

The transformative potential of young motherhood for disadvantaged Aboriginal and Torres Strait Islander women in Townsville, Australia

Sarah L Larkins, R Priscilla Page, Kathryn S Panaretto, Melvina Mitchell, Valerie Alberts, Suzanne McGinty and P Craig Veitch

Teenage pregnancy is frequently considered a problem, and young parents may be judged as irresponsible or deviant.¹⁻³ Such public attitudes can hinder young parents — who are often already vulnerable as a result of poor self-esteem and poverty — from seeking assistance with education, entry to the workforce and childrearing.^{1,4}

In developed countries, teenage birth rates are generally static or falling, except in some population subgroups.^{5,6} In 2009, Indigenous (Aboriginal and Torres Strait Islander [TSI]) Australian women had a teenage birth rate of 79 per 1000 per year, compared with an overall Australian teenage birth rate of 17 per 1000 per year.⁷ In 2008, 20.5% of births to Indigenous women were to women under 20 years, compared with only 4.2% of those to all women in Australia.^{8,9}

It is recognised that teenage mothers may have poorer obstetric outcomes than women who defer childbearing,¹⁰ and there are also concerns about poorer educational and economic outcomes for teenage mothers.¹¹ There are many factors other than age (such as family, individual and socioeconomic characteristics) that contribute to these outcomes.¹² It is difficult to disentangle causation from correlation, as many outcomes are the consequences of pre-existing disadvantaged circumstances of the young mother rather than her age alone.^{11,12} In this project, we aimed to investigate attitudes and aspirations relating to young pregnancy and parenthood among a group of young Indigenous people, some of whom were pregnant or parenting, and some who had never been pregnant.

METHODS

Our study was carried out in the Townsville region of Queensland, which has a large Indigenous population (16 750; 5.2% of the total population).^{13,14} Seventy per cent of these Indigenous people are Aboriginal and 30% are Torres Strait Islanders.

We used a cross-sectional design and participatory method, with a group of eight young Indigenous mothers engaged in a Young Mums Group designing the data col-

ABSTRACT

Objective: To explore attitudes to pregnancy and parenthood among a group of Indigenous young people in Townsville, Australia.

Design and participants: Mixed methods and a cross-sectional design involving Indigenous women from a Young Mums Group designing the research instruments and acting as peer interviewers. Data were collected in 2004 from young Indigenous people who had never been pregnant (171 students at three high schools and 15 people at a homeless youth shelter) using a computer-assisted self-administered survey; from 59 of this group who also participated in single sex focus group discussions; and from 10 pregnant and parenting young women in individual semi-structured interviews.

Main outcome measure: Self-reported attitudes and behaviour about aspirations, pregnancy and parenthood.

Results: Only eight of 186 young Indigenous people who had never been pregnant reported wanting to have a child as a teenager. Large proportions of this group of 186 reported idealised views about pregnancy, particularly young men, with 50.5% reporting that being a parent would always be enjoyable, and 62.6% reporting that being a mother or a father would not change their lives. Idealised views were associated with earlier sexual initiation ($P = 0.001$). Issues identified in the narratives of young mothers related to difficult backgrounds, pregnancy “just happening” to them, and the transformative impact of having a child on their lives and aspirations.

Conclusions: Accurate parenting information may be necessary to address unrealistic views about parenting among Indigenous young people. Young Indigenous parents often come from extremely disadvantaged backgrounds, and becoming a parent may be the impetus for positive change.

MJA 2011; 194: 551–555

lection tools, acting as key participants and being trained as peer interviewers. Data were collected (in 2004) in four stages: (i) small group discussions with the Indigenous Young Mums Group; (ii) computer-assisted self-interview (CASI) with Indigenous young people who had never been pregnant and were in Years 9–12 at three public high schools in Townsville or at a homeless youth shelter; (iii) focus group discussions with Indigenous school students who had never been pregnant; and (iv) in-depth individual interviews with young pregnant and parenting Indigenous women.

The small group discussions with the Indigenous Young Mums Group were held to refine issues, design tools and, later, review findings. The laptop-based, multimedia CASI enquired about home, school, general health, relationships, sex and contraception, and attitudes toward childbearing. The only eligibility requirements for school students to take this survey were self-reported Indigenous status and parental

consent. Focus group discussions were held with a subgroup of CASI participants (theoretically sampled to include a range of ages and ethnicities) in single-sex friendship groups, and covered similar areas. Focus groups were facilitated by an Indigenous and a non-Indigenous researcher, lasted an hour and were audiotaped and transcribed.

Individual semi-structured interviews were carried out with 10 young pregnant and parenting Indigenous women, theoretically sampled to represent a range of experiences. Two of these women were also members of the Young Mums Group. These interviews lasted 40–85 minutes, occurred at the participant's location of choice, and were recorded and transcribed. They covered the backgrounds and aspirations of the young women, their experiences of pregnancy and parenting, and their hopes for the future.

Consent to participate was obtained from participants and parents for school students and from participants alone for young parents and residents of the homeless youth shelter.

1 Differences between young Aboriginal and Torres Strait Islander females and males in their responses to computer-assisted self-interview (CASI) questions relating to young pregnancy and parenthood

Variable	Females	Males	P*
Number of respondents	100	86	
Mean age in years (95% CI)	14.86 (14.64–15.08)	14.98 (14.74–15.22)	0.473
Responses to CASI questions [†]			
Plan to get more training after school	51.5% (41.7%–61.3%)	28.6% (18.9%–38.3%)	0.004
Report parents expect tertiary study (TAFE or university)	53.1% (43.2%–63.0%)	29.8% (20.0%–39.6%)	0.006
Ever had sex	33.7% (24.3%–43.1%)	60.0% (49.6%–70.4%)	0.001
Ideal age of parenthood ≤ 19 years	6.0% (1.3%–10.7%)	2.3% (-0.9%–5.5%)	0.194
Believe parenthood does not change your life	32.9% (23.7%–42.1%)	48.4% (37.8%–59.0%)	0.087
Believe having children improves a relationship	60.0% (48.5%–71.5%)	83.9% (74.8%–93.0%)	0.005
Believe relationship would be closer during pregnancy	70.0% (59.3%–80.7%)	92.2% (85.6%–98.8%)	0.002

TAFE = technical and further education.

* Calculated using t test for age and χ^2 test for other variables. † Values are percentage of respondents (95% CI).

Data analysis

Quantitative data were analysed in SPSS statistical software (SPSS Inc, Chicago, Ill, USA) using univariate descriptive measures and *t* tests or χ^2 tests (with continuity correction). A two-tailed *P* value of less than 0.05 was considered significant. Qualitative data were managed within N-Vivo software (QSR International, Melbourne, Vic) and analysed thematically by two interviewers using inductive methods based on grounded theory.¹⁵ Triangulation, respondent validation and exploration of deviant cases were all used to strengthen the findings.¹⁶ In addition, we analysed narratives of individual young mothers.¹⁷ This added a longitudinal perspective to our understanding of the role played by parenthood in the lives of these young women.

We report the findings from interviews and group discussions with young mothers, and CASI and focus group findings related to aspirations and attitudes to pregnancy among Indigenous young people.

Ethics approval

Ethics approval was obtained from James Cook University, Education Queensland and the Townsville Aboriginal and Islander Health Services Board of Directors.

RESULTS

Findings from computer-assisted self-interviews and focus groups

Overall, 186 young people aged 13–18 years (100 female, 86 male) completed CASI surveys; 171 were from the three high schools visited, and 15 were from the homeless youth shelter (overall response rate,

59.4%).^{18,19} Eleven focus group discussions with young people (aged 14–18 years) who had never been pregnant were held with 59 students; 41 females (in eight groups) and 18 males (in three groups).

Only eight of the 186 CASI participants wanted to start a family in their teens (Box 1). The rest were divided between wanting to start a family at 20–24 years or 25 years and older, but half the participants (94; 53.7%; equal proportions of males and females) thought their families would be supportive if they became pregnant as teenagers. Nine female participants (9.1%) said they would be happy if they became pregnant as teenagers while the remainder said they would be unhappy; 17 males (20.5%) said they would be happy/proud if they fathered a child in their teens. About half the respondents (92 of 182; 50.5%) reported that being a parent would always be enjoyable, and 114 (62.6%) reported believing that being a mother or father would not change their lives. There was a significant association between believing that parenthood would not change their lives and early sexual initiation (eg, *P*=0.001 for fatherhood), but the links between high personal and family educational aspirations and later sexual initiation were not significant (*P*=0.31 and *P*=0.16, respectively).

These self-reported attitudes were reflected in focus group discussions with school students. Most students looked forward to having a child in the future, but often reported idealised views of parenthood. When asked about the ideal age for commencing a family, most students said between 20 and 25 years of age, although a small number thought 18 or 19 years of age would be preferable. One young woman

from a focus group reported: “I don’t want to be 26 with grey hairs when I start having kids . . . I don’t want to be no old lady . . .”.

A desire for early childbearing seemed particularly common for young people with difficult home lives or earlier sexual initiation. On the other hand, some students were fearful of having children because of family patterns of violence. Despite high levels of idealisation about parenthood, nearly all of the students thought that having a baby as a teenager would be difficult. Only a few students mentioned the possible advantages of a (short-term) financial benefit from the Australian Government’s Baby Bonus, and staying young with their child.

Findings from interviews with pregnant and parenting Indigenous women

Characteristics of 10 interview participants are summarised in Box 2. All 12 women approached agreed to take part. However, in two cases logistical difficulties prevented this. Results of these interviews are presented thematically with illustrative quotes (Box 3).

Backgrounds of young mothers: The early lives of the young mothers were characterised by high mobility, generally poor relationships with their mothers, distrust of men, and a family pattern of early childbearing. For example, eight of the 10 young women interviewed had moved more than three times during their primary school years, and three reported attending more than 10 schools. The mothers of six of the 10 women were largely absent as caregivers because of their young age or substance misuse issues. At least six of the young women had personal past histories of sexual or physical abuse, and

2 Characteristics of the 10 young pregnant and parenting Indigenous women who were interviewed

Interview	Age (years)	Ethnicity	Children	Partner	Duration of interview
1	18	TSI	One infant child	Yes; 22 years old	45 minutes
2	17	Aboriginal	Two children aged under 3 years and in early pregnancy	Not currently	50 minutes
3	18	Aboriginal	Two children aged under 3 years and in mid pregnancy	Domestic violence order against father of third child	45 minutes
4	18	Aboriginal	Late pregnancy with first child	Yes; 19 years old	40 minutes
5	17	Aboriginal	One young son (in care of family services) and in mid pregnancy	Yes; 17 years old	85 minutes
6	16	Aboriginal and TSI	Late pregnancy with first child	Yes; 27 years old	40 minutes
7	19	Aboriginal	One young child	Separated from father	55 minutes
8	19	Aboriginal and SSI	Mid pregnancy with first child	Separated from father	40 minutes
9	24	SSI and Aboriginal	Two young children and in mid pregnancy	Not currently	45 minutes
10	22	TSI	Three children aged under 5 years and in late pregnancy	Yes; 21 years old	40 minutes

TSI = Torres Strait Islander. SSI = South Sea Islander.

others had experienced domestic violence within their families.

Storying the future: We encouraged the young women to describe how they had seen their futures before they became pregnant. Three had vocational plans, but most had disengaged from school before pregnancy (because of disciplinary issues and lack of success) and were involved in substance misuse, petty crime, and unsatisfying or abusive relationships. Much of the energy and motivation of the young women was consumed in meeting basic physical needs in the contexts of chaotic lives. When homelessness, hunger, poverty and leaving abusive homes were factors, education and long-term goals became irrelevant and basic survival skills were important. For instance, one woman had actually enjoyed being in juvenile detention because it was comfortable with good food, and another started a sexual relationship with a view to gaining accommodation.

Falling pregnant: Although most women acknowledged that their unprotected sexual contact was likely to lead to pregnancy, none of the first pregnancies were planned. For many of the young mothers, pregnancy occurred early in relationships, with issues around age differences, power and trust often unresolved. Most young mothers had used contraceptives inconsistently, but most had some knowledge of the available methods. Sex education at school was felt to be inadequate, but even with sufficient knowledge, the young women found it difficult to find the power within relationships to use

contraception effectively. Many young women used condoms intermittently as their only form of protection, while two used them regularly, except for one lapse resulting in pregnancy.

Most of the young women were opposed to abortion on principle, as were most of their families. However, one woman had wanted to have an abortion, but was physically prevented from doing so by an abusive partner. Another had undergone two earlier abortions, and on becoming pregnant again felt it was “about time I take responsibility”, despite opposition from her boyfriend.

Transformative potential of motherhood: The young women took their responsibility as mothers seriously. Many spoke of motherhood as a transformative event that gave meaning to their lives. Clear differences were discernible in their narratives between their lives before parenthood — characterised by hopelessness and unhealthy behaviour — and their lives as mothers — in which they highlighted the positive steps they had made in terms of taking responsibility, and their plans and dreams for the future, while acknowledging the real stressors they faced.

When I found out I was pregnant. I stood back and looked at all my friends ... I saw where they were heading ... and I just couldn't bring a child into this world around that environment ... so I put a stop to it. I made that choice ... not just for myself, but for my child that was coming.
[Interview 10, 22-year-old TSI woman]

For the six young women who had supportive families, practical and emotional family support made their transition to motherhood considerably easier.

For most of these young mothers the biggest challenges were structural factors such as housing, transport, finances, employment and childcare. Often, these were exacerbated by relationship problems (violence and lack of emotional support), lack of practical support from family, and the stress associated with already having other children. At least two of the young women struggled with perceived persecution by child protection services. The other challenge that arose was real and perceived judgement by society about being a teenage mother. For some, this caused a sense of shame and fear. However, showing a remarkable degree of resilience, many of these young mothers chose to reject this labelling and showed great determination to “make something of their lives”.

... after I had [son], I settled down, like, with the breaking in and everything ... and ... [I thought] I can't keep doing this, because I'm a mum now, and I've got to start acting like one. [Interview 5, 17-year-old Aboriginal woman]

Taking responsibility often involved tackling substance use issues, obtaining stable housing, and disentangling themselves from unhelpful relationships — all things that they perceived as important for the child's welfare and a part of “acting like a mum”. The young mothers expressed a justifiable pride in what they had accomplished in

3 Main themes from narratives of young mothers, illustrated with quotes

Backgrounds of young mothers

High mobility: ... yeah, look I moved a lot... I was backwards and forwards... from dad, to mum, to nan... moving... [Interview 7, 19-year-old Aboriginal woman]

Relationship with mother: ... And when she left I didn't have anyone there to tell me what to do or anything, so then I just made my own life... [Interview 3, 18-year-old Aboriginal woman]

Family age of childbearing: ... Cos see, my mum's mum had my mum when she was 14 I think... Everyone starts young in my family... [Interview 6, 16-year-old Aboriginal and TSI woman]

Storying the future

Plans and aspirations before pregnancy: ... and then ended up getting into trouble and sniffing and all that... I was sniffing and gave up somehow after that... [Interview 3, 18-year-old Aboriginal woman]

Educational (dis)engagement: I left school after Year 10... and then I just didn't worry about school, I was too hooked up on the man... [laughs]. [Interview 3, 18-year-old Aboriginal woman]

Trusted guides and mentors: My mum went all the way through school and she was a nurse... well I always looked up to my mother... [Young Mums Group discussion 3]

Agency and survival: Like for me I had nowhere to stay, and he had a bed to share — that was the advantage for me at the time... [Young Mums Group discussion 2]

Falling pregnant

"It just happened": I don't see many young people wanting to get pregnant, it just like happens... [Young Mums Group discussion 2]

"He'd just force me" — power and resistance: ... when he'd be like drunk, you couldn't talk to him like that, and you couldn't stop him from having sex. He'd just force me... [Young Mums Group discussion 1]

Reactions to pregnancy

Self: Oh, I was devastated, I was looking for rope for hanging... I didn't know what I was going to do, but now I wouldn't change it for the world... [Interview 3, 18-year-old Aboriginal woman]

Partner, family and others: ... but like me telling me mum and dad... I just felt so shame and everything... Dad said, oh what are you being frightened for... that's what you're brought into the world for... cycle of life... [laughs]. [Interview 9, 24-year-old SSI and Aboriginal woman]

Transformative potential of motherhood

Rewards and challenges: ... people are just so critical these days about being this age, having babies, and it's really, it's none of their business... [Interview 6, 16-year-old Aboriginal and TSI woman]

Taking responsibility and transformation: I knew I was having that baby... I knew I made my bed and now I had to sleep in it... always had a place since then, we never been homeless... I done it all on my own... [Interview 3, 18-year-old Aboriginal woman]

Protection from unreliable fathers: Like, when I found out I was pregnant, I said, no more [baby's father], or you're... out... you're not wasting our fucking money on dope, and grog... [Interview 7, 19-year-old Aboriginal woman]

Creating a future

Hopes, dreams and aspirations: ... Well hopefully in 10 years I want to have a house... a car and a job... [Interview 7, 19 year old Aboriginal woman]

TSI = Torres Strait Islander. SSI = South Sea Islander. ◆

raising their children with minimal resources, and making considerable lifestyle changes. They invested considerable energy in their constructions of themselves as “good mothers”, in contrast with the stigma felt from health service providers and members of the wider community.

DISCUSSION

Indigenous young people in our study who had not yet become parents exhibited idealism and a lack of realism about pregnancy and parenthood, particularly the young men. This has implications for the attitudes of young men to contraception, and will

need to be tackled through reality-based programs at school level.

Interviews with young mothers reveal a group of disadvantaged young women without plans before they became pregnant, who used contraception inconsistently, perhaps thus rendering pregnancies not entirely unplanned.^{18,20} They described few educational options, low self-efficacy, and a belief that young motherhood would be a path that would not be detrimental to them in terms of vocational options or social disapproval, and might provide some advantages. This is consistent with findings from other Aboriginal adolescents in Australia,²¹ and with a previously described “acceptance” theory, whereby young people with lower expectations are more likely to predict that, if pregnant, they would continue to become parents rather than consider termination.²²

The theme that emerged most clearly from the narratives of the young women in this study was the transformative potential of motherhood in their lives. This element is often lacking in policy documents, despite having been demonstrated previously in non-Indigenous young mothers.²³ Based on findings from the United Kingdom, it has been suggested that young parenthood should be recognised as a mature and meaningful option and as a means of escaping adversity.²⁴ Similar assertions have been made for disadvantaged African American women in the United States.²⁵ Perhaps this could also be true for some young Indigenous women, who traditionally experience earlier life transitions, face considerable disadvantage in terms of education, health and life expectancy, and may live surrounded by strong extended family networks where motherhood is a respected life-course. The young mothers in our study were found to be active in adapting to their life circumstances, and demonstrated a range of coping strategies. The trajectories and outcomes for young mothers were found to vary according to their degree of family and social support.

Despite the positive consequences of teenage motherhood for some Indigenous young women, it remains necessary to evaluate and tackle the structural, geographical and educational disadvantage of young Indigenous Australians.²⁶ Although issues of youth transitions, societal inequalities between the sexes and coming of age as a sexual adult are common to all young people, Indigenous adolescents deal with all these issues within a society that is often hostile to their culture,^{27,28} while simultaneously working through tasks integral to

forming their Indigenous cultural identities. Health professionals need to provide intensive support and assistance to those who do become parents at a young age, recognising that, for them, it may be the “least bad” of a limited set of options. This should happen while policymakers more broadly ensure that all young people have access to the fullest possible range of options, mentors and resources in terms of education, employment, health care and contraception.

Health care providers and policymakers need further information about how best to support young mothers and enhance their resilience and parenting skills, while advocating for the provision of more information about healthy sexuality and parenting to Indigenous young people.¹⁹ We need to recognise that teenage motherhood specifically, and youth sexuality more generally, are controversial and emotive issues, and that “the increasing trend to evidence-based policy development has masked the ideological basis of much policy in this area”.¹ In Australia, the issue of teenage fertility does not trigger the public hysteria seen in some other countries, but we must still be cognisant of this dynamic and its effect, and be critical of vilification of young mothers for resisting typical life trajectories in the absence of clear evidence of poor outcomes for them or their children.

ACKNOWLEDGEMENTS

We thank all the young Aboriginal and Torres Strait Islander people who participated in the project and, in particular, the Young Mums who gave so generously of their time and experience in making this project a success. Thanks to the staff and Board of Directors of Townsville Aboriginal and Islander Health Services (TAIHS) and the staff of participating schools. TAIHS was heavily involved in the design and conduct of the original study, and all raw data and reports are retained by TAIHS. The project was supported by a National Health and Medical Research Council Public Health Postgraduate scholarship (No. 233516), and funding from the General Practice Education and Training Registrar Scholarship and Research Fund, and the Primary Health Care Research, Evaluation and Development Program, Queensland.

COMPETING INTERESTS

None identified.

AUTHOR DETAILS

Sarah L Larkins, MB BS, MPH&TM, PhD, Associate Professor, General Practice and Rural Medicine¹
R Priscilla Page, Cert III Aboriginal Health Work (Clinical), Indigenous Health Academic, School of Medicine and Dentistry¹

Kathryn S Panaretto, MB BS, MPH, FAFPHM, Associate Professor,² and Policy Officer³
Melvina Mitchell, EN, Aboriginal Health Worker³

Valerie Alberts, MSocPol, GradCertTeaching, GradCertPHCResearch, Former Lecturer and Cultural Educator, School of Medicine and Dentistry¹

Suzanne McGinty, DipEd, MA, PhD, Professor, School of Indigenous Australian Studies¹

P Craig Veitch, DipAppSci(RT), BA, PhD, Professor of Community Based Health Care, Faculty of Health Sciences⁴

1 James Cook University, Townsville, QLD.

2 University of Queensland, Brisbane, QLD.

3 Queensland Aboriginal and Islander Health Council, Brisbane, QLD.

4 University of Sydney, Sydney, NSW.

Correspondence: Sarah.larkins@jcu.edu.au

REFERENCES

1 Wilson H, Huntington A. Deviant (m)others: the construction of teenage motherhood in contemporary discourse. *J Soc Policy* 2006; 35: 59-76.
 2 Social Exclusion Unit. Teenage pregnancy. London: HMSO, 1999.
 3 Pillow WS. Unfit subjects. Educational policy and the teen mother. New York: Routledge Farmer, 2004.
 4 Daguerre A, Nativel C, editors. When children become parents. Welfare state responses to teenage pregnancy. Bristol: The Policy Press, 2006.
 5 Guttmacher Institute. US teenage pregnancies, births and abortions: national and state trends and trends by race and ethnicity. New York: Guttmacher Institute, 2006. <http://www.guttmacher.org/pubs/2006/09/12/USTPstats.pdf> (accessed Apr 2011).
 6 Singh S, Darroch JE. Adolescent pregnancy and childbearing: levels and trends in developed countries. *Family Plan Perspect* 2000; 32: 14-23.
 7 Australian Bureau of Statistics. Births Australia, 2009. Canberra: ABS, 2010. (ABS Cat. No. 3301.0.) <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3301.0> (accessed Apr 2011).
 8 Laws P, Li Z, Sullivan EA. Australia’s mothers and babies 2008. Perinatal statistics series no. 24. Canberra: AIHW, 2010. (AIHW Cat. No. PER 50.) <http://www.aihw.gov.au/publication-detail/?id=6442472399> (accessed Apr 2011).
 9 Panaretto KS, Lee HM, Mitchell MR, et al. Impact of a collaborative shared antenatal care program for urban Indigenous women: a prospective cohort study. *Med J Aust* 2005; 182: 514-519.
 10 van der Klis KA, Westenberg L, Chan A, et al. Teenage pregnancy: trends, characteristics and outcomes in South Australia and Australia. *Aust N Z J Public Health* 2002; 26: 125-131.
 11 Koniak-Griffin D, Turner-Pluta C. Health risks and psychosocial outcomes of early childbearing: a review of the literature. *J Perinat Neonatal Nurs* 2001; 15: 1-17.
 12 Bradbury B. Disadvantage among Australian young mothers. *Aust J Labour Econ* 2006; 9: 147-171.
 13 Australian Bureau of Statistics. Population characteristics, Aboriginal and Torres Strait Islander

Australians, 2006. Canberra: ABS, 2007. (ABS Cat. No. 4713.0.) <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4713.0> (accessed Apr 2011).
 14 Australian Bureau of Statistics. Population distribution, Indigenous Australians. 2001. Canberra: AGPS, 2002. (ABS Cat. No. 4705.0.) <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4705.02001> (accessed Apr 2011).
 15 Strauss AL, Corbin J. Basics of qualitative research: techniques and procedures for developing grounded theory. 2nd ed. Thousand Oaks, Calif: Sage Publications, 1998.
 16 Mays N, Pope C. Qualitative research in health care: assessing quality in qualitative research. *BMJ* 2000; 320: 50-52.
 17 Bleakley A. Stories as data, data as stories: making sense of narrative inquiry in clinical education. *Med Educ* 2005; 39: 534-540.
 18 Larkins SL, Page RP, Panaretto KS, et al. Attitudes and behaviours of young Indigenous people in Townsville concerning relationships, sex and contraception: the “U Mob Yarn Up” project. *Med J Aust* 2007; 186: 513-518.
 19 Larkins SL. Attitudes and behaviours of teenage Indigenous women in Townsville, Australia, with respect to pregnancy and parenting: the “U Mob Yarn Up” Project [PhD thesis]. Townsville: James Cook University, 2007. <http://eprints.jcu.edu.au/2036/> (accessed Apr 2011).
 20 Cater S, Coleman L. “Planned” teenage pregnancy. Perspectives of young parents from disadvantaged background. London: Joseph Rowntree Foundation and Policy Press, 2006. <http://www.jrf.org.uk/bookshop/eBooks/9781861348753.pdf> (accessed Apr 2011).
 21 Senior K, Chenhall R. “Walkin’ about at night”: the background to teenage pregnancy in a remote Aboriginal community. *J Youth Stud* 2008; 11: 269-281.
 22 Turner KM. Young women’s views on teenage motherhood: a possible explanation for the relationship between socio-economic background and teenage pregnancy outcome? *J Youth Stud* 2004; 7: 221-238.
 23 Kirkman M, Harrison L, Hillier L, Pyett P. “I know I’m doing a good job”: canonical and autobiographical narratives of teenage mothers. *Cult Health Sex* 2001; 3: 279-294.
 24 Arai L. Low expectations, sexual attitudes and knowledge: explaining teenage pregnancy and fertility in English communities. Insights from qualitative research. *Sociol Rev* 2003; 51: 199-217.
 25 Geronimus AT. Damned if you do: culture, identity, privilege, and teenage childbearing in the United States. *Soc Sci Med* 2003; 57: 881-893.
 26 Arabena K. Preachers, policies and power: the reproductive health of adolescent Aboriginal and Torres Strait Islander peoples in Australia. *Health Promot J Aust* 2006; 17: 85-90.
 27 Mellor D. Contemporary racism in Australia: the experiences of Aborigines. *Pers Soc Psychol Bull* 2003; 29: 474-486.
 28 Paradies Y. Race, racism, stress and Indigenous health [PhD thesis]. Melbourne: University of Melbourne, 2006.

Provenance: Not commissioned; externally peer reviewed.

(Received 4 Sep 2010, accepted 24 Mar 2011) □