivera, NLIRH). Parents and community members can pledge their commitment on the website to talk about sexuality at home and within their community.

Participants discussed comprehensive sex education as another tool to shift community-level stigma for young families. CLRJ couples their leadership training programs for young people with workshops for adults and parents in the community about comprehensive sex education.

> We would then do workshops that reached out to adults, to parents, to speak of their support of comprehensive sex ed and really allow us to push back on the myth that the stereotype is that Latinos don't support sex ed... we know the truth. The truth is 92% of Latino parents do support comprehensive sex ed. (Gabriela Valle)

Providing education to adults and parents in the community helps to shift community level stigma by providing the space for them to learn about young people's experiences as well as current information about sexual health. These workshops also offer an opportunity for adults to unpack their own beliefs and attitudes about sexuality and examine how their beliefs and behaviors may affect their children and other young people in the community.

Strategy: *Tackling Internalized Stigma by Empowering Young Parents*
Target: *Expectant and Parenting Youth*

All participants shared that working directly with young people impacted by stigma was vital to their work. They highlighted the importance of including young people in the process of culture shift, of working in youth-adult partnerships, and of having young people inform the program and policy objectives. Including young parents was seen as central to their work because their campaigns and programs must be based on the actual needs of young parents to be useful and meaningful. Tiffany Pryor illustrates working in partnership with young people:

> Young people in general need to be part of the conversation, are critical stakeholders in these conversations... all of our work is done in youth-adult partnership... it's guided by what young people, young parents are saying. They want to be working on the things that are impacting their lives... the issues that young

people are raising are the things that we are talking about and actively working on with them.

Our participants explained that in order to embody this approach, young parents are involved at multiple levels of their organizational work including: program development and implementation, policy development and implementation, social media communication, blog writing, storytelling, and, less often, evaluation tool development. Organizational programming includes education, support groups, leadership development, policy change, theater, public art, and more. The goal is to meet young people "where they are" and provide a safe environment for them to learn about their sexuality in a non-stigmatizing way. Our participants also want to provide young families with what they need: support. Aimee Thorne-Thomsen explained by saying,

Young parents have made it clear that what they need first and foremost is support and that includes that people need to stop making negative comments and making negative assumptions.

Providing safe environments for young people to share their stories of experiencing stigma was another theme shared by all participants. Denicia Cadena shared her experience facilitating workshops for young parents about stigma:

It was just so valuable to be heard, to be in a space with other young parents to say that their concerns were valid, that things they had experienced were not right.

ICAH's family network is another place where young parents come together and share stories, as well as work to identify policies, programs, and procedures that impact pregnant and parenting youth.

Program Evaluation: Current Practices and Needs

None of our participants mentioned programs that specifically target the media or school administrators. While many are engaging in creating images and statements that are shared within media platforms, media makers are not the specific targets for the intervention. Additionally, the 27 sites for the New Mexico GRADS program are situated within schools in New Mexico. While they collaborate and work within the school district system, the targets of their interventions are young parents. Teachers are another target not currently addressed by the campaigns or programs.

We asked interviewees about how they currently evaluate their stigma and culture shift projects as well as what kind of support they need related to evaluation. Most commonly, programs used pre/post surveys to evaluate workshops and measured the impact of their social media work using digital analytics. ICAH is involved in a multi-faceted qualitative and quantitative evaluation that involves young people in the design process and measures change in knowledge, attitudes, beliefs, and impact, as well as community level change. Other participants pointed to anecdotal evidence of success including media visibility of this issue, being seen as '"experts" on this topic by media, witnessing changes in behavior of the young people they work with, young people being more willing to share stories with the legislature, and the language of the new frame for young families being used in the reproductive health, rights, and justice field. Several participants explained that the ability to pass pro-active policy initiatives is indicative of culture shift, as it shows that people's opinions are shifting towards providing support for young families.

However, when we asked, "How do you evaluate for culture change?", many participants said in response, "I don't know," "That's a good question," and "We need more support on that one." Our study participants did identify their work as culture change work, yet most felt they needed support in evaluating for culture change outcomes and impact. Specifically, participants wanted support with measurement strategy and tools to evaluate culture shift so that they can show that their programs/campaigns are shifting manifestations of stigma within media, policy, institutions, and communities.

Challenges also exist around leadership and collaboration. Many participants expressed excitement in seeing that culture shift is happening, yet also shared frustration that their organization and cohort of advocates are not being given adequate credit for their strategy and vision. Some mentioned that other organizations co-opted their work by sharing images they did not create without giving credit or by creating non-stigmatizing ads and giving no credit to the organizations and advocates that educated them about the importance of shifting stigma.

Additionally, participants mentioned that a lack of cultural understanding influences how we evaluate and create programs.

Depending on which community you're in and which culture, and you're talking about that shifting talk could be really offensive. And so if we go into a community that's all Latino and we're saying we want to create a culture shift in this community, what does that mean? What shift are we creating? (Natasha Vianna)

As Vianna and other participants shared, researchers and evaluators need to be careful when thinking through whose culture we are trying to shift, and how to make the shift in ways that still honor the culture and people. None of our participants discussed evaluations that were directly measuring how and if they are shifting societal attitudes, behaviors, and beliefs about pregnant and parenting youth.

DISCUSSION

We are at a significant moment in the potential for culture shift. Given all the expertise shared in this report, we know young people can be seen by adults, by one another, and by society more generally as intelligent, hard working, passionate, and capable of making quality long-term decisions about parenting when they are provided with non-judgmental support. As a community who cares about the lives and well being of young people and young parents, we have the opportunity to change our behaviors and attitudes to provide emotional and concrete structural support that will assist young people and young parents in flourishing. We can elevate the dignity of young parents instead of crushing them with stigma.

Yet we still have huge barriers to overcome. Stigma for young parents is perpetuated in multiple levels of culture, the media, policy and institutions, communities and families, and within individuals themselves. All of these levels interact and reinforce each other to form a stigmatizing environment for young families. While parents, health care providers, teachers and school administrators, community members, and other adult figures have the potential to provide support to young parents, they often instead contribute to the shame and stigma that young parents experience. Stigma prevents young parents from garnering and accessing the support they need to lead healthy lives. However, there is a new frame focused on support and resilience for young parents, pioneered by the

people and organizations we interviewed, that can help us achieve a vision of sexually empowered youth that includes young parents. Significant resources are devoted to preventing teen pregnancy, while far fewer have been provided to help support young parents.

The new frame seeks to address cultural norms and redistribute resources by:

- Reframing young parents as contributors, capable of being good parents and accomplishing their goals with support—the same kind of support any parent needs.
- Ensuring that young parents can receive the protections guaranteed by law through Title IX by advocating for regulation at the federal level and educating school administrators, teachers, and young people at the institutional level, as well as parents.
- Guaranteeing that youth have access to comprehensive sex education by advocating at the federal and state level for policy that mandates and provides funding for quality comprehensive sex education. Creating regulation at the federal and state level with "teeth," so that the policy can be enforced and schools understand their responsibility in complying with the policy. Ending federal funding to abstinence-only education.
- Educating the media, public, and communities about stigma and offering a new framework for understanding youth sexuality, pregnancy, and parenting.
- Calling out stigma and "calling in" perpetrators of stigma to shift their thinking, language, and approach to youth sexuality and young parents.
- Empowering young parents by providing them with safe spaces to share their experiences with other young parents, participate in policy and program development, develop leadership skills, and develop their goals and dreams.
- Ensuring that young parents have access to affordable childcare, quality health care, affordable housing, quality education, employment, career growth, and are able to raise their families in communities where they feel safe.

Participants described shifting the frames around young parents as a part of a larger culture shift.

Their work spanned across policy, leadership and information education, support groups, social media, public art, youth theater groups, and more. Our participants are inspired to work with young people, and see their work with young families as connected to working towards a culture that is supportive and respectful of all people. Young parents have shared that they need support, and our participants believe that providing this support helps young families thrive, which in turn contributes to healthier and vibrant communities.

NEXT STEPS

The goal of this paper was to provide a context and shared language for the field about youth sexuality, young parents, and stigma. This paper provided a space for interviewees to articulate the main goals of the new framing around young parents and their approaches to culture change.

We hope that this paper can also provide an opportunity for reflection and feedback on our conceptual model and create dialogue in the field about the important work advocates are doing to shift the culture of stigma around youth sexuality and young parenting. From there, we plan to design an intervention/evaluation framework that includes tools for advocates. The Sea Change Program has expertise in designing measurement strategies for culture change. We plan to support programs in designing tools to help them assess their impact and outcomes with their culture change work.

CONCLUSION

We asked our participants what the world would look like if they were successful, and all of them had visions for how a world without stigma for young families could improve all of our lives:

> I think we'd be able to be proud of our families no matter what they look like. I think that parents would be more active maybe in different areas in their kids' lives if they felt that confidence. I think they'd be able to receive better health care services, mental health care for sure, because they wouldn't feel like they were going to be target or they were going to be in trouble due to their age or scrutinized heavily. And I think that their kids are going to benefit in a better way. I think that their kids are going to feel more secure. I think that their kids are going to feel like they are proud of their family. (Marylouise Kuti, #NoTeenShame Co-Founder & New Mexico GRADS)

Our participants seek to create a world where young parents are included in our understanding of parenthood, where we understand that parents of any age have the ability to be wonderful parents. Young parents would be included in our cultural rights of passage, and allowed to access the support systems they need without shame and stigma. In such a world, we would elevate the dignity of young parents and celebrate their accomplishments. We are at a crucial moment where culture change is happening, and can be strengthened through strategic measurement and evaluation.

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ACKNOWLEDGEMENTS

We would like to express our deep appreciation to the organizations and individuals without whose time and commitment we could not have completed this report. We are extremely grateful to the Ford Foundation, who provided us with the funding and opportunity to explore this issue. Words cannot express our gratitude for all of our interview participants, who took time out of their busy schedules to share their passionate and inspiring work with us. Without them, this report would not have been possible.

We would like to thank our graphic designer, Mekhi Baldwin of Mekeba Design, who formatted this report and created the beautiful images that go with it. We would also like to thank our copyeditor, Kaitlyn Soligan, who helped us make sure this report was clear and concise.

Lastly, we want to pay tribute to all of the young parents who face stigma every day and continue to walk their path in life towards their dreams. We hope to see our culture continue to shift towards supporting all people in their reproductive decisions. We hope this report brings light to the lived realities and struggles faced by young parents today, which will in turn bring more possibilities for connection and understanding.