UTRECHT UNIVERSITY

FACULTY OF HUMANITIES

Research Institute for History and Culture

Master Thesis

ERASMUS MUNDUS MASTER'S DEGREE

IN WOMEN'S AND GENDER STUDIES (GEMMA)

The Representation of Teenage Pregnancy in American Visual Culture on the Example of *16 and Pregnant* and *Teen Mom*

Researcher:

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ACADEMIC YEAR 2010-2011

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IN WOMEN'S AND GENDER STUDIES

Home University:

UNIVERSITY OF LODZ

Mobility University:

UTRECHT UNIVERSITY

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Uniwersytet Łódzki
Wydział Studiów Międzynarodowych i Politologicznych
International Gender Studies

The Representation of Teenage Pregnancy in American Visual Culture on the Example of *16 and Pregnant* and *Teen Mom*.

Reprezentacje nastoletnich kobiet w ciąży w amerykańskiej kulturze wizualnej na podstawie serialu *Licealne Ciąże* i *Nastoletnie Matki*.

Anna Bedyniak

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Praca napisana pod kierunkiem
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Łódź 2010

(załącznik 1/appendix 1)

Łódź, data/date 15. 06. 2011 r.

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…………………………………………
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Introduction

Visual culture is a broad field of studies embracing aspects of cultural studies, philosophy, anthropology and communication studies. It recognizes that the contemporary culture is built on various images which are not only presented as print images or graphic design, but also transmitted by television, Internet, different display technologies, photography and architecture. Those images construct and represent a system of meanings, various phenomena and trends. The fact that visual culture is an umbrella term for both “high” and “low” forms of culture enables to analyze within its theories and frameworks products of contemporary pop culture such as for instance MTV programs or *Cosmopolitan* magazine, as well as some more elaborate art forms. The specifics of certain visual representations within visual culture often vary depending on the context they appear in - country, audience to whom they are addressed and many other factors. However, often the representations of the same phenomena are identical regardless of the context, for instance, the MTV series *Teen Mom* and *16 and Pregnant*. Although it is an American produced reality show and all the participants are young Americans these programs were broadcast in many other countries including Poland. The decision to screen it in other countries than the United States proves that teen pregnancy is seen as an important problem of today’s adolescents in general. MTV is one of the icons of pop culture. In the past it used to be only a music television. Nowadays its profile has slightly changed and next to the latest hits there are reality shows and series targeting young audience. It is striking that this type of entertainment television channel decided to create a controversial program on hard issue of teenage pregnancy.

The problem of teenage pregnancy should not be seen as a problem of a single unit, but rather an international issue. An influential NGO, Save The Children, estimates that currently there are around 450 million teenagers (aged 15-19) of which 13 million gave birth to babies (Kost, Henshaw, Carling 2010). This phenomena is clearly a nuisance for young women, unprepared for motherhood, their families and governments. Also, the issue of teenage pregnancy is of great interest to researchers such as gynaecologists or sociologists. Due to the specific nature of the period of adolescence, the period in which youth experience strong crises of identity and officially become adults, applying interdisciplinary approach to teenage pregnancies is more than necessary. The publications I encountered deal mainly with the psychological aspects of pregnancy, childbirth and bare statistics about births in a given year, but there are hardly any resources on the representations of teenage motherhood in contemporary popular culture. This was the main source of my motivation for writing this

thesis. I would like to open a discussion not only on the problem of early and unplanned teenage pregnancies, but also on the representation of this phenomenon in the media. I believe my insights might help to define whether the existing representations are satisfactory and in the future maybe this thesis will contribute to the construction of more objective and fair representations.

The aim of this thesis is to analyse the representations of teenage pregnancies in American visual culture using examples of the popular MTV series *Teen Mom* and *16 and Pregnant*. My intention is to juxtapose the statistics, research conducted in this area and the theories of pain, motherhood and medicalization of pregnancy with the way teenage parenting is presented in media product addressed to teenagers.The following master thesis consists of an introduction, three chapters and conclusions. The introductory section is meant to give very general information about the topic, present the motivation of writing this thesis and acquaint the reader with its content. The first chapter serves as a theoretical background for further analysis. It consists of the following subchapters: historical background, data and statistics, the reasons for high pregnancy rates, the possible effects of teenage pregnancy, education and prevention. It is crucial to present the statistics, sociological and psychological materials from reliable sources before having a closer look at representations of teenage pregnancies. The first chapter shows the realities of teenage pregnancies in the United States.

The second chapter elaborates on two themes: theories of representation and provides general information concerning the series analysed. It touches upon the definition of popular visual culture, representation and medicalization of pregnancy. The aim of this chapter is to present the theories concerning pain and motherhood by Adrienne Rich, the phenomenon of medicalization of pregnancy by Durgavich and finally van Dijcks's views on cultural analysis of medical imagining. It also familiarizes the audience with the format and structure of the series. Whereas the first chapter presented mainly facts and data, the second gives a solid theoretical background to analyze the material.

The third chapter is devoted to discussion and analysis. All the theories and data introduced in the first two chapters are applied to examples of visual representations of teenage pregnancies in the chosen stories from *Teen Mom* and *16 and Pregnant*. Due to the complexity of individual life histories I decided to include experiences only of few girls rather than try to include all the stories from both seasons of the two series.The subchapters touch upon the notion of painful relations with other people, transition to motherhood, representation of medical discourse and the educational value of the series.

Chapter one: Teenage pregnancy- facts, numbers and research.

1.1 Historical background

Before the presentation of the latest research and statistics together with analysis of the economical, sociological and psychical reasons of the frequent occurrence of teenage pregnancies in the United States it is indispensable to present a brief historical background of America's policies and history of teenage motherhood. The way society approached the issue of teenage pregnancy in the past was strictly connected with the religious values and morality that came from Europe along with the first settlers (Cherry, Dillon and Rugh 2001). Ravoira and Cherry (1992) propound the theory that the most important and controversial issue was whether the young mother was married or not. In most cases, mothers were forced to immediately marry the father of the child in order to escape disgrace. Those strict values became even more conservative two hundred years later, when people believed that any kind of early initiation of children into the adult world may be harmful for their development (Cherry, Dillon and Rugh 2001). Contact between young people of the same age was under constant supervision. Adolescents of the opposite sex were not allowed to sleep in the same room, and as an additional precaution against temptation women were expected to be dressed modestly. Also, it was forbidden to expose teenagers to any form of art or music that could awake their hidden desires. At that time the problem of teenage pregnancies was usually solved within a family (Cherry, Dillon and Rugh 2001). Usually, a girl from financially privileged families were sent to distant relatives to give birth far from their community. When she recovered from the hardships of childbearing she was allowed to come back to her life as a teenager. The baby was usually adopted by a distant relative. However, poor women could neither count on the community nor on the church or their relatives. Being pregnant outside wedlock meant life in poverty and disgrace. Moving forward in time to the 1950s even after the famous Dr. Alfred Kinsey revealed the truth about the frequency of extramarital sexual contacts (Kinsey et al. 1953) there was no significant change in attitudes towards sexually active young people, not even mentioning the attitude towards teenage mothers. Not only the mother had to live with the stigma, but the baby was also marked as the one born outside marriage. Moreover, before the 1970s, the issue of teenage pregnancy was not a subject raised in the political arena. However, the attention focused strictly on pregnancies, which occurred outside marriage. In other words "public policy attempted to protect the community from

financial liability by putting the cost of caring or raising the child entirely on the mother" (Cherry, Dillon and Rugh 2001, 191).

Some researchers (Cherry, Dilton and Rugh 2001) report that a significant turn in the attitude towards teenage pregnancies appeared in the late 1960s and 1970s. Therefore, it is crucial to examine the historical context of 1970s to understand those changes. In the history of the United States it was a decade of dynamic economical, political and social changes. There was a growing political awareness among women and the continuation of the Second Wave of feminist movement that began in the 1960s, but played a prominent role in the society in the 1970s. It reached a wider audience fighting for social equality and against sexist policies. The most groundbreaking success of the feminist movement at that time was a *Roe vs. Wade* trial, concluded with thedecision of the Supreme Court to guarantee women the right to legal abortion in 1973. Finally, postulates of women were brought to a higher political level and it was no longer possible to silence or ignore their voices. At this point I will outline the short history of the legalization of abortion.

The prohibition of abortion started from the 1880s and continued up to 1973. Before the 1880s, abortion was legal even among the first settlers. It was practiced widely although the procedure was risky and many women died. Abortions became criminalized by 1910 in the most states due to the regulations introduced by the American Medical Association. From then on, abortion was considered to be both immoral and dangerous. Although it became illegal, the National Abortion Federation (2010) estimates that there were 1.2 million abortions per year before the *Roe vs. Wade*. Women continuously tried to get abortions from private doctors, or very often from illegal practitioners without skills and proper hygienic conditions. According to Prochoice.org, between 1967 and 1973 almost one third of all the states liberalized or repealed their criminal abortion laws. However, the biggest change came in 1973 when Jane Roe, a 21-year-old pregnant woman went to court to represent all women who demanded access to legal abortion. At that time, it was legal only when a mother's life was endangered. She was fighting against Henry Wade, the Texas Attorney General who defended the regulations that made abortion illegal. After a close examination of the case, the United States Supreme Court decided that an American's right to privacy should include a woman's right to make a choice about her pregnancy. She should be able to make that choice without being influenced by the state. This groundbreaking decision had many implications. Firstly, women's right to privacy was finally respected. Women were no longer paralyzed by the fact that they got pregnant at the wrong time and without a proper partner. They could be finally independent in their decisions. Secondly, and a very important consequence, was the

fact that the procedure was performed in a medical environment and doctors were obliged to train and develop their skills. As a result the death-risk from abortions started decreasing. When supporters of legal abortions triumphed, those who opposed the legalization immediately started to prevent federal or state funding of this procedure. They also tried to influence every woman's decision by sitting in front of abortion clinics and demonstrating, persuading women to change their decisions. Violence escalated against abortion clinics, doctors performing abortions and women who decided to abort. To this day, it still remains high.

Moreover, among many other significant initiatives and movements of that decade were, for instance, the Civil Rights Movement and the environmentalist movement representing the general hostility towards authorities and propagating the idea of world peace. The latter movement was to some extent connected to the liberal hippie culture, a subculture of young people associated with sexual revolution, drugs and psychedelic rock. Their behavior and values such as acceptance of various religions or lifestyles undoubtedly influenced many areas of life, culture and fashion. The omnipresent freedom was manifested in music, literature clothes and even hairstyles allowing men longer hair. In this atmosphere of acceptance of variety and autonomy teenagers became more and more open to experimenting with their sexuality. Undoubtedly, the sexual revolution was the biggest social change since the 1920s. According to *Encyclopedia Britannica* it was a new standpoint which challenged the traditionally accepted codes of behavior in terms of sexuality and any form of relationships.

> The sexual revolution reduced government censorship, changed attitudes toward traditional sexual roles, and enabled to organize and acknowledge their identities as never before. Unrestrained individualism played havoc with family values. People began marrying later and having fewer children (Britannica 2002).

The sexual revolution accelerated because of popular usage of the birth control pill and the *Roe v. Wade* (1973). It enabled teenagers to access abortion freely with no parental control. Under the same entry, there is an explanation of the reasons for a sudden increase in both single motherhood and teenage parenting together with the collapse of family oriented society from the 1950s.

> The divorce rate accelerated to the point that the number of divorces per year was half the number of marriages. The number of abortions rose, as did the illegitimacy. By the 1980s one in six families was headed by a single woman, and over half of all people

living in poverty, including 12000000 children belonged to such families (Britannica 2002).

As a result of a general shift of attitudes towards the understanding of family, pregnancy and motherhood, the attitudes towards teenage motherhood slowly started to evolve slowly. Arney and Bergen (1984) claim that it was no longer seen as a moral issue that should be solved within the family, but gained on importance in the eyes of policymakers, social workers and society as a technical issue to solve. On the other hand, according to Johnson (1974) despite the changes, teenage unwed pregnant teens were perceived as one of the causes of poverty and a long term clients of social welfare. Such a belief has led to the creation of social services and help centers for young mothers. Sometimes those institutions saved a young girl and her newborn's life.

In the1990s, a significant modification was introduced to the act of legalizing of abortion. After almost seventeen years of unlimited access to legal termination of pregnancy, the government, influenced by the public, decided that teenage girls should be obliged to present a parental consent before getting an abortion. As far as attitudes towards pregnant teenage girls in the 21st century are concerned, pregnant adolescents are still treated as deviants from the accepted norms. Pregnancy at a young age is perceived as a sign of inadequate education, poverty and thoughtlessness. The bright side of our century is an abundance of institutions that can help young people with their pregnancy and life after birth. The public and political concern is reflected also in various policies and programs in schools. Thanks to such changes and initiatives many of the unpleasant consequences connected with early and unplanned pregnancy have diminished.

1.2 Data and statistics

This subchapter will be largely but not solely based on the statistics compiled by the Resource Center for Adolescent Pregnancy Prevention updated in June 2009. These are the latest statistics I encountered during my research. The information gathered on this website was collected from the following sources: Advocates for Youth, Child Trends, Inc., Guttmacher Institute, Centers for Disease Control and Prevention, National Campaign to Prevent Teen and Unplanned Pregnancy and finally, Parenthood Federation of America Inc,. Before presenting the statistics I would like to briefly introduce the institutions mentioned above. I believe it is indispensable to present the source of data and statistics presented in this

chapter.

Advocates for Youth was established in the United States in 1980 as a center which helps young people to make responsible decisions about their reproductive and sexual health. Their website has multiple functions: it not only presents statistics and data, but also provides extensive information about places where young people can get help, electronic resources, technical assistance and training. One of the most interesting functions is that they have a group of very young activists who propagate the philosophy of this organization among their peers. Since their main goal is to "achieve a more realistic approach to adolescent sexual health" (Advocates For Youth 2011), their motto is "Rights. Respect. Responsibility." Rights stands for having unlimited "access to complete sexual health information, confidential reproductive and sexual health services, and a secure stake in the future" (Advocates For Youth 2011). Respect stands for respecting the dignity of every participant and the organization's involvement in creating of programs and policies through, for instance, completing evaluation of already existing programs. Responsibility is a notion addressed to society as responsible for young people's education and future in the field of sexual and reproductive rights. Advocates for Youth aim their work at adolescents and young adults between 14 and 25 years old living in the territory of United States and around the globe.

Child Trends, Inc. "is a nonprofit, nonpartisan research center that studies children at all stages of development with a focus on teens and young adults and their sexual activity, contraceptive use, and fertility" (ETR Associates 2011). They provide access to various research aimed at improving children's lives. Their database is impressive and includes statistics, articles in peer-reviewed journals, presentations, and news releases. Other issues tackled are: child poverty, child welfare, education, parenting, early childhood development, youth development- all factors that influence young people to become sexually active and get pregnant too early.

The Allan Guttmacher Institute located in the United States is another non-profit organization that tries to influence sexual and reproductive health on a global scale. The institute conducts scientific research and policy analysis, encourages the creators of public education to generate and implement new and innovative ideas in prevention programs and provokes debates on controversial, yet important topics. At the same time it produces and provides numerous resources concerning sexual and reproductive health "including *International Perspectives on Sexual and Reproductive Health* (formerly *International Family Planning Perspectives*), the *Guttmacher Policy Review* and *Perspectives on Sexual and Reproductive Health"* (Guttmacher Institute 2011).

The National Campaign to Prevent Teen and Unplanned Pregnancy in the United States aims to improve the well-being of children, young people together with their families by fighting unplanned teen pregnancies. The organization believes that teen pregnancy is the core of numerous crucial public health and social issues that society and government have to struggle with. They analyze statistics, launch different programs and gather articles that concern this subject. The website gives simple access to national and state data, federal findings and campaigns.

The last but not least reliable source for writing this thesis was the Center for Disease Control and Prevention website. It is a US federal agency that embraces information about research and statistics in the field of teenage pregnancy. Moreover, it produces various publications on pregnancy and birth data, sexually transmitted diseases, adolescent health and youth risky behaviors.

The Planned Parenthood Federation of America, Inc. is described as a leader in providing medically accurate and up-to-date information concerning contraception and health. They offer a list of services and online advice in the field of sexual reproductive rights.

The fact that all the latest data and statistics are available to anyone interested in the field should be emphasized. Through unlimited access to any kind of resources from any computer with an Internet connection around the globe, these institutions are able to address, inform and educate more and more people.

As a starting point I would like to focus on the statistics that concern the sexual activity of American adolescents. According to the Youth Risk Behavior Surveillance Report from 2008, between 1991 and 2005, the percentage of teenagers who admitted having sex before the age of thirteen dropped from 10% to 6 % (Brener et al. 2008). Researchers estimate that in 2008 more than one-third, which stands for 35% of all the adolescents attending high school in last three months of the survey, were sexually active. When we look at the percentages for high school students in general, then 48% (46% of girls and 50% of boys) reported having sexual experience. In the same report, the rate of sexually active teenagers in 2005 was higher than in 2007, the difference was one percent. Numbers presented on the website of the Resource Center for Adolescent Pregnancy Prevention indicate that the proportion of students interviewed between year 1991 and 2007 who had sexual intercourse decreased from 54% to 48%. This information is optimistic since the Allan Guttmacher Institute in 1981 described the number of teenage pregnancies in the 1980 as "epidemic." After having a closer look at the statistics concerning young people from the 12th grade, it was estimated that more than half of them, which stands for 53%, reported to be sexually active.

In comparison to teenagers from the 9th grade (20% were reported to be sexually active), the percentage increased remarkably (Brener et al. 2008). There were also many teenagers who, for various reasons, consciously decided not to have sexual intercourse. According to the Youth Risk Behavior Surveillance in 2007, from all high school students in grades 9 to 12, 52% reported they had not had sex yet. Sadly enough, the statistics do not include any explanation what is meant by sex. Even though there are various campaigns and basic information on sexual and reproductive health that are widely accessible, the definition of sexual intercourse understood by each teenager may vary. Sometimes teenagers define oral sex or petting as a sexual intercourse, some define it as penetration. Researchers were also interested with whom teenage girls had their first sexual intercourse. In the statistics concerning teenagers in the United States, their sexual activity, contraceptive use and childbearing, it was discovered that more than a half, which stands for 59% of girls interviewed, reported that their first sexual partner was someone from one, up to three years older. At the same time almost 8 % of girls admitted having partners six or more years older (Abma J.C., 2002). Although a significant part of pregnancies in general and a majority of teenage pregnancies are conceived outside marriage, more than three quarters of adolescent women interviewed reported that they shared their first sexual intercourse with a steady partner, cohabiting fiancé or even a husband. Only few admitted having sex with someone accidental or whom they barely knew. One of the factors significantly influencing young people's decision for starting their sexual activity is whether they were under the influence of substances such as alcohol or drugs. In 2007, 23% of high school students reported to have had sexual intercourse after using or abusing these substances. To sum up, between the years 2005 and 2007, the number of students who were sexually active changed by one percent, from 34% to 35% in 2007 (Brener et al. 2008). The proportion of students who were reported to be sexually active during the survey dropped from 38% in 1991 to 35% in 2007 (Brener et al. 2008).

Keeping in mind the statistics on the sexual activity of adolescents, I would like to pinpoint the most important point presented in the Youth Risk Behavior Surveillance Report on the use of contraceptives among teens (Brener et al. 2008). Data from 2007 indicate that 62% did and 39% of teenagers did not use condom during their last sexual intercourse. At the same time, 16% of girls were reported to be using birth control pills during their last sexual activity. A great deal of attention in many reports is devoted to the role of ethnicity in relation to sexual life and unwanted pregnancy. Here, I will only mention that researchers discovered that more black sexually active teenagers used condoms during their last intercourse in

comparison to Hispanic or White colleagues. Teenagers from the last grade were the most conscious as far as the use of contraception is concerned. They were the most likely from all the high school students to report using condoms or contraceptive pills during their last sexual intercourse. The same report states that the use of condoms increased from 46% to 63% in years 1991 to 2003. The Resource Center for Pregnancy Prevention added a qualitative analysis to this section of the report, it serves as a valuable background knowledge to all those facts and figures mentioned above. They elaborated on the factors that caused the increase in the use of contraceptives. The interesting regularity appeared in the case of both young men and young women (Manlove, Ryan and Franzetta 2004). The ones who used contraceptive methods during the course of their first sexual relationship, very often continued using the same or other methods in their following sexual experiences. Consequently, teenagers that did not use any sort of contraception during their first sexual act were reported to be 66% less likely to use it in their future relationships. Paradoxically, young women whose sexual partners were strangers were less likely to use contraception, whereas when they previously knew their partners they were more consistent in using contraceptives. Additionally, it was estimated that in the case of young women, the likelihood of them using contraceptive methods decreased by 20% with every next partner. At the same time, women who were clearly not planning to have children in future used contraception more regularly than the ones whose attitude toward pregnancy was not defined. Similarly, the ones who already discussed the use of contraceptives with their partners were also more consistent with using them in the long run. Young men involved in a relationship being not only defined by sexual activity, but also by spending time together, going out etc. were twice as likely to have used or always used contraception.

The most extensive paragraph will be devoted to the current rates concerning teenage pregnancies. There are many factors that influence these rates, which are going to be explained in detail. However, in many cases unintended teenage pregnancy is caused by premature sexual initiation and having unprotected sex. The statistics show that the United States is the leader in high pregnancy rate among other developed countries – twice as high as England and Wales or Canada and even eight times higher than in the Netherlands - a country with the lowest rate (Guttmacher Institute 2006). According to the Finer and Henshaw (2006) report, approximately half of all the pregnancies in the United States are unintended, which accounts for one in five of all pregnancies annually. However, the highest rate of unwanted conceptions is among 18 and 19 year old women (it concerns almost two thirds of girls) year old women and 20 up to 24 years old. When they compared the percentages of the unintended

pregnancy rate for adult women and young women under 18 years old, for the former group the rate was 50%, for the latter 85%. Frost and Darroch (2008) reported that 50% of unwanted pregnancies occurred among users of contraception, but 90% was a result of incorrect or irregular use. The following statistics originate from the National Vital Statistics Reports from 2007, they are going to be divided according to age, race and ethnicity and non-marital births. In the last years there are two contradictory tendencies. On the one hand, the teen birth rate (between 15-19 years old) increased by 1% between 2006 and 2007 and did not drop in the following years. On the other, the rate for the same group, but in 1991- 2007 years declined by 31%. As far as the rates of teenage pregnancy by age are concerned, researchers distinguished statistics for girls between 10 and 14 years old, 15 and 17 years old and teenagers between 18 and 19 years old. The birth rate for girls from the first group decreased between the years 1991 and 2007 by 57%. The birth rate for the second age group declined by 42% between 1991 and 2007. In the last group age there was a decline by 21% in the same years. The United States is diversified in terms of ethnicity and that is why it was crucial to do justice to teenagers of different ethnic backgrounds and separate the numbers. On the basis of this information, researchers are able to create more effective programs and trainings tailored to the different needs of different groups. From 2006 to 2007 the majority of ethnic groups, the birth rate for 15 and 19 year old girls increased by 2%. This percentage is the same for non- Hispanic white teens, non-Hispanic black teens and Asian/Pacific Islander teens. The rate for Hispanic teens dropped by 2% from 2006 to 2007. The birth rate for American Indian teenagers increased by 7% in the same years. In 2007, the proportion of non-marital births to adolescents was remarkably high. 85.7% of all the pregnant adolescents between the age of 15 and 19 were not married. In figures that stands for 386, 702 non-marital births to teens. Among the teens under the age of 15, the percentage was 98.8%, for the ones between 15 to 17 it was 92.8 % and for the ones between 18 and 19 years old it was 82.1%.

The last series of statistics to be presented that are crucial in the context of teenage pregnancies, is the rate of abortion among teens. Since the year 1973, when the Supreme Court decided that a woman was allowed to have abortion after consulting her physician, abortion in the United States has been legal. However, in the case of adolescents under the age of 18, there are some restrictions depending on the state. In most states parental permission is required before surgery on an underage girl. States in which teenagers do not require this permission are for instance: Illinois, Hawaii, California, Montana, the District of Columbia and Connecticut (Essortment 2011). The Children's Data Bank explains how abortion rates are calculated. The number of abortions is divided by the population (in

thousands). For example, among adolescent females aged 15 to 19, the abortion rate is calculated by dividing the number of abortions to females aged 15 to 19 by the number of females ages 15 to 19 in the population in thousands (Child Trends Data Bank 2011). The Child Trends Data Bank launched a report concerning teenage abortions in the United States between 1990 to 2000, whereas the Guttmacher Institute presents more current data from 1973 to 2008 on their website. The combination of these two different sources will give a better overview on the situation as it is very hard to find the latest statistics concerning teenage abortions. According to the Child Trends Data Bank, the abortion rate among adolescents aged 15 to 17 decreased by 45% since the beginning of 1990 to the end of year 2000. In general, researchers propound a theory that teen abortion rates have been consistently declining since the late 1980s. Finer and Henshaw (2006) estimate that nearly half of the pregnancies in the United States are not planned, four in ten of these pregnancies are terminated by abortion, which stands for 23% of all pregnancies. Teenage abortions constituted 18% of all aborted pregnancies in 2008. Of all 18% - 0.4% of abortions were performed on teenagers under 15 years old, 6% on teens aged 15-17, 11% on adolescents between the age of 18 and 19. Women in their twenties accounted for more than half of all the abortions; women aged 20–24 had 33% of all the abortions, and women aged 25-29 had 24% (Finner and Henshaw 2006). Currently, the risk of health complications after an abortion is minimal due to developed medical knowledge making this a relatively safe procedure. From all the women that had an abortion, only 0.3% experienced complications that required hospitalization (Henshaw 1999).

1.3 The reasons for high teen pregnancy rates

At this point it is crucial to elaborate on various economical, sociological and psychological reasons that effect a high rate of teenage pregnancies in the United States. Each situation involves different circumstances so it is impossible to clearly state which factor is the most influential on young people, they usually intertwine and overlap with each other.

A great deal of teenage parents were brought up in either poor or dysfunctional families. The poverty and financial situation of the family has an undeniable impact on young people's decision to start their sexual life. Scientists from the Guttmacher Institute, non profit research group, discovered the relation between poverty and the rise of teenage pregnancy rate.

> The report's rankings of states by teen pregnancy rates looks eerily similar to the U.S. Census rankings of states by poverty rates. Mississippi, for example, has the nation's highest rate of poverty and the third highest rate of teen pregnancies. New Mexico is third in poverty and second in teen pregnancies. Texas leads in teen pregnancies and comes in ninth in the poverty rankings. Other "risk factors" for teenage pregnancy -- being a person of color, being disinterested in school, etc. -- similarly dovetail with living in poverty (Change.org 2011).

Moreover, almost two thirds of the families started by pregnant teenagers are classified as poor (Sawhill 1999) and about one-quarter of teen mothers become clients of welfare within 3 years of the child's birth (Kaye and Chadwick 2006). One of the great dangers connected with teen parenthood and poverty is that these young girls, very often, are financially dependent on parents whose income is low or who are already clients of welfare. When teenagers are members of poor communities with high poverty markers, lack of good healthcare, heavily relying on welfare, high crime rates and where single mothers create the majority of families, there is a great possibility that these teenagers by getting pregnant will enter this vicious cycle of poverty present in their families for generations. There is little chance that a teen mother will return and finish her education, usually she drops out school. By making such a decision, she deprives herself and her child of a chance for a better life. The higher education, the better job opportunities one has in the future which increases the likelihood of breaking the cycle of poverty. Unfortunately and paradoxically, underage parents are usually residents of poor communities. In many reports it was proven that children from families with higher or average incomes are less likely to get pregnant. Education also plays an important role as a motivating factor. Teenagers who have plans to study at a university or college are less likely to get pregnant before graduating than their colleagues with lower academic aspirations.

Sexual activity in some groups of adolescents is regarded as a symbol of adulthood and as a result it increases their status in certain circles. In order to impress their colleagues, teenagers often unprepared mentally and without protection, prematurely indulge in an early sexual life. There are many different markers of adulthood in the United States such as finding a well paid, usually fulltime job, marriage, financial independence from parents and finally childbirth. For various reasons, including young age, teenagers are unable to mark themselves as adults in any other way than childbearing. One of the Internet portals, www.teenhelp.com devoted entirely to the problem of teenage pregnancies, estimates that around 75 % of young girls were under some sort of pressure during the sexual intercourse -

either physical or psychological. Also, teenagers who live in more promiscuous societies are more likely to date earlier than adolescents growing in more traditional or conventional environments. The only way to blend in and be accepted by their peers is by conforming to their standards of behaviour like having a boyfriend, girlfriend or at least dating and enjoying sex as often as possible. In other words "around four in ten teenage girls whose first intercourse experience happened at 13 or 14 report that the sex was unwanted or involuntary" (Teen Pregnancy Statistics 2011). Interestingly, this percentage does not include the victims of rape, but cases when the boyfriend or partner persisted intensively on the young girl, who for fear of being rejected, decided to have sex. According to statistics summarized on the Family First Aid website 82% of teenagers state that young people should not be sexually active. In addition, 67 % of teenagers who decided to have sexual intercourse regret this decision. More specifically, researchers discovered that 60% of boys and 77% of girls wish that they had waited. At the same time 73% believe that being a virgin should not be seen as source of shame and mockery which may serve as a proof that governmental only-abstinence education has to some extend an effective and successful initiative. All in all, these statistics clearly indicate the complexity of the problem - it is not only alcohol, drugs, rape, but also strong pressure to conform to standards established by their peers that make young people start their sexual life.

Sometimes it is not the peer pressure that pushes young people to experiment in the field of sex, but the fact that they perceive sex as the only possible way to express love and affection. Growing up in houses deprived of warmth and unconditional parental love, their perception of relationships is often distorted. They are not taught how to express their feelings. For some young people, mainly girls, whose self-esteem is really low and gets worse as the girl matures, sexuality may be all they have to value. In *Teenage Pregnancy- a Global View*, researchers discovered both surprising and shocking reasons for which under-age girls were getting pregnant (Cherry, Dilton, and Rugh 2001). Although around 80 % of teen pregnancies are unwanted, it is not rare for teenagers to deliberately become pregnant in order to change their unsatisfactory lives. Some young mothers were proven to say that the babies are the only "thing" that belongs only to them. Moreover, newborns became the first human beings for whom their teenage parents are important. A child gives unconditional love to its parents. Very often, this unconditional love is something that teenagers did not experience in their families. Knowing that a little baby that is totally depended on his or her parents, they will not leave them or refuse their affection and time. Usually such choices are determined by the urge to make up for all the lack a young person experienced in their home. Sadly enough,

such a behaviour is often transmitted from generation to generation. There are houses which have a long history of teen pregnancy (Cherry, Dilton and Rugh 2001) meaning that more than one woman in the family of a teenage mother was also pregnant in their teens. Consequently, if there were two generations of teen pregnancy, the newborn baby is 22% more likely to follow the path of his or her parents and grandparents (Family First Aid).

After peer pressure and lack of parental care and love, another reason for the high rate of teenage pregnancies is the failure to use the contraceptives. After the sexual revolution in the 1970s, the use of contraceptives increased among young people, however it was discovered that "the average time between the initiation of sexual activity and the first use of birth control by a teenager is about one year" (Cherry, Dilton and Rugh 2001). These dates are consistent from 1970s up to 1990s. In the book *Teenage Pregnancy- a Global View* edited by Andrew L. Cherry and Mary E. Dillon (2001), the authors made a distinction between teenagers that use birth control on a regular basis and the ones that do not. The latter are usually young, poorer and more inexperienced than their older colleagues, their age was estimated at 12-13 years old. The former group constitutes mainly of adolescents who decide to initiate sexual activity at an older age, with better knowledge concerning sexual and reproductive help. In addition, representatives of this group in most cases had a stable relationship with one partner, they accepted their own bodies, had plans for higher academic education and most importantly could count on help and support from their parents (Cherry, Dilton and Rugh 2001). The conclusion is that older teenagers understand and are more aware of the consequences of unprotected sex. Also, it was proved that younger teenagers hold the belief that nothing "bad" can happen to them, so they are more prone to get pregnant. Other reasons for which teenagers do not use contraceptives are lack of money to buy them regularly, a lack of access to doctors (prescription for birth control pills) or centres for family planning. Also, the sexual education that adolescents receive in most schools in the United States is based on abstinence. No one mentions and explains possibilities other than abstinence or the consequences of being sexually active. In extreme situations, young people have absolutely no knowledge of how to use a condom or any other form of protection. In addition, awareness concerning sexually transmitted diseases and unwanted pregnancy equals zero. As a last comment in the paragraph, concerning the usage of contraceptives, I would stress the fact that although there is a great abundance of various types and brands of birth control pills or other forms of protection, none of them guarantee complete safety. There is always a slight possibility that a girl will get pregnant even though she or her partner were taking measures to prevent it.

Surely there are far more reasons for such a high rate of teenage pregnancy, however, for the purpose of this thesis, I decided to focus on the main factors such as: poverty, peer pressure, lack of affection in dysfunctional families and failure to use or properly use the contraceptives.

1.4 The possible effects of teen pregnancy

Some of the effects of unwanted teenage pregnancy were already mentioned above however for the clarity of the whole chapter I decided to enumerate the ones mentioned and add some more to get a fuller view of the situation.

Poverty is not the only reason for many unwanted pregnancies, but also an effect. Because of economic dependency, it is hard for an uneducated teenage girl to escape the circle of poverty or to stop relying on social welfare. She sacrifices her time taking care of her baby and not continuing her education. As a result, in the future it will be harder for her to find a well-paid job and escape poverty. In the future, she will be unable to help her children to get a higher education, which is expensive in the United States. All in all, these are social and developmental deficits for mother and her child or children (Combs- Orme 1993; Froste and Tieda, 1993).

Having a baby is often a great test even for an adult couple, not to mention for a teenage girl, her partner and her family. Even if the pregnancy is not the effect of a sexual adventure with an unknown man and the young girl has a boyfriend, these relationships are not likely to be long term or stable. As a result, young women become single parents and this further reduces their chances to continue education or escape poverty. Also, being brought up without one parent is not always the best option for the baby.

In one of the reports scientists (Cherry, Dilton and Rugh 2001) mentioned some serious medical and social effects of teenage pregnancy. It happens that a young girl's body is not fully ready to give birth, and that is why doctors have noted higher number of premature births and infant mortality among teenage mothers. In addition, a great deal of babies born to teenagers had a low birth weight that caused future "developmental disabilities, and suffered from malnutrition related to poverty and lack of parental care" (Cherry, Dilton and Rugh 2001, 191). On the other hand, in the 21st century, thanks to the prenatal and neonatal care, programs launched by states and local governments, we are able to minimize some of these harmful effects.

Choices of the pregnant adolescent girl and possibly her partner are always influenced by her attitude towards family values, abortion, adoption, her plans for the future and behavior of the father of the baby (Cherry, Dilton and Rugh 2001). No matter whether she will eventually decide on abortion, adoption or to keep the baby, she may struggle with psychological problems and may be in need of professional therapy that will help her to deal with her experience. Here are some psychological problems that a young teenage mother may face: the reactions of her parents, friends and community, fear and uncertainty whether she has made a good or bad decision, no experience in taking care of her baby, in the case of adoption, establishing her relation to the baby and the new parents or remorse, post abortion syndrome. One should remember that teenage years by their very definition are a very hard and yet productive period for young people. It is when they learn how to be adults, when they discover the world etc. This world becomes even more complicated when unwanted pregnancy is involved.

1.5 Education and prevention

Teenage pregnancies generate high costs not only for individual families, but also to society in general. This is why more and more organizations try to find ways to control this phenomenon. Sexual education is an issue which has caused heated debates in almost in every country, probably because it is hard to address delicate issues of sexuality to young people. Also, in the United States there were and still carried the debates on how parents, schools and other institutions should approach this subject- whether to inform adolescents about possible ways of contraception or continue propagating abstinence as the only right solution? There are as many answers as people. However, it was noted that from the beginning of the 1990s, the efforts to prevent the growing rate of teenage pregnancies intensified.

There are three main approaches to teenage pregnancy prevention measures listed by Douglas Kirby (1997, 2001). All solutions are meant to protect adolescents from risky behavior in general since teenagers who abuse drugs and alcohol are more likely to have unprotected sex. The first is the approach which is based on the idea of abstinence as the best and the only way to prevent teenage pregnancy. However, there was no evidence proving the effectiveness of this approach in statistics or in interviews. As a matter of fact, according to the National Council's *Risking the Future* "encouraging contraceptive use for sexually active teenagers has the most empirical support" (Hayes 1987). Also, it was discovered by the same

researcher that propagating the very general, non-specific values or strategies alone was not effective in fighting the high rate of teenage pregnancies. Additionally, such an approach was not fully supported by a large part of the society. The second is described as comprehensive health and sexuality education. Teenagers are exposed to basic knowledge about methods of contraception. Kirby (2001) claims that such a solution may or may not influence the age of sexual initiation. The third approach includes not only sexual education but also other productive activities that help to develop passions in young people and channel their energy into voluntary work or other sort of trainings. The characteristic features of such a solution are "encouraging the use of birth control, school-based clinics; condom distribution; sexuality and contraception, education in and out of school; enhancing life options, encouraging teenagers to delay their first sexual initiation" (Cherry, Dilton and Rugh 2001, 192). Since there is no one program that will satisfy all the people and prevent all teenagers against unwanted pregnancies, people should focus on increasing the awareness about sexuality in general, teach how to talk about it and use it responsibly, but also remember about enhancing life options for teenagers from unprivileged backgrounds.

One of the most interesting resources I encountered during my research on the topic of this thesis was the Internet website www.solutionsforamerica.org. Here, every American citizen can read about the steps taken by governments and non-governmental institutions in teenage pregnancy prevention. In order to act effectively in a given area there are different surveys conducted within a community and social workers investigate the data on pregnancies in general from health clinics, school youth programs (if there were any in the past). They try to reconstruct and trace the history of teenage pregnancy, define who was affected by this problem and where adolescent parents live (Brinds and Davis 1998). The second step is to make an outline of the short and long-term goals of a program. Short - term goals "include improving adult-youth communication, improving knowledge of where to get birth control and increasing use of birth control and reproductive health services" (Advocates For Youth; solutionsforamerica.org). Long-term goals include "delaying sexual initiation, decreasing the frequency of sex, lowering the number of sexual partners and reducing teenage pregnancy and the rate of sexually transmitted diseases" (Brinds and Davis 1998, Grossman et al. 2001). Grossman et al. (2001) emphasizes the necessity of involvement of teen parents into the process of designing a certain program. Together with well-qualified staff, through brainstorming and giving insights into the situation of adolescents, they have a very good chance of launching an effective program. Also, young people feel that their presence is needed, they feel appreciated, more happy to participate in a program in the future and may

help addressing and accessing other teenagers who face the same challenge. Another crucial point listed by solutionsforamerica.org is to define the role of parents in the program. It was proved that the improvement of communication between parents and their adolescent children helps in preventing youngsters get pregnant, both for the first and the second time. It is unbelievably hard to break the stereotype that if the parent is talking with his or her children, the child can read it as encouragement to begin their sexual activity. The open and honest conversation will rather positively influence their trust and young people will gain knowledge about sexual life from a reliable source. The last point in America's government planning concerns the extensive publicity of the program via radio, TV, in newspapers or through handouts and flyers distributed in places where teenagers learn or spend their free time, for instance in schools or in shopping malls.

There are also some general rules about the form, length and intensity of prevention programs. Most importantly, programs for teen mothers or fathers and programs aiming at prevention should be structured differently and conducted separately. Although teenagers may be in the same age group, the problems they face are different and the influence on their peers may not be positive. Kirby (1997) points out that the two or three sessions should not be longer than fourteen hours. Teenagers should be put into small groups which make the meetings more effective. It is of utmost importance for the adult group leader not to talk down to teenagers, instead, they should feel secure, free to express their views and equal to adults as partners in discussions. Different strategies are tailored for different audiences. Brinds and Davis (1998) emphasize that in the case of elementary and middle school children, during training it should be stressed with no margin for doubt, that they are not old enough to start their sexual lives and abstinence is the only good solution at their age of development. When the target group of a particular program are adolescents from high school, the emphasis should be put on peer influence, behavioural skills and changing perceptions (Manlove et al. 2004). Teenagers are usually under great influence from their colleagues and that is why if some of them decide to start their sexual life, the rest are more likely to follow suit. At this point, apart from giving teenagers a solid knowledge about contraception, social workers or teachers should teach them how to refuse to have sex and propagate abstinence. One of the ways to attract teenagers to abstinence and to use their urge to belong to a group is through virginity pledges. A Christian group, True Love Waits is an international group that promotes sexual abstinence outside marriage, they challenge both teenagers and college students. Young people can manifest their belonging to this group by wearing purity rings, necklaces or T-shirts. Alford (2003) reports that there is an evidence that students who participate in such

initiatives at least delay their first sexual intercourse by approximately eighteen months. On the other hand, they are less likely to use contraceptives when they decide to have sex. As far as teenage boys are concerned, the trainer should be a male figure who can be a role model such as a coach or someone with great passion. Interestingly enough, social workers should avoid conducting workshops or other sorts of training in health centers since boys are often adverse to visiting a doctor and may feel more uncomfortable than girls. Teenage fathers or young males from groups with a high risk of teenage pregnancy should also be involved in such programs. They often do not know how to behave in a new difficult situation like becoming a parent Among many other key issues tackled during prevention programs is to redefine manhood and womanhood so that both genders feel responsible for their sexual life and its consequences. Although the main goal is to prevent young people from becoming parents in their teens, a lot of attention is devoted to Sexually Transmitted Diseases, sometimes regarded as a more immediate and tangible threat. Reducing the incidence of sexually transmitted diseases and unintended pregnancies is one objective of the Department of Health and Human Services (HHS) of the United States of America. HHS mainly provides funding to states and organizations that implement the abstinence-until-marriage education and programs as one approach to address this objective (U.S Government Accountability Office 2011). HHS is a very powerful organization since it represents approximately a quarter of all federal spending and it administers the biggest sums of all other federal agencies combined (www.hhs.gov). Although HHS has its headquarters in Washington, they have a chain of regional offices in different cities and on Campuses (e.g. in Baltimore, Atlanta and White Oak). The fact that the offices are scattered around the country is positive because both more people have access to the information on health and workers from such regional offices can gather more specific data and problems from particular region. HHS is created protect American's, regional agencies perform a wide variety of tasks and services, including research, public health, food and drug safety, grants and other funding, health insurance, and many others.

Chapter Two: Theoretical background.

In the following subchapter I would like to present the materials analyzed later in detail in chapter three and elaborate on theories of representation and medicalization of pregnancy.

2.2*Teen Mom* and *16 and Pregnant*

16 and Pregnant is a reality television series created by Lauren Dolgen and produced by Morgan J. Freeman and Dia Sokol Savage for MTV. It was first broadcast on June 11, 2009. The show follows the life of pregnant teenage girls who unexpectedly have to struggle with the transition roles from a teenager to a responsible parent. There are currently two complete seasons available on the official MTV websites in Europe, with third season being broadcast now in the United States while castings are being held for the fourth season. Each episode focuses on one girl, usually from the fifth month of her pregnancy to the moment when the baby is few months old. The whole series is presented in a documentary style with a teenage mom voice-over narration. The story is intertwined with cartoon animations and depictions of notebook paper through which the most important moments in a every episode are highlighted, and which usually appear at the beginning, end, and between commercial breaks. In the first season, six girls share the story of their lives. Maci, Farrah, Amber, Ebony and Whitney decide to keep their babies, while the sixth girl, Catelynn, with her boyfriend decides for an open adoption. In the seventh episode, *Life after labor,* a reunion of the girls takes place with a well-known psychologist, Dr. Drew Pinksy, attempting to recapitulate the season's most important moments. The first-season finale attracted more than two million viewers in the United States. The last episode, *Unseen moments,* presents deleted scenes that, while removed from the individual stories, still remain crucial to the plot.

The New York Times' journalist, Ginia Bellafante, defined it as a "documentary-style series about real-life Junos[2] who are not scoring in the 99th percentile on the verbal portion of their SATs", adding "despite its showcasing of the grim, hard work of single mothering, *16 and Pregnant* seems calculated, above all, to incite viewers of *The Hills* to working-class

[2] *Juno* is a 2007 comedy-drama movie directed by Jason Reitman where he approached the issue of teenage pregnancy in a unconventional manner. Although overwhelmed by her pregnancy and the decision for adoption, the main character is a warm and optimistic young woman.

voyeurism, given how many clichés of lower-income Middle American life are exploited" (*New York Times* 2009). Such a commentary reflects the contradictory opinions around this reality show. On the one hand, it shows hardships and dramatic situations in young people's lives, but on the other, it carries some degree of glorification of teenage pregnancy and makes the participants famous. It is tempting for young people to be part of this program, not only due to the financial reasons, but also the mere fact of being in television. Until now there was only one case of a girl from the third season of *16 and Pregnant*, Jennifer Del Rio, officially accused by her ex-boyfriend family for getting pregnant in order to get to castings to MTV's reality show.

Teen Mom, another MTV reality television series, is a spin-off of *16 and Pregnant*. This time Lauren Dolgen focuses on the life of four girls from the first season of *16 and Pregnant* during the first year of motherhood:Farrah Abraham, Maci Bookout, Catelynn Lowell and Amber Portwood. The series had its premiere in December 2009, shortly after the conclusion to the first season of *16 and Pregnant*. The major theme is motherhood, but considerable attention is devoted to the dynamically changing relationships with boyfriends and families, as well as changes of plans for future that every mother eventually makes. The program is one of the biggest successes of all the series launched by MTV. The first episode was watched by 2.1 million viewers whereas the last season finale attracted 3.6 million viewers (Weprin 2009). The second season of *Teen Mom* had its premiere in July 2010. The last episode of the second series had 5.6 million of viewers in the United States (Weprin 2009).

It would be impossible to introduce the show without mentioning the controversies. MTV made an effort to familiarize their audience with the issue of teenage pregnancy and its related problems. Both series can be treated as a contemporary educational tool, but at the same time there are many controversies around its production. The major question is whether MTV glorifies teen pregnancy and parenthood, not only through the way their lives are depicted, but rather through the decision to present this program on a popular television channel. On the one hand, these adolescents have to face many problems, such us not graduating from high school, financial problems or dealing with their families reactions; but on the other, they become celebrities to an MTV audience. The girls and their partners have gained great popularity and have fan pages on Facebook and other social network portals, which clearly indicates that they are perceived as celebrities. Also, many critics wonder about future casts' motivations in joining the show. The first season's teenagers were already pregnant and dealing with the consequences when they were approached by MTV, but what

about those participating in the second and the third seasons of *16 and Pregnant*? The first season successfully showed a brutally authentic picture of teen parenthood. In this context, the following question arises: when does it stop being an accurate portrait of girls who made unfortunate decisions and begin being a way for young people to get on television? MTV replied to such accusations by releasing statements from Kailyn and Jo, participants in both *16 and Pregnant 2* and *Teen Mom 2,* concerning the attention of tabloids and paparazzi. In a short interview posted on MTV Remote Control Blog, they expressed their frustration with the accusation that they are glamorizing teenage pregnancy, emphasizing that their intention was to influence young people in a positive way.

On the other side of the debate, there are people advocating that such reality shows are not just another glorification of teenage pregnancy, but are instead a dose of reality that helps in influencing young people's decision on starting to be sexually active. According to the National Campaign to Prevent Teen and Unwanted Pregnancy, 82% of all 2009 teenage viewers of *16 and Pregnant* claimed that the program had shown them the real hardships and challenges of teenage pregnancy, parenthood and adult life. In the same study it was reported that the teen pregnancy rate dropped by 6% in the United States. In the case of teenagers of Hispanic origin it was a drop by 10% in comparison to the data from 2008. Although there is no completely reliable way to determine whether the reality series contributed to this drop or not, researchers suggest that it did. The primary reason is that both shows present teenagers of various ethnic backgrounds and classes, which means that many teenagers can relate to the characters presented onscreen. Bill Albert, a National Campaign's spokesman, lists another positive effect of MTV reality television shows. He sees is as an opportunity for parents to talk more freely about sex and contraception. Parents watch the show together with their children and in a relaxed way start having important talks. He also claims that the only values and morals promoted by *16 and Pregnant* are: practicing safe sex, taking responsibility for one's actions, talking about sex at an early age, helping other young people to prevent unwanted pregnancy, and finally teaching parents to be supportive of their children no matter what. Also, at the end of every season there is a finale hosted by a qualified psychologist who provides basic facts about contraception and directs viewers to the website www.itsyoursexlife.com as a possible source of information for teenagers.

2.2 Visual and Popular Culture

Teen Mom and *16 and Pregnant* fall under the category of visual culture. This is why it is crucial to introduce briefly the notion of visual culture and explain its relation with popular culture products and media. Later in this subchapter, I will elaborate on the importance of popular culture in general and present the most important aspects of what may be considered a rather low-prestige source of culture. Visual culture studies recognize the predominance of various visual forms of media, communication and information in the postmodern world. Visual Studies to a great extent intersects with the "mediasphere" in mediology, the study of media systems and media as a system (Georgetown Website). During past ten or even twenty years, visual culture has been playing a bigger and bigger role because of a social and cultural shift from the verbal and textual to the visual. The study of visual culture reconciles popular (sometimes referred to as "low") cultural forms, media and communications, and the study of "high" cultural forms such as fine art, design, and architecture. The MTV series analyzed in this thesis are a part of popular, mainstream culture presented on television and on MTV online channels.

Popular culture aims at attracting masses of people, and this is the primary reason why in some circles people are not admitting openly that they watch mainstream programs or Hollywood productions. "Pop" or "popular" cannot be classified as complex or elite forms of culture; instead, it brings to mind rather negative connotations and adjectives like cheap, ordinary, stupid and easily accessible, understandable by anyone. Such forms of entertainment occupy a great deal of people's free time when they want to relax in front of the television without exerting too much thought. Although it is often treated as unimportant, considerable research conducted in the field of popular culture has proven that the significance of popular images is greater than the lack of prestige that surrounds such creations. Popular culture emerged in the early 1950s and flourished in the 1980s when television, the primary medium at that time, appeared in almost every household. Since 1990 we have not only experienced media growth and greater access to the Internet, but there has also been a crucial shift in the construction and philosophy of popular culture. It is no longer a form of pleasurable entertainment created"for the people by the people," but it appears instead to be entertainment created "for the people by a small group who own and control the communications apparatus of the mass media" (O'Shaughnessy 1990, 89). This transformation is not a positive development because it leaves space for manipulation while also allowing creators to

incorporate their ideologies into seemingly innocent and pleasurable entertainment. In other words, popular culture is dominated by hegemonic relations, where the political, economic, ideological or cultural power is exerted by a dominant group over other groups (*Oxford English Dictionary*).

The concept of hegemony lies at the center of feminist interests as it is used to disclose the existing power structures within media (Abspoel 2006). Hegemony in Western countries usually defines the dominant group as white, bourgeois men who define the standards for everyone else. As a result, anyone who does not conform to the dominant paradigm feels inadequate or is seen as different. Hegemony in relation to feminism is frequently linked with hegemonic masculinity, a belief in the ideal male as the one who dominates other males and subordinates women. Hegemonic masculinity can be exerted through media by promoting images of strong, ambitious, aggressive men, often juxtaposed with images of subordinate, stereotypical less intelligent women. Also, hegemony is closely related to power and control. Feminists have conceptualized power: as a resource to be (re)distributed, as a form of domination, and as empowerment (*Stanford Encyclopedia of Philosophy*). In other words, power is seen as a resource that is not available for everyone. A small group of people have the power to dominate and consequently empower other individuals. An example of unhealthy power relations and hegemony in media would be presenting subordination of women through sexism, racism, class oppression or stereotypes. Of course, the audience is not completely vulnerable to the dangerous content of popular culture products which often present a one-sided approach to, for instance, womanhood. The influence of such images or programs depends on subjective factors such as: how often he or she is watching particular program, what are the personal beliefs and values that act like a filter for any information coming from the television screen, to what extent the viewer is able to relate to the characters and situation, to name just a few. It is not a hard task to create a television show that will attract youth en masse. MTV reality series involve young people that either party *(The Jersey Shore)* or pursue career in music or fashion industry (*The Hills)*. If they are far from the common definition of perfection, they participate in programs involving makeovers (*Made*), both psychological and physical (*I used to be fat)*. There is also a place for adrenaline and vulgar jokes (*Jackass, Dirty Sanchez),* sex (*A Shot of Love with Tila Tequila)* and relationships (*Date my Mum, Effect Ex, Next)*. This one TV station can attract a great deal of teenagers who expect entirely different things from MTV's programs. Since the United States has the highest birthrate among teenagers, it was certain that the series about such issues would be extremely popular. The fact that the producers knew that they would have a big

audience among already-pregnant teenagers, those beginning to be sexually active and those interested in such a controversial topic was a major argument for creating this series. My personal opinion can be supported by an economical argument that "consumerism and commercialism are closely attached to popular culture and television, thus, the economic point of view is central in the production of the pop culture media texts" (Abspoel 2006, 20). In short, television has to please the masses in order to earn money, and at the same time the majority of the audience wants to receive reinforcement of existing power structures through which they are living media representations. Although producers and audiences in general seem to be satisfied with stereotypical representations, it does not justify the inequality of these representations and the ideologies they transmit.

2.3 Representation of women

The term representation refers to the construction of people, places, objects, events, cultural identities and other abstract concepts in any medium. Such representations may occur either in speech or writing, as well as in pictures or film. In other words, representation can be described as a "convincing illusion of reality, often produced photographically, but also by painstakingly minute pictorial and sculpting techniques" (King 1992, 131). However, this does not necessarily mean that "representation is something surreal and detached from real life" (King 1992, 132). In fact a major point in the study of representation is concerned with the way in which representations are made to seem reliable and true. For example, which techniques are used to convince a viewer that he might be looking at a real-life image, when in fact, he is being exposed to representation. However, researchers, for instance Stuart Hall, claim that representations tend to be stereotypical and highlight only a few aspects of a very complex issue of, say, femininity. Physical beauty, sexuality, emotionality are all presented in a subjective or even artificial way. They bear little or no resemblance to the real experiences of women around the globe. Susan Douglas analyzed representations of women in newspapers and stated that the way in which women's images are currently created is not much different from the one produced in the past. It is just more aggressive due to the availability of various omnipresent media. Some forms of representation carry the meaning that women should be treated equally with men, while others mock or objectify women's body, dismissing feminist claims and causing harm to those unaware of being manipulated. Often the representation of a particular group is explicitly done through harmful and

exaggerated stereotypes. Specific genres are then created where these stereotypes are consistent and are mixed with the use of power (King 1992). At this point, King introduces and explains the term "hegemony" as representations mirroring an ideological, usually patriarchal, motivation behind media products: texts, movies, etc. In such cases media are used to demonstrate the opinions and power of a specific ideology or even social group. In popular culture there are more "negative" representations than positive and many that are very distant from reality, which is why numerous scholars have tried to reinforce public awareness of both potential damage caused by representations of stereotypical viewing of women and possible ways to represent more fairly.

Representation can mean "stands for, states, announces, symbolizes," as well as "suggest illusionistically" or "gives a snapshot impression of" (King 1992, 131). In other words representations can be used to name the statement that uses symbolic or suggestive meaning. The term representation works on two levels. Firstly, the "quantitative study reveals, on a surface level, the possible under - representation of women and then, qualitative research can be used to get a deeper understanding of how realistic these representations – or misrepresentations – of women are" (Abspoel 2006, 16). According to Catherine King, a feminist scholar who explores the field of politics of representation and various approaches to the gaze, in order to build a complete and valuable analysis one has to explore a great deal of images and analyze them in relation to these two levels. She claims that "no image is other than a construction taken from a specific social and physical viewpoint, selecting one activity or instant out of vast choices to represent, and materially made out of and formed by technical processes of the medium and its conventions" (King 1992, 131). King emphasizes the fact that every image, scene or single photograph presented in the media is to some extent designed and directed. Although very often we have an impression of looking at the "real image," in fact, thanks to various camera angles, blurs and styles of photography, the encounter between our constructing eye and constructed image might have actually been directed by someone before. King devotes significant attention to the notion of an image as being "realistic." What does it mean and what implications does it have?

Teen Mom and *16 and Pregnant* are both labeled as documentary and reality shows. The names suggest that they are depicting reality in the most adequate way; however, it is hard to believe that those scenes are not in the smallest way designed to make it more attractive, understandable or exciting. King propounds a theory that "realistic" stands for the act of describing whether the objects of representation are "known to have existed or to exist, might plausibly have existed or are absolutely fictional and legendary" (King 1992, 132).

Such an approach emphasizes the contractedness of representations throughout the years. Facing the reality of living in a world made of images that continuously use convincing illusory techniques, we should be ready to analyze it using terms like signifier, signified instead of form, color, image and representation.

The concept of signifier and signified was coined by a Ferdinand de Saussure, a famous Swiss linguist. De Saussure is frequently referred to as "a father of modern linguistics." He claims that language is a system of signs such as gestures, paintings, photographs, images, written and spoken words. To be more specific, they function as signs only when they communicate meaning and they are a part of a system of conventions (Hall 1997). Within the concept of sign, de Saussure distinguished two other elements: the form (word, image etc.) and idea or concept. He called the first element the signifier, and the second the signified. For example, if you see an iPod, in this case the signifier, it correlates with the signified understood as a more general concept of a portable mp3 player. Stuart Hall explains that signifier and signified as "both are required to produce meaning but it is the relation between them, fixed by our cultural and linguistic codes, which sustain representation" (1997, 31). The illusion of the image, the manner of skillful representation and lack of adequate vocabulary can make us vulnerable to those depictions. Moreover, these images suggest to us what sort of human beings we should become.

When speaking about representation in relation to particular television productions, it is impossible to escape the notion of the gaze. The concept originates from the revolutionary essay *Visual Pleasure and Narrative Cinema* (1975) by Laura Mulvey, a famous feminist film theorist. "The gaze" refers to the act of looking, initially it was the study of objectification of women in visual productions. In relation to the gaze, Laura Mulvey pointed out the commonality of the female nudity and the fact that most of these depictions imply women's subordination. To make matters worse, the gaze changes women's perspective of themselves. Through the process of internalization of the gaze, women start to see their own bodies as objects. Consequently, the objectification becomes a source of pleasure for both the looker (men as a dominant group) and the person (women as objects) being looked-at. Schroeder states that "film has been called an instrument of the male gaze, producing representations of women, the good life, and sexual fantasy from a male point of view" (1998, 208). Most of the images are made either for men, by men or both. The gaze has crucial links with man's power and woman's objectification in art, advertising and the movie industry. Usually in such mainstream representations women, although they have equal powers and abilities of sight, are objectified and become "second class spectators" (King 1992, 135). The ongoing conflict

between the representation of a passive woman who belongs to the public sphere and the active male that belong to the public continues today. Culturally, men are allowed to possess women by their gaze, while women are encouraged to play the role of being desirable and coded by Laura Mulvey's "to-be-looked-at-ness" (King 1992, 135). I will explain that on the example of classical Hollywood cinema. The audience is encouraged to indentify with the protagonist of the movie. Usually it was an active man with a strong uncompromising personality. Whereas men were the bearers of the look, female characters were presented as image. Mulvey suggests that in 1950s- 1960s there were two main kinds of male gaze: voyeuristic and fetishistic. The former was seeing women as " whores," the latter seeing women as "madonnas." Feminists have indentified the need to explore and develop the female gaze by constructing images that will create alternatives to the popular imaging of experiences as "birthing, sucking and bleeding, which dominant male visual ideologies have hidden away" (King 1992, 137). Almost forty years have passed since Mulvey's revolutionary essay, thousands of publications on the representation of different types of women in various circumstances, including the media, appeared. Here, I will focus only on the representations of women as mothers since in *16 and Pregnant* and *Teen Mom* teenagers are presented primarily through their future role of mothers. Even though theories and interpretations of motherhood often stand in conflict, they can be used to determine the diversity of representations of the mother in cinema and television.

The impact of visual culture upon contemporary audiences is undeniable. The mother presented on the screen reflects the experience of the mothering process and helps to construct ideas of what is "normal," widely accepted maternal behavior. Motherhood always causes heated debates because it is treated as central for every society to function and grow. In the past a woman who was a mother gained respect and higher status in society, but under patriarchy her role changed into an object and medium for male-initiated activity (Rich 1995, 120). It was not only the case among more primitive cultures and tribes long time ago, where respect came with age, wisdom and experience, but already in 19th century Britain mothers had higher status than childless women. Although the main reason for having a baby was to produce a heir, later in the century pregnancy enabled women to go beyond the label of women and have the more respected status of motherhood (Reneau 2002). Also, having a baby was the last stage of transition from childhood to adulthood for women. In the eyes of society women who were not mothers never truly entered adulthood. In many societies the myth of the mother still functions and is unconsciously reproduced. According to this stereotypical and mythical view, women who are mothers are perceived as people who posses

a great power of reproduction, and undefined inner patience and a predisposition to bring up children against all odds. The love of the mother will endure every obstacle: anger, frustration, tiredness. The maternal instinct is said to overpower women's other plans and ambitions that might have been important before getting pregnant. Her duty is to be happy and fulfilled by being a mother always ready to solve problems and serve members of the family. This myth strictly defines gender roles and expectations of both men and women. There were many cultural and religious symbols of motherhood present in the literature and arts, what reinforced the definition of "ideal mother" where motherhood is a subject of idealization. Such idealizations derive from the fact that motherhood is often perceived through the figure of the pure Virgin Mary, mother of Jesus Christ. In that sense mothers are seen as creators of life, self-sacrifing and patient women who see the hardships of motherhood as blessing not a burden or source of pain. Later in history mothers had an important role in the lives of their children, even if their sons were kings or other influential people. They were the ones expected to read the Bible to their children and teach them religious rituals and educate in more general sense. The cult of motherhood evolves around notions such as breastfeeding, complete sacrifice to the child and creates a perfect and stable environment for their families. Of course, universality of ideal motherhood is a myth itself. Women around the are individual and have different experience of living in different contexts and cultures. They cannot be defined through one characteristics of "perfect mother".

Now I would like to elaborate on the key themes from the history of motherhood in the United States. I should begin with stating that both women's and men's family roles have not evolved in a linear direction (Digital History Website). The historical change always involved the complexity of people's lives, ethnicity, race and religion. Initially, this paragraph was devoted solely to women's role in parenting, during the course of writing I discovered that motherhood was always to some extend connected to parenthood, economy or cultural and religious beliefs. In order to get a better perspective on different approaches to motherhood in the United States, I decided to enrich this paragraph by short descriptions of father figures. Finally, it is impossible to track and write about all changes in family relations, that is why I will pinpoint the most important facts for this thesis and provide a brief outline.

According to the Digital History hosted by University of Houston, there were two contradictory images of the Colonial family. Since there was no clear distinction between home and work, it was a period of gender equality. Thanks to that, mothers had more roles, not only a role of a home-stayed mother, but also outside the family context. On the other hand, the Colonial times are associated with the families with patriarchal structure, where the

father and husband decided about everything. His power was present in different forms within household, for example, he might have had a special armchair (almost like a throne symbolizing his power), on which no one was allowed to sit. Many men, fascinated by Puritanism aspired to become family patriarchs. Women at the same time were expected to be obedient and faithful. In addition, women were usually married to older men and it was obvious for them to be obedient first to the father, then to the husband. The historian Laurel Thatcher Ulrich described seventeenth-century mothering as

> extensive rather than intensive. Households were busy and often crowded places where childrearing responsibilities had to be balanced with other demands on a woman's time. Mothers were not only responsible for feeding, clothing, supervising, and instructing their own children, but also supervising, disciplining, and training apprentices and servants and assisting in their husband's economic affairs (Digital History Website).

Also, mother duties were divided between sisters, stepmothers or servants, so the mother figure was not under a great pressure in comparison to the future years. As far as the fatherhood in later years in concerned, thanks to the American and French revolution and weakening of the role of land as a primary source of men's domestic authority, in the 18th century patriarchy was no longer widespread. When it comes to motherhood, both in the United States and Western Europe the belief that children's nurture and moral development should be entrusted to women developed. It was believed that women are not directly influenced by politics, corruption or other evils of the contemporary world and thus they take better care of children. This created the opportunity for women to find employment as educators. The 19th century together with the Industrial revolution brought huge changes to the American society. The separation of the sphere of work and household resulted in the emergence of the conception of house as an oasis for the family. Middle class women were expected to protect and treasure their families, focus on bringing up children rather than farming, assisting their husbands in overseeing apprentices like it used to be in the past (Digital History). However, the urban working class family reflected different attitudes and division of duties than the middle class family. The urban family's budget relied on father's work, but since often he was not able to support by himself the household, children or wife were expected to contribute. Not only the father figure was under the pressure, but also motherhood. During late 19th century

> physicians, academic experts, educators, philanthropists, reformers, and women's

> groups (such as the National Congress of Mothers) called for the "reconstruction of motherhood" along "scientific" lines. Influenced by the evolutionary theories of Charles Darwin, a "child study movement" in England and the United States conducted detailed observation of children's weight, height, and activities, delineated stages of child development, and called on mothers to respond appropriately to each developmental stage (Digital History Website).

In early 20th century women were the ones in charge of bringing out the children. Mothers were encouraged to detach from their children and not to show too much affection towards their offsprings. It was also stated that children should have strict rules and planning, not mother's kissing and hugging. When the Great Depression in 1930s came there was a shift from the former approach, since men's involvement in family life was reduced due to the financial crisis, again females were the ones who took care of the babies and provide emotional stability. Scientists proved that in 1940 more than 1.5 million women were left by their husbands (Griswold 1993). The male breadwinner ideal was propagated by the government who struggled to create more places to work for citizens. During World War II and early post war period, the scoop on motherhood and fatherhood was greater. People believed that improper parenthood can influence the child's future. Children brought up without the father figure were more likely to have emotional and psychological problems. During this time psychologist emphasized the importance of bonding with mothers and the bad effects of the absence of father figure (Digital History Website). Fathers were encouraged to participate in their children lives in various ways, but still the cooking, changing dippers etc. remained solely women's responsibility. Nowadays, taking care of the baby is divided between two parents. There are three main approaches to the roles of mother and father in the process of bringing up the child:

> One perspective, which emphasizes the relative insignificance of fathers' contributions to child development, argues that paternal influence on children is largely mediated through the mother. Although a father may reinforce a mother's behavior or undercut it, paternal influences on children tends to be overshadowed by the mother's agency. A second perspective stresses the complementarily of paternal and maternal influences. According to this viewpoint, men and women both exert an influence on children, but the nature of this influence is different, since men tend to interact more physically with children and their love tends to be more conditional than mothers. The third viewpoint emphasizes the interchangeability of the maternal and paternal roles, arguing that fathers can be nurturers much like mothers (Digital History).

According to Digital History motherhood and fatherhood are "changing, culturally-bound, historically shaped constructs" (Digital History). The historical perspective on roles of both

mother and father gives broader perspective on timeless truths and current cultural expectations and circumstances.

Numerous scholars have arduously attempted to categorize different kinds of mothers presented in media and television; below I will discuss three types of motherhood according to Hao (2009). "Good mothers" are self-sacrificing women whose lives are equal to the lives of other family members. The understanding of "good mother" will differ depending on the cultural context and individual standards. Generally in the Western culture, it is a woman who is primarily a mother who sacrifices a lot for her children and family. She is the one that gives a good example to her children, helps them to study, takes care of them in every possible way, provides entertainment etc. In movies (Hao 2009) such mothers can be presented as struggling with health problems, an unstable financial situation or lack of a father figure in order to emphasize the weight of her sacrifice (e.g Lynette from *Desperate Housewives (2004)*). Also, "good mothers" are detached from their sexual life, they are pure and devoted to motherhood rather than enjoying sexual pleasures. The second type presented by Hao (2009) is a "transgressive" or "bad" mother, or in other words a "fallen mother," who challenges the myth of the mother as almost a God-like creature. A "bad mother" is usually the one that neglects motherhood (e.g. *Ordinary People (1980)*). She can either pursue a demanding professional career or just neglect her children. In contrast to "good mother" she is not afraid to admit that she has and enjoys her sexuality. Such a motherseems to be a bit selfish and to be the owner of her fate. Her pragmatic attitude to life makes her not care about the conventional principles of womanhood and motherhood. Hao again refers to the example of movies. In them, such women are often punished or experienced by the hardships of life (e.g *Gentle Billow in Stagnant Water (1991)*). The third and the last type of motherhood proposed by Hao (2009) is a "resistant mother" (e.g. *He is My Father (2005)*). A woman who believes that by sharing and showing different everyday experiences it is possible to change old-fashioned approaches towards motherhood. Kaplan says that "some women believe that by simply speaking our experiences and showing our everyday images we can bring about change" (1983, 200-201). Women concerned with their own experiences also put emphasis on sharing their feelings and knowledge in order to fight with unfair stereotyping. The bonding between mother and daughter and other women is really important since it gives a sense of belonging and support.

The types of mothers present in *16 and Pregnant* and *Teen Mom* and whether they conform to the standards described in this subchapter will be elucidated in Chapter Three.

2.4 Pain, body and motherhood

One of the books that profoundly influenced my thesis research was Adrienne's Rich *Of Women Born - Motherhood as Experience and Institution* (1976).She is a type of feminist scholar that refuses the disciplinary boundaries and divisions between the theory and practice. Being not only a scholar, but also a mother of three sons and, later in her life, a declaraed lesbian she combines her experiences with the accademic knowledge what makes her work outstanding. In this book mentioned above, Rich summarizes all the uncertainties, expectations and discourses that surround motherhood as perceived through pain and mother's body. This text is cannonical within the field of Women's and Gender Studies because it was revolutionary at the time of publication and it is still a crucial text especially for contemporary feminist maternal scholars. Feminists of present day should be aware of the discourses on motherhood in the past so that they can „conceive a feminist subject-position that accounts for and anticipates the ongoing external and internal rhetorical situations of contemporary culture and, finally, purges past and lingering matrophobia" (O'Brien Hallstein 2010,41).Lynn O'Brien Hallstein points out the importance of the context in which the book appeared.

> Rereading *Of Woman Born* within its larger historical situation and within the white second-wave's relationship to motherhood reveals, externally, that the text was situated within a demonizing discourse that positioned the book as "anti-motherhood," and, internally, that the text emerged from within a sisterly feminist subject-position that was founded on "matrophobia"—the fear of becoming like our mothers" (2010, 41).

Even in the past, many poets emphasized the fact that there is a connection between love and pain. Although poets and writers usually described the fatal or romantic union of two people, the same relation exists between pain, love and motherhood. There are many kinds of pain that women have to overcome, not only physical but any kind of pain that women are experiencing throughout their lives in connection to motherhood: for example sleepless nights worrying about a child's health or economical situation. Love has always been intertwined with pain, and they are both embedded in our culture and ideology of motherhood (Rich 1976). For the purpose of this thesis I will focus mainly on the chapter devoted to pain, labor and experience.

Not every woman associates motherhood with pain. Some mothers do not perceive motherhood as a burden or a source of fear and painful experience. For the purpose of this

thesis, I will focus on those women who think that pain is closely connected with motherhood. The reason for such limitation of the topic is because the majority of girls from *16 and Pregnant* and *Teen Mom* describe being a mother as hard, demanding and painful. In order to determine the various sources of pain we have to go back to before the woman becomes pregnant. Maybe the decision about the pregnancy was painful? Maybe the intercourse during which the baby was eventually conceived was painful? In later stages, maybe the pregnancy was full of sacrifice, pain and constant fear of the baby's or mother's life and health? I could ask more and more questions like this since there are thousands of individual situations where a woman feels pain, either physical or psychological. As far as the process of giving birth is concerned, no matter the woman's ethnic background or social class, the majority perceive childbearing as "a charged discrete happening: mysterious, sometimes polluted, often magical as a torture rack or as peak experience" (Rich 1976, 157). Very few of them look at the act of giving birth to a child as a possible way to come to terms with the body, to get to know and even explore the physical and psychic resources of their own bodies. Rich mentions the fact that many times there were attempts to classify pain into separate categories - "a response to measurable stimulus and psychological experience" (Rich 1976, 157). However, she points out that distancing body from mind, in the light of female experience does not make much sense, especially in the case of labor - a moment in life packed with powerful emotions, conscious and unconscious reactions which contribute to the overall picture of this individual, making it, in a way, a mysterious process. Rich emphasizes that experience of women's pain is a historical phenomenon, framed by memory and anticipation, which is why it is both very subjective and individual. Pain is also expressed in various ways in different cultures and societies. For example, both women from African tribes and women practicing scientology are expected to give birth in silence, with no manifestation of pain through screaming or moaning. In other cultures, the accepted behaviors may differ. One of the important issues raised by Rich is whether women are able or even if it is possible to "distinguish physical pain from alienation and fear? Is there creative pain and destructive pain? And who or what determines the causes of our suffering?" (Rich 1976,158). Although answers may vary depending on many factors, including class, race, culture or geography, patriarchy has generally told a woman who suffer in labor that her pain has a purpose. It is the purpose of her existence to bear a child. The baby she is going to deliver is valuable for a country, community and proves the sexual abilities of her husband. In many cases in patriarchal communities, the child's life is valued more than the mother's and this is why she was often bearing the child facing the fear of death. In the past it was due to the fact that the

child assured the continuation of the family line, ensuring that prosperity would not be passed to strangers. Nowadays, a decision to save the mother not a child might be caused by religion, traditions, expectations and beliefs that it is selfish for the mother to be saved instead of the child who has an entire life to live. At this point, a woman has become a center of various purposes, "not hers, which she has often incorporated and made her own" (Rich 1976, 159). They were giving birth not only in pain, but also in fear of fulfillment of all these expectations.

Up to this point I have been writing about women's experience of being a mother in relation to pain. Even within feminism there are dichotomous approaches towards motherhood. Some women rejected motherhood and labeled it as a form of oppression and source of pain.For instance, Simone de Beauvoir argued that from the begining of their lives, women are told that they are „designed" for childbearing. Another example is a French philospher, Elisabeth Badinter, who sees motherhood as a threat to women's liberation. Others considered the biological difference between men and women as the privilege of giving birth and nurturing babies or like contemporary feminist Andrea O'Reilly an occassion to practice the „feminist mothering". O'Reilly distinguishes motherhood as insititution that overpowers women and the fact that motherhood is a positive experience when mother and childhave separate lives. I mentioned only a few choosen attitudes towards motherhood and I am aware of the fact that not every mother will belong to the category of women who see motherhood as something painful. Although only one girl from all seasons of *16 and Pregnant* rejected motherhood, all of them emphasized the physical pain or sacrificial pain of being a mother. This thesis deals with examples of early motherhood connected with sacrifices and therefore it is logical to focus on this type of motherhood.

The main theme of this thesis is motherhood and pain but what about all those women that refuse motherhood? What about the women who do not possess a biological desire to get pregnant? Is decision painful at ay stage? Such women often face opinions like their time for the baby will eventually come, or they will grow up to the decision of becoming a mother. These women are considered as emotionally suspect or even dangerous sometimes, since they dare to defy the social norms and manifest their own plans, desires and decisions. Also, they deprive the society of new citizens and deny continuation of the species. Rich adds to that the deprivation of "emotional level- the suffering of the mother" (1976, 169). Already in the 1920s people assumed that the suffering which woman endures during childbirth is one of the most powerful elements in the love she has for her child. The conscious decision of depriving oneself of such strong emotions connected with motherhood to some part of society is

suspicious and weird. In contemporary reality, the reactions are not that extreme; however, women who state with certainty that they do not want to have children, still provoke heated debates and a slight disbelief. They are under constant pressure of family expectations and friends who have already reproduced. Often they are lonely and not understood in this decision. Such loneliness may be perceived as yet another kind of pain connected to motherhood, but this time originating from the resignation from motherhood, not childbearing or the process of bringing up the child.

Before I proceed to describe labor and the physical pain connected to that, I would like to mention other possible sources of fear and pain connected to motherhood. In romantic times, an illegitimate child was an expression of forbidden love and was also an act of defiance against the rules of patriarchy. Due to the lack of social acceptance, the mother and child were usually condemned for the rest of their lives. Being excluded from the community or stigmatized must have been a painful experience since a woman's existence was asserted through her biology. Nowadays, public opinion is not as harsh on unmarried women, but teenage pregnancies still provoke heated debates and controversies. In the 20th century, some women treasured motherhood, yet other women rejected it for the fear of being perceived only as a mother, a creature designed to reproduce and not a separate human being. For ages, women experienced a clear conflict between the "self-preservation and maternal feelings" (Rich 1976, 161). When the baby is born, frequently women lose their identity – they become mothers, and they are no longer women. What is expected from them is to sacrifice everything for the baby - time, money, life, plans and to look after him or her all the time. This problem is at the heart of both *Teen Mom* and *16 and Pregnant* since their primary goal was to show the consequences of being pregnant at an early age. Suddenly, the careless life changes into a life without parents' help and constant struggle for finances. Everything is influenced by the arrival of the little creature, including future educational plans, current relations with partners and friends. However, even in the lives of adult women, pregnancy changes the surrounding world and its perceptions.

Now I would like to proceed to the most obvious dimension of pain related to motherhood which is the process of childbearing. In the past, the facts about giving birth were to some extent shrouded in mystery and fear of the unknown. Various fantasies and suppositions that surround labor, including the fear of death, cannot be separated from the fear of the unknown. Through tales transmitted from generation to generation, women in the past and even nowadays (thanks to various media) are exposed to many accounts from other women's labors. Usually, those women describe the pain and suffering: involuntary

contractions, uncomfortable reactions and various bodily fluids. There were and are many scary accounts of what could have happened or what happened during childbirth. In addition, each process of childbearing is different, and it is impossible to foresee the possible duration or complications. This unpredictability makes the labor an even bigger source of fear and uncertainty, the feeling that women's bodies are in fact "invaded" by new experiences. Dick-Read cited in Adreinne Rich (1976) claims that he encountered many women who had been screaming and crying from fear of pain, not pain itself, who wanted to escape the feeling of terror of the unknown, not the labor as such. Fear was connected not only to bodily reactions or death (as stated above in most cultures, a child's life is valued more than a mother's), but also to changes that come with this baby. Adrienne Rich defines this feeling as a fear of transformation and change (Rich 1976). This process usually starts when the woman finds out she is pregnant. Already at this stage she can experience her extinguishing identity and transformation into someone else. In simple words, women who used to have strong characters and always knew what they wanted, getting pregnant may become helpless, indecisive and weepy creatures. What appears most alien in such situations, was the fact that those denied or suppressed emotions or features of character come to light and could no longer be denied. A great deal of women feel that they are unable to control their own bodies and reactions, as if some undefined power has taken possession of their body. Of course, not every woman experiences pregnancy as an "invasion" of "the other" in her body; however, undeniably the pregnancy and childbearing cause enormous changes, both physiological and psychic, in the life of the mother regardless of whether she is going to keep the child or give it up for adoption. In the case of a mother who brings up the child, most likely her priorities in life will change. A significant number of teenage mothers presented in both MTV series analyzed before the childbearing declared that they would finish high school and continue their education or pursue a career in a particular profession. The same person, only few weeks later, declares that the baby is of utmost importance in her life and she is not going to leave it at a daycare even if it means neglecting her own education. Even women who impatiently waited for their children to be born undergo changes of which they might not be aware at the beginning. Of course, my thoughts are grounded deeply in the Western context and may vary in cultures, which have different views about motherhood and different sets of practices.

Having examined women's experiences of fear and being pregnant, it is time to ponder the way in which people approached labor in the past and what it looks like nowadays. In Victorian times, during the last stage of childbirth "women were placed in supine position, chloroformed, and turned into a completely passive body on which obstetrician could perform

as on the mannequin. The labor room became an operating theatre, and childbirth a medical drama with physician as its hero" (Rich 1976, 170). Luckily, throughout the ages people found better ways of assisting the mother through anesthesia. Nowadays women remain conscious even during the caesarian section. In *Teen Mom* and *16 and Pregnant* it can be stated without a doubt that the medical assistance and personnel is there in order to help the mother deliver the baby in the best possible way. The best way does not necessarily mean the quickest, but the safest and most comfortable. The mother and the child are most important actors in this scene- not a doctor, father or anyone else present in the labor room. Already in the 1940s women were taught months before giving birth how to relax, breathe and control their muscles through exercises. It was proved that the more relaxed the woman is, the less stressful the labor will be both for the child and for the mother. At this point in history, doctors claimed that "childbirth is women's glory, her purpose in life, her peak of experience," but still "the man obstetrician is in control of the situation" (Rich 1976, 172). Later, when more women doctors were allowed to participate in medical research and generally in medical practice, other methods were developed to improve women's conditions of labor. Sheila Kitznger popularized the belief that women must learn to trust and follow their bodily instincts. Such an approach emphasized the importance of active cooperation of the nurse, doctor and patient. Also, women in England started to be taught and informed on a wider scale than before of the physical and psychic aspects of childbearing (Rich 1976). However, a more significant process of regaining women's bodies happened in the United States where people went a step further than the English. There were more deliveries accompanied by midwives rather than male obstetricians in depersonalized hospitals. Especially in the 1960s there were many publications about the advantages of home births, glamorized photographs of naked pregnant women and romanticized images of a woman as mother earth. It was also emphasized that the financial and psychological conditions in which the mother is functioning were important. American doctors claimed that if nothing was upsetting the mother - neither financial security nor bad relations with the father - she may have undergo labor almost without pain. The dark side of this little revolution was that the unfortunate aspects of childbearing were hidden. There was hardly any mention of malnutrition, absence of the father and the lack of adequate health care for everyone regardless of class and ethnicity. At this point in the United States "natural" childbirths where both women and a child were prepared to what was going to happen during the labor was mostly a middle-class phenomenon. On the surface, it appeared that women's labor became more and more the choice of the mother. However, together with the trend of "natural" almost

ecstatic childbearing came reluctance to anesthesia as such. The decision whether a woman should profit from such method depended solely on the doctor's opinion. There were two approaches: either completely anesthetize the women, which would make her unable to take part actively and remember this process, or claim that "real mothers" are those who experience labor with no anesthesia. Rich mentions her own experience along with providing stories of other mothers whom she interviewed, showing that at that time most women were stuck somewhere between trying to conform to those claims that it is the female role to suffer passively during the childbirth. In fact, none of them had a real sense of control over what was happening around them. It felt as if they were taken back to the nineteenth century again, but this time women were not only in the hands of male doctors, but also subject to medical technologies. They came a long way from childbearing with the help of an experienced midwife and support of other villagers, to a hierarchical environment present in hospitals that treated childbirth as an emergency and not as something natural. Women's bodies were fragmented from the mind. The priority was to get the child out of the mother, her mood and feelings were in the second place. The whole environment of the place in which women delivered their offspring changed completely. On the basis of this information, Rich coined a term an "alienated labor". As a classic example of such a labor she gives a situation where a women is lying "half awake in barred crib, in a labor room with other women moaning in a drugged condition, where 'no one comes' except to do the pelvic examination or to give an injection" (1976, 176). The feeling of being abandoned, but at the same time imprisoned, this powerlessness and depersonalization are the collective memories of women who gave birth in American hospitals. Are the things different in the 21st century? Undoubtedly, it depends on the region and particular situation, but if we speak about the United States I dare to say that women have experienced a great improvement in comparison to what they had to undergo in the past.

I visited a number of forums, blogs and government and NGO websites where women exchanged their views on particular hospitals, doctors or opinions about their childbirths. One such service is called Childbirth Connection, and it is an organization aiming to improve the quality of maternity care through research, education, advocacy and policy. They also promote safe, effective and satisfying evidence-based maternity care and speak up for the needs and interests of childbearing families. On the one hand, women have an abundance of information, but on the other many are only opinions of other women's personal experience. There were as many views as women who gave birth, most of them very positive. Here one of the mothers describes what her obstetrician said to her during the labor:

> no one gives you a special award for giving birth without drugs. I will never consciously allow something to happen in that delivery room that will harm you or your child. You don't even need to decide now. If you feel like you need an epidural or any other pain med, just ask. If you don't, that's fine too. She gave me permission to trust myself, trust her and not feel guilty for asking for drugs (Womb to Bloom).

Women who have access to Internet resources by typing "childbirth United States" into Google browser have access to a great deal of sources on every possible issue connected to pregnancy and childbearing. On the basis of other women's experience they can make their own choices. Womenshealth.gov is a website devoted largely to childbearing and pregnancy, with an accompanying Spanish-language version. On another blog, childbirth.blogspot.com, the author gathers information about practices in labor room. For example, currently in the United States there are Six Birth Practices that should be followed during a non-complicated childbirth:

> avoiding medically unnecessary induction of labor, allowing freedom of movement for the laboring woman, providing continuous labor support, avoiding routine interventions and restrictions, encouraging spontaneous pushing in nonsupine positions, and keeping mothers and babies together after birth without restrictions on breastfeeding - skin to skin (childbirth.blogspot.com).

Marsden Wagner, MD, former director of Women's & Children's Health for the World Health Organization, has a slightly different view on labor. In one of the interviews he went through the possible ways to induce labor up to 1990 with emphasis on the notion of medicalization of pregnancy processes. He concluded his speech with a statement that if a mother wants to have a "humanized birth the best thing to do is to get the hell out of the hospital" (youtube.com). He emphasized the fact that in European countries and Australia the mortality rate among newborns and their mothers is lower than in the United States. Wagner explains that one of the reasons for this is because of the help of midwives who attend 80% of all childbirths, whereas the doctors are there to take care of the small percent of cases with complications during the childbirth. According to him, this is the safest system in the whole world, and United States stands alone in having the second worst newborn death rate in the developed world.

It would be both impossible and illogical to enumerate all the material that appeared under the "childbirth" entry. What I wanted to illustrate is that as time passes, people are drawing conclusions from the past practices and trying to improve health care and the way

they assist labor. To conclude my discussion of this topic, I quote Adrienne Rich:

> The mother should be able to choose the means of conception (biological, artificial, or pathenogenic), the place of birth, her own style of giving birth, and her birth-attendants: midwife or doctors as she wishes, the man she trusts, women or men, friends or kin. (...) birth is not an isolated event (...) nor the "Amazon expedition" (1976, 184).

Surely, there is no one great vision or plan for such a procedure, but the fact that individuality is taken under consideration makes me think that we are going in the right direction.

2.5 The medicalization of sexuality

In the above subchapters, I presented the basic theoretical facts that concern visual culture, motherhood, pain and labor along with some empirical accounts from hospitals in America. Since representations of labor and pregnancy will be also one of the subjects of interest in the Third Chapter, I would now like to elaborate on the relatively new process of medicalizing sexuality and the medicalization of pregnancy.

Feminists have always been active in issues concerning women's sexuality. For years they have been expressing concern about the rapid changes in the field of reproduction, which have gradually been analyzed from different perspectives, including theoretical, historical and political. Some critics focus on motherhood as a patriarchal institution (Rich 1976) or on desires to control reproductive processes inside the female body (Firestone 1970). Franklin says that "to these and many other early feminist accounts of reproductive politics has since been added a substantial body of feminist analysis concerned specifically with the emergence of new reproductive technologies" (1976, 89). Before examining the most crucial themes, I would like to present a short historical background of the process of the medicalization of sexuality.

To begin with, there were different beliefs regarding how a woman got pregnant or why she was unable to have a baby. There is a large folklore abundant in many theories, for example, some Nordic tribes believed that the spirit of a child lives in the fruits from particular trees and near lakes or rivers. If a woman took a bath in one of these rivers or ate the fruit with a spirit child she got pregnant (Connell 2002). When it comes to infertility, for instance, Albert the Great was reported to believe that if a "woman spits three times into the mouth of the frog, she will be unable to conceive" (Connell 2002, 1). At the beginning,

people rarely linked women's reproduction with the sexual intercourse. Women were advised to wear animal's body parts in order to prevent pregnancy such as: cats' testicles in one's waist or uterus of lioness (Connell 2002). Different methods of contraception depended on the theory that prevailed in different countries and different times. In fact, all of the current methods of contraception had their precedents, for example, blocking the sperm from entering the uterus. Women from Australian tribes were inserting seaweed in their vaginas, today we have more elaborate ways to obstruct the passage of semen. The Aztecs made a special paste of honey and crushed herbs, whereas in Persia in the 10th century, rock salt was mixed with oil and used as pessary. Elisabeth B. Connell, the author of *The Contraception Sourcebook* (2002) claims that it is almost impossible to determine where and who used first condoms or other primitive forms of contraception, because various methods developed concurrently in different parts of the world. Condoms were used in ancient times, they even appear on some prehistoric drawings in caves. First condoms in China were made of oiled silk paper or from animal intestines. In ancient Egypt there were practices of removal of the ovaries or castration. Some methods were really drastic and caused serious injuries or event deaths.

With time all these practices were replaced with safer and more effective methods. In the 1640s, the oldest known condoms made of fish and animal intestines were discovered in England (Medicine Net). Although at that time they were used mainly to prevent infection with sexually transmitted diseases rather than contraception. Connell reports that a real breakthrough came with the discovery of sperm in seminal fluid in 1677 by Antonie van Leeuwenhoek. From this point, the methods of contraception started to be based mainly on medical and scientific discoveries, not folklore beliefs or suspicious and dangerous procedures. The process of medicalization of sexuality began. In 1844 Charles Goodyear patented the vulcanization of rubber and condoms started to be produced on a massive scale (Medicine Net).

However, the real development of oral contraception came at the beginning of the 20th century when two Australian scientists began to study female hormones and propounded a theory that some hormones could influence female fertility and birth control. Connell lists an American scientist, Russell E. Marker as a pioneer in the development of oral contraception. In 1942, investing his life savings, he found a plant (Maxican yam) and created a technique that enabled to extract huge amounts of progesterone, which later could be used in the production of oral contraception. Other important figures were Carl Djerassi who synthesized cortisone, Frank Colton who created the first orally active progrestational agent. In 1944, John Rock, the head of gynecology at Harvard University and Gregory Goodwin Pincus

reported that they made the first in-vitro fertilization and they continued to expand the research on oral contraception. Two women influenced the development of the contraceptive pill. The first was Margaret Sanger, an American nurse, sexual educator, birth control activist and the founder of the American Birth Control League. The second, Katherine McCormick a biologist, suffragist and philanthropist who provided funding for most research that enabled developing the first birth control pill. In 1951 Katherine McCormick sponsored Gregory Pincus's research on oral contraception. Pincus using synthetic progesterone from Syntex and Searle, finally managed to create the contraceptive pill. Finally, in 1955 the pill was proven to prevent ovulation on a group of women chosen by Pincus. He presented the findings at the Fifth Annual International Planned Parenthood League conference in Tokyo. The U.S Food and Drug Administration officially approved the Pill in the early 1960s and the wide use of this form of contraception was invented and popularized.

Since then, however, the contraceptive industry still managed to flourish as nothing was officially sold as contraception, but as "feminine hygiene products" (Medicine Net). In 1965, the Supreme Court of United States, ruled that a law prohibiting the use of contraceptives violated a citizen's "right to privacy". As late as 1972, unmarried couples got the right to use contraception (Connell 2002). In many countries oral contraceptives were available outside the traditional health care system, they were dispensed within communities by pharmacies and clinics. Thanks to this, women who had limited access to health care could use the pill. Such a strategy was also used in order to prevent women from having unwanted pregnancies and consequently getting an abortion. Connell gives an example of Sweden where in the 1970s, pregnant women could get a free and legal abortion before the eighteenth week of pregnancy. In order to decrease the number of abortions, contraception started to be available not only in medical centers, but almost everywhere. The result was that due to lack of good counseling, women frequently failed to take the pill effectively without receiving doctor's instructions. Similar concerns about the distribution of oral contraceptives without doctor's involvement were also in the United States. There were mainly two approaches. The enthusiasts of such a solution claimed that women, who were not included in the American health care system or did not want to undergo a medical examination before getting the prescription (e.g. teenagers having sex without parental consent), by having free and unlimited access to contraception, may reduce the abortion rate. On the other hand, the opponents gave the Swedish example, whereby a lack of good counseling destroyed the whole idea. Also, without a medical examination women could not judge whether or not they could take oral contraception which could lead to serious complications. By visiting a doctor,

women not only obtained the prescription for contraception, but also learnt how to examine their breasts, undergo a blood pressure examination, what definitely improved their health.

The wide use of oral contraception had an immense social impact. The most obvious advantage of this method was its effectiveness. Oral contraceptives are one of the most effective of all the developed contraceptive methods. Research conducted in 1995 shows that 86% of Canadian women and 80% of American women used the contraceptive pill (Connell 2002). The second significant advantage is the fact that women finally got control over their fertility. This changed the lives of many women enabling them to go to university, postpone the decision of motherhood and start a professional career. The third reason involves the comfort in using such a form of contraception. If a woman takes the pill there are no additional preparations preceding sexual intercourse. Sex became an expression of love or source of physical pleasure, no longer connected with procreation. Women were no longer living under the constant fear of unwanted pregnancy. However, there were also many negative reactions to this invention. The Roman Catholic Church preaches that any form of contraception disturbs the real purpose of sexual intercourse and union of two people. Such a statement caused many moral dilemmas in women's lives because at some point they have to choose between religion and contraception. In the 1970s there was a small backlash against the contraceptive pill since it was reported to cause some serious side effects including breast cancer (Dworkin 1976). The types of oral contraceptives that are available today differ from the ones available in the 1960s. As time passed, doctors discovered that the first oral contraceptives contained "four times as much estrogen and almost ten times as much progestin as the current preparations" (Connell 2002, 18). All in all, women in the 21st century are profiting from safe and modern contraception, based on many years of experience.

Medicalization of sexuality also involves medicalization of pregnancy and childbirth. This process started in the 19th century and still continues to the present day. In short, the very natural act of giving birth and being pregnant almost qualifies as illness that needs medical assistance, although for years women had been giving birth without doctors, but with midwives, other women and friends. The experience was transmitted informally and orally mainly by midwives who were considered very important people in some tribes and societies. Medicine was professionalized in the United States in the second half of the 18th century. On one hand, it was a positive change since the mortality rate among mothers and infants decreased, but on the other, already at the beginning of the 20th century midwifes attended only half of births in the whole country (Durgavich 2009). Another reason for such a decrease was the fact that in 1916 midwives had to have a license; they were now part of the state,

keepers of order, not part of the community. When the doctors started to assist the childbirth, women stopped viewing labor as part of nature, but rather as a dangerous process that evoked fear. Together with the development of medicine, alternative medicine therapies such as acupuncture, acupressure, relaxation techniques and many other, doctors also started working on solutions to control fertility. Not only did labor and pregnancy became more and more medicalized, but also the sexual intercourse itself. Apart from these new medications, the amount of equipment used in order to assist or monitor or female's body during pregnancy increased remarkably. The body started to be fragmented and women frequently were not perceived as a whole human being, but as a uterus on the screen. Women were shaved, partially covered so the doctor focused only on women's reproductive organs not on the human being as a whole. On the one hand it was necessary for doctors to focus on patient's health, on the other it depersonalized the patient and deprived her of individuality. In addition, in the past women gave birth standing or in a comfortable position, but at this point they were expected to lie on the bed, with their legs in the air. Such a position was comfortable for the doctor to sit in front of the patient or to connect her to special equipment, but women were forced to push against gravity which in turn prolonged the labor in pain. In the 1980s there were more and more fetal monitors, caesarean sections, ultrasound and any other forms of prenatal care which gradually caused women to be seen as a temporary "container" for the child. These inventions were created with the intention of helping and providing more professional care, but they started to separate the woman from her own body so that she became only the mother.

Medicalization of pregnancy does not only mean the wide use of sonograms and other devices to monitor pregnancy. The term also embraces such practices as: in vitro fertilization, artificial insemination and the availability of medicine that increases women's fertility. In vitro feritilzation is a process by which egg cells are fertilized by sperm outside the female body. The first conception that resulted in a healthy pregnancy took place in 1977 (bbc.news.co.uk). It was a significant step forward since it enabled conceiving babies outside sexual intercourse. It is a solution for the majority of fertility problems caused by low sperm count, advanced age of the mother or lack of ovulation. Artificial insemination is the injection of sperm into a female's reproductive tract not by sexual intercourse. The commercial use of artificial insemination on humans is recent 1930s and has remarkable influence of contemporary women. Nowadays, women do not have to be in a relationship in order to have a baby. They can be inseminated with sperm from a sperm donor and consciously become single mothers. For the moment, it is one of the options for same sex couples to experience

parenthood. All these accomplishments of contemporary medicine have enabled many females to have the child they have been dreaming about which undoubtedly constitutes a positive aspect of the medicalization of sexuality. I provided a very basic definition of these processes and skipped many aspects such as: moral and religious attitudes, legacy or statistics. However, as none of the girls from the analyzed series underwent such procedures I will proceed to other accomplishments of medicine that influenced to a greater extent those young girls' lives.

Now that I have presented the development of contraception together with its relation to medicine and to few other processes included in the phenomena of the medicalization of pregnancy, I would like to focus on women who, for various reasons, resign from motherhood. With the development of medicine women gained the option to terminate their pregnancies. Due to some historical facts concerning abortion which were presented in the first chapter, the following paragraph will only focus on selected practices of abortion throughout the ages Induced abortions already took place in ancient times (Rosen 1967). The techniques used were mainly consuming abortifacient herbs and more violent techniques such as applying abdominal pressure or using sharp devices. Women were also advised to carry heavy objects, jump and ride animals. The first records on abortion come from 12th century Japan (Rosen 1967). In England, during the early modern period women willing to terminate their pregnancies wore special bands and exercised intensively. In the 19th and 20th centuries, medicine started to develop intensively, especially in the field of surgery and anesthesia. One of the most popular and cheap methods of abortion was to inject water into the uterus and then flush it (Van de Warkle 1870). In the United States, this procedure at that moment in history started to be punishable and was seen as immoral. Abortion still carried a big risk of death or serious injury to the health of the mother. Currently, there are a few methods to terminate pregnancy. Medical abortion is a procedure that does not require surgery, but relies only on pharmaceutical drugs. Spitz et al. claims that if the medicine is used within 49 days from conception, around 92% of women will undergo a successful abortion without surgical intervention. The name for the "abortion pill" is mifepristone or RU-486. This method is successful at an early stage of pregnancy, women can make it at home and it gives them sense of control over their bodies. The remaining methods are the ones that require surgical intervention. In the first 12 weeks, the vacuum abortion or suction-aspiration technique is used, whereas from the 15th week until 26th dilatation and evacuation are used. Such procedures involve the opening of the uterus and emptying it using surgical instruments. Among other methods we can name premature delivery induced by prostaglandin, partial

birth abortion (banned in some US states due to the fact that it requires surgical decompression of fetus's head) or performed under general anesthesia a hysterotomy abortion (McGee &Merz 2008). If the abortion is performed by a skilled person and in a medical environment, it is a very safe procedure which carries small risk of health complications or death.

Reproductive rights and sexuality always caused heated debates. Abortion provokes the questions on people's system of values, attitude towards morality or ethics. The choice is always very personal and is influenced by religion, the material situation of women and the availability of abortion in her region. The ongoing discussion between the pro-life and pro-choice activists evolves around the arguments whether a fetus is in fact, a human being and abortion equals murder. The supporters of abortion claim that women have a right to chose whether they want to become a mother or not. However, undoubtedly, women became even more liberated when abortion became a relatively safe and available procedure. They no longer had to deal with the consequences of having unprotected sex or a failure in regular use of contraception. Whether such option is positive or negative is a very personal question and the answer is not universal to all women.

All said, it is hard to judge whether the medicalization of childbirth and pregnancy is a positive or negative phenomena. On the one hand, it provides many options for controlling women's sexual health and liberating them. On the other, some of the techniques used to help women, empowered them and reduced only to body parts. We can also ask the questions about the future. Currently scientists are working on how to design baby's sex or eliminate "bad" genes that carry serious dysfunctions and diseases from the fetus. Many moral and ethical questions emerge when it comes to the discussion about the progress of lexicalization of sexuality. Is it possible that in the future a woman's body will not be necessary to have a baby?

2.6 The Transparent Body

In our contemporary world people have many options for diagnosing illnesses and monitoring the development of abnormalities. The growing importance of medical equipment and imaging not only influences our personal and collective experiences of being ill, but also affects the way in which our bodies are depicted and perceived (van Dijck 2005). Van Dijck (2005) claims that in everyday life we treat these images of our own bones, teeth and

stomachs as something obvious and at the same time helpful and objective in terms of diagnosis. The author gives an example from his own experience, when the ultra-sound did not show the cause of pain in her stomach. She started to perceive the pain as non-significant and less important, because the examination had shown that there was no reason to worry. How many times have we experienced pain, yet when the X-ray did not reveal its source, we were close to denying the importance of our own feelings and experiences? People put a lot of trust into modern technologies because often medical images dominate our understanding and experiencing of our health issues. The body has become more visible, yet paradoxically people focus on the things technologies enable us to see, at the same time forgetting that they also have "less visible implications" (van Dijck 2005). To understand those implications it is crucial to move from the perspective of an individual unit to more general, cultural and historical context. At every stage in history there was a link between the medical imagining of the body and the equipment that enabled people to observe their bodies.

In the preface to the *Transparent Body - a Cultural Analysis of Medical Imaging* (2005), Jose van Dijck poses a question about the purpose of imaging technologies: a lot of technical tools have been used to visualize the interior of the body but has the body became more transparent? The transparent body was defined as "a cultural construct mediated by medical instruments, media technologies, artistic conventions, and social norms" (van Dijck 2005, 3). Bodies that have been objects of mediations are closely related to the idea of transparency. From a historical perspective, transparency was a proof of rationality and ongoing scientific progress and, above all, control exercised over the human body. Van Dijk emphasizes that the ideal of transparency is not only present within the borders of medical science, but it is a product of a specific culture that relies on flexibility, perfection and accuracy. The more equipment one uses, the more complicated the visual information becomes. Those complex insights aim to facilitate people's lives and allow for them to be cured more quickly and efficiently. Each new visualizing technology or solution is aimed to provide a better understanding of the interior of the body. However, very often those images expose people to complicated ethical and medical choices and dilemmas. For instance, the fact that a mother can see her unborn child may have an influence on her decision to have an abortion. Especially, opponents of abortion claim that if the mother sees and hears her baby's heart beating, she will understand that abortion is in fact, the murder of a living creature. The pro-choice activists see this argument as a completely unnecessary form of emotional blackmail. All in all, these are only images of screened bodies. However, those mediated bodies, according to van Dijck, are anything but transparent; in fact, they are complex cultural

objects that carry a lot of meaning. This mediation of human bodies is manifested by two types of technologies: medical imaging and media technologies (van Dijck 2005). Despite these medical tools, media technologies influence the idea of a transparent body. In mass media there are thousands of programs and images that show bodies in detail or like in *16 and Pregnant* play a huge part in the whole story. In contemporary society, anyone can witness the process of conception by simply switching on the Discovery Channel. As a result, we have an impression that there is nothing we can hide since the body is so easily accessible for public eye.

Van Dijck propounds a theory that a transparent body is a cultural construct that has been present for ages. Doctors were always trying to determine what was happening inside our bodies. In the past they had to cut up the body, but nowadays thanks to x-rays, ultrasounds and other inventions, they can easily see many details. Those practices are deeply rooted in our culture, since we got used to the fact that there is always an option of looking into our body. But have we thought about the consequences and implications of having "the transparent body"? And how is this transparency translated to the language of the media?

There are obvious differences between the cameras or, more generally, the equipment that is used in the medical environment and those used in the media. For example, both have different purposes, the gaze of the doctor differs from the gaze produced by a film crew. However, both technologies are technologies of representation. They offer ways in which people can access the interior of the body, hidden under the skin, tissues and blood vessels. Then, on the basis of this depiction, through created representations our knowledge and conceptualizations about the body emerge (van Dijck 2005). The clinical gaze influenced people's perception of the body and the way it should be treated in medicine. Van Dijck repeats another famous philosopher, Michel Foucault, in his claim that the human body became a "sites where organs and eyes meet" (van Dijck 2005,12). In other words, she meant that the medical and mechanical gaze is mediated by imaging technologies and is completely detached from the person examined. As an example she propounded the theory that people tend to attribute different feelings to ultrasound pictures outside and within the medical context. On television we see these images and types of examination and we have the impression that we know what they mean, for instance with ultrasound pictures that are most frequently associated with pregnancy. This abundance of connotations and denotations makes it almost impossible to distinguish medical from non-medical meanings.

What happens when the medical and media technologies of depiction are combined? Medical, or rather pseudo-medical, programs which aim to promote the imagery of different

technologies can be seen and interpreted from different points of view – everything depends on the viewer. Doctors are trained to decode the medical images and cure people on the basis of their interpretations, but viewers of medical television programs are, in most cases, not trained to derive a proper meaning from the medical, or combined medical and media apparatus (van Dijck 2005). Here, particularly deceiving, are television series, labeled as medical dramas. These are productions that focus around the events from a medical environment - emergency wards, hospitals, ambulance staff etc. The story line usually combines medical imagery and illnesses from real life with some fictional stories from a doctor's life. In my opinion, such series often exploit medical imagery because the less aware or experienced viewer may feel that he or she becomes exposed to situations from real hospital life, whereas in fact, the reality is somewhat different. Among the most popular medical drama series in the United States are: *House, M.D (*2004-present), *Grey's Anatomy* (2005- present), *ER* (1994- 2009)*, Medical Investigation* (2004-2005), *Chicago Hope* (1994-2000).

One has to remember that people who create movies and series are consciously manipulating or even exploiting the ambiguities of medical images in order to evoke certain emotions in the viewer. The viewer is caught between the "objective" but usually mysterious images generated by medical technologies, and the "subjective gaze" of the director (van Dijck 2005, 13). For example, during post-production, editors can add dramatic music as the patient is going through magnetic resonance therapy. From the viewer's perspective, it emphasizes the seriousness of the examination and the uncertainty about its results. Even if the audience is not sure what the procedure is about and what are its implications, on the basis of the atmosphere created by the music, from the close-up on a patient's face, they know that the patient's condition is serious. Such a strategy does not bring anything useful from the doctor's and patient's perspective. They do not hear the music or see each other's reactions. The doctor is focused on images from MRI (Magnetic Resonance Imaging) scans and its interpretation and the patient on fulfilling the doctor's instructions.

A transparency of the body is also manifested in medical television programming in a different way. Surgeons and doctors are depicted as almost God-like figures who always know what action to perform on a withered body (e.g. *ER*). Rarely do we see the focus on the patient, for doctors are normally at the center of the attention in the medical reality shows. In the long run, such strategies and positive depictions present in the media, are in the interest of the health sector which is represented almost as a charity institution where doctors are fully devoted to their duties rather than an industry (van Dijck 2005). This issue brought up by van

Dijck, is particularly interesting in the case of *16 and Pregnant* since the series at times presents childbirth as a surgical operation. The interpretation and depiction of medical images differ depending on whether they are included in a documentary, reality show or tutorial for medical students. The audience reacts differently when the disease is placed within some context, like for example, in *Mystery ER,* a show produced by *Discovery Health*. In this case, rare illnesses are presented by reconstruction of events, interviews with patients and their families. Apart from the description of a rare disease, the viewer is exposed to emotionally sensitive stories, which provoke empathy and compassion. Also, the main role in this series is taken by doctors who not only know how to solve the most complicated medical cases, but also genuinely care about patients' emotional state and pain.

Another question that emerges from the combination of medical and media cameras is whether people are aware of what is the limit in showing in television surgeries and interiors of our bodies, in other words, how to reconcile the desire to depict the procedure most accurately with images to explicit to be shown in the media. What about the privacy of the individual filmed and public taste? Van Dijck claims that representational technologies not only make us think about ethics, but also about the construction of norms and values. As an example he gives people exposed to a film about endoscopic operations on television. People are familiarized with the surgical gaze while redefining public standards of integrity and privacy. The same rule applies to movies about plastic and cosmetic surgery, where images of women's breasts enlarged with silicone are intertwined with happy and smiling people. "A transparent interior - medically translucent and endlessly modifiable - seems a sine qua for a perfect exterior" (van Dijck 2005, 14).

Another very important issue raised by van Dijck is the issue of responsibility. He asks questions like: who is responsible for the way in which operations are presented in the media? and why are certain medical images popularized in our everyday life? He suggests that this responsibility should be applied equally to the media producers and medical professionals. The latter should be more aware of the consequences of their actions being depicted by a camera crew. The former should remember that things that are happening in hospitals and in operating rooms gain different meanings when presented outside those environments. Such questions about responsibility are very important when we think about patients who are unable to speak for themselves, due to the fact that they are under the influence of anesthesia or they are unborn babies. Sometimes, on the screen one can see that a third party has an interest in a particular kind of representation. Here, I mean the medical institutions who care for their image in the media. This is why they want the hospitals to be represented as spotless

and friendly places, full of qualified doctors. Van Dijck appeals to every participant in the creation of such media-medical representations in order to find balance between political and economic reasons and the always vulnerable to unfair representations patient. Responsibility and respect are the key words here.

As far as depiction of sexuality and body interior is concerned, Emily Martin, provides a refreshing perspective on the implications of the depictions of female eggs and male sperm. Example from her research described in *The Egg and the Sperm: How Science Has Constructed a Romance Based on Stereotypical Male – Female Roles* (1991) addresses my concerns about responsibility that lies on the people who observe, film, document or describe various processes inside of human's body. The way they will interpret and choose to present certain images affects our attitudes, ways of thinking about, for instance, stereotypical viewing. Martin starts the analysis of male and women stereotypes from the very beginning that is from the examination of relation between egg and sperm. She states that the way in which the fertilization and its participants, that is the egg and sperm, is shown influences our perception of the process and thus results in emergence of stereotypes. Mostly, in many publications the egg used to be (and sometimes still is) described as a passive and inferior to the active sperm. Sperm acts as penetrator, invader or aggressor who survives all the hardships in order to reach the egg and fulfill the duty of fertilization. This pattern is often transmitted to the male and women relations. Thanks to this particular depiction men are seen as the ones who operate independently and are focused on their mission whereas females are just waiting for the males to act. Such strategy is not only unfair to the latest research showing that both parts are almost equally involved in the process of conception, but also it strongly influences the utmost importance of the male sperm, denying the same right to pride and glory to the egg. In fact the latest research revealed that "the egg selects an appropriate mate, prepares him for fusion, and then protects the resulting offspring from harm (Martin 1991, 497)". Why the truth is not shown explicitly in documentary movies or medical programs and imagining? Emily Martin encourages us to go beyond those depictions and discover how unfair and harmful they are. She claims that " we need to understand the way in which the cultural content in scientific descriptions changes as biological discoveries unfold, and whether that cultural content is solidly entrenched or easily changed (Martin 1991, 492)". In other words, stereotypes have been identified in our Western culture already at the level of sperm and eggs, what is more those patterns are copied to the way men are presented in general, not only in scientific context, but also in, for instance, movie industry. If it is true that "egg is not merely a large, yolk-filled sphere into which the sperm burrows to endow new

life and recent research suggests the almost heretical view that sperm and egg are mutually active partners" then why women are denied the right to be equally recognized in the process of fertilization (Martin 1991, 494)? Yet this is another way to limit the society by reinforcing the harmful cultural ideas around human body and referring to the social roles, patterns, expectations different according to the age, status and gender.

Chapter Three: Pain, motherhood and experience in *16 and Pregnant* and *Teen Mom*

In the following subchapter I would like to elaborate on Adrienne Rich's notions of pain, motherhood and the importance of experience in the MTV series *16 and Pregnant* and *Teen Mom*. I will conclude this chapter with a short analysis of how medical discourse is depicted in the two series and reflect on the educational value of each program.

This thesis is framed within gender studies and it is written from a feminist perspective. Chapter three to great extend is devoted to gender as a social rather than biological construct. The term „gender" was widley used after John Money made a distinction between the biological sex and gender as a role in 1955. Judith Butler in her most influencial book *Gender Trouble* (1990) goes a step fruther and states that „there is no gender identity behind the expressions of gender; identity is performatively constituted by the very "expressions" that are said to be its results" (1990, 25). Butler see gender as a performance, things one does rather than the universal definition of who one is.She also claims that people have desires originating from social norms, not personhood. It is worth keeping this definition in mind when reading about the gender roles in relation to teenage parents and social norms that influence their behavior.

3.1 Transition to motherhood

In the second chapter it was established that there are many kinds of pain and many reasons why a mother may feel pain. Having already separated physical pain as a part of labor and pain originating from fear, changes in their careless lives, loss of the mother's pre-pregnancy former lifestyle, here I would like to focus on the former dimension of pain because it is not as clear-cut as the physical pain.

Transformation into a mother means resigning and "saying goodbye" to the teenager's life. The formula of *16 and Pregnant* is schematic and remains constant across episodes. Using specific camera angles, the opening scenes show the girl as if she was not yet pregnant. Maci, the main focal point of the first episode, shares a passion for motorcycles, racing and other dangerous sports with her boyfriend, Ryan. She is depicted as active and sociable, but at the same time ambitious and successful at school. This image of careless teenage life is interrupted by always the same sentence "…but everything is going to change, because I am

pregnant." Later in the episode we learn that after giving birth to Bentley, Maci joins a local dance team, but after several weeks she quits, as she is unable to reconcile it with school and taking care of her son. Apart from dancing and riding dirt bikes, she has also had to quit her softball team. Her whole life must now conform to the fact that she is a mother, responsible for her child's financial and emotional stability. Being only sixteen, she is practically a child herself, she has to undergo the painful transition from childhood to adulthood and motherhood at the same time.

Although each story corresponds to many categories created within this chapter, I will try to select the most prevalent themes from every episode. In contrast to Maci, Farrah's main occupation was dating and worrying about her looks. Before giving birth to Sophia, Farrah claims that parenting cannot be as hard as it seems. By the end of the episode she says that having a baby requires "a lot more work" than she had ever imagined (Stay Teen- Farrah). Throughout the episode Farrah emphasized the things she could no longer do because of her pregnancy: she dropped out of school because of unpleasant rumors concerning her pregnancy, quit her cheerleading team, started to work and take care of her baby. She confesses that her life was not about "pillow fights, talking about boys, and baking cookies, but now it means something totally different" (Stay Teen- Farrah); instead, it is about struggling with the loss of her daughter's father in a car accident and an unstable relationship with her mother. By the end of the episode, Farrah says: "I can't believe it was only a few months ago that my biggest worry was how my hair looked" (Stay Teen- Farrah). Despite the visible longing for the life she used to have, Farrah is an example of a young woman having to deal with the reactions of public opinion. In secret, she told two close friends that she was pregnant, and one of the girls told everyone at school and the nightmare of gossiping began. The teenage years are also a period when people are looking for acceptance and a way to fit in among their peers. It must have been a traumatic experience for Farrah to deal with the lack of acceptance and gossip. Now being different from her peers, not only physically, but also mentally, she has started to undergo the process of transitioning into a mother. In a way she was stigmatized and excluded from her community because of her motherhood. As a result, she changed schools and graduated from a different high school.

Ebony, another teenager from the first season of *16 and Pregnant,* together with her fiancé was planning to join the military after finishing high school. Due to her unplanned pregnancy she could no longer be a member of Reserve Officers' Training Corps or join the Air Force because only one member of the family at a time (either mother or father) are allowed to join the military. Moreover, she could not graduate on time or even spend time

with her friends during prom night. Ebony concludes her episode by saying that being a mother "has changed my view of life" (Stay Teen-Ebony[3]). She later adds "you have to think about someone else before you think about yourself" (Stay Teen- Ebony). On the one hand, such statements inform young people about the tremendous changes in life connected to unplanned pregnancy, but on the other, they reinforce the myth of the mother who will endure and give up everything for the sake of her child. Also, most of the relationships, including Ebony's, are not partnerships, but instead seem to present an unequal and stereotypical division of roles. The decision about who, Ebony or her fiancé Josh, will join the Air Force was made almost automatically, as if it is the mother's obligation to give up on her dreams and become a stay-at-home mom. Another example of a painful transition from teenager into a mother was the fact that in general girls were growing up much quicker than their boyfriends. Right after the scene when Ebony discovered that it is Josh who will graduate on time and join the Air Force, she started to help him focus on his homework when he preferred to play with the cat. There were no arguments Ebony could use to convince Josh about the importance of him doing homework, studying, passing exams and as a consequence graduating, joining the military and earning money for their new family. He did not seem to feel the gravity of their situation. Ebony suffered not only because of having to relinquish her dreams, but also because she was hopeless to Josh's immature behavior. In both series girls were from different social backgrounds, classes and ethnicities. Thanks to this diversity, the audience can relate to the girl which seems to have the closest experience to the one's the audience has. For example, Ebony is of African-American origin, not a white, middle classed women, so young girls can relate not only to her age or family situation, but also to race. Although the girls from *16 and Pregnant* and *Teen Mom* represent various social backgrounds and ethnicities, the pain of motherhood remains the same.

Among the girls who took part in the program, there were some who decided to give their children up for adoption. They underwent the process of transformation from teenager to mother, but in the end they were not able to accept the idea of taking care of the baby for their entire life. It was emphasized many times that mothers who decide to give their children up for adoption are not worse than the ones who keep the baby. Such decisions, although painful, are normally caused by the belief that it will be better for the child to have a more stable family, rather than staying with their teenage, uneducated, poor mother. In the series there

[3] StayTeen.org. "Episode 4 "Ebony"." 16 and pregnant. http://www.stayteen.org/sites/default/files/discussion_guides/16-and-Pregnant-1-04-Ebony.pdf (accessed May 5, 2011).

were three girls who chose this option: Catelynn, whose story will be developed in the next subchapter, Lori and Ashley. They represent a small group since only approximately 2% of teenagers opt for adoption (Stay Teen- Catelynn[4]). Lori was adopted herself and wanted desperately not to do the same thing to her child. She also said to her adopted mother that the child is the only creature in the world that is related to her by blood, body and emotional bonds. Lori does not know her biological parents, so she wanted to create for her son a family she had never had. Unfortunately, her adoptive parents did not agree to helping her raise the baby. Additionally, Lori's boyfriend could not come up with a reasonable alternative, and they soon broke up. The process of giving her son up for adoption was extremely hard for Lori, especially since she knew what it was like to be adopted. In order to make the process more peaceful, the adoption agency proposed a special ceremony in which Lori would give her son to his new parents. The event enabled Lori to come to terms with the decision, say goodbye to the child and have peaceful memories of the moment. The scene of giving her son to his adoptive parents was truly moving because no one denied Lori the right to cry. She could openly deal with her pain.

The fact that motherhood sometimes means not being able to raise the baby is also obvious to Ashley. Her pregnancy was a result of accidental sexual intercourse with a boy she did not know. As a result, she faced the alternative of being a single, teen mother or giving her daughter, Callie, up for adoption. She was hesitatant even after the child was born and decided to take away her daughter from her aunt and uncle, who were the adoptive parents. After months of inner-struggle Ashley decided to let her mother's brother adopt Callie. Although it was an extremely painful process to put aside her own feelings and choose a better life for her daughter, Ashley does not regret the decision. Now she continues her education at a New York college. No words can describe the dilemmas both girls faced during the labor - whether to stay with the baby in the room or not, whether to hold it, see it or give it back right after the delivery. Adoption agencies suggest spending some time with the baby, profit from the three days of recovery after giving birth and say "hello" and "goodbye" to the child. Sometimes they perform a ceremony of "celebration of birth," like in Lori's case, to help the mother to deal with the loss. Both girls admitted that the decision was the hardest of their lives but they offered their children a better life instead of keeping the babies out of selfishness.

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[4] StayTeen.org. "Episode 6 "Catelynn".16 and pregnant. http://www.stayteen.org/sites/default/files/discussion_guides/16-and-Pregnant-1-06-Catelynn.pdf (accessed May, 3 2011)

As one of the last examples presented in this section I would like to present Janelle's and Amber's stories. They are probably the most rebellious mothers of Teen Mom 1 and Teen Mom 2, for they both tried to conform to the standards of the myth of the mother sacrificing herself for the child, but without a success.

Janelle is a high-school senior who likes to party above anything else. She got pregnant with her boyfriend, who in short time got arrested and was sent to jail for an extended period of time. Even though she would be a single mother, Janelle gives birth to their son, Jace, and continues the life she had before the baby. Jace spends most of the time with Janelle's mother. In the end the teenage mom signed over "primary legal custody and primary physical custody" of her 16-month-old son to her mother Barbara in June 2010, because she Janelle unable to be a mother. Janelle got into trouble with the police, was arrested several times for marijuana possession and fights with the ex-girlfriend of her current partner. The impression I got from this story was that Janelle completely rejected motherhood. Although at some point she tried to fulfill her maternal duties, she had no one to guide or support her emotionally. This teenage girl was left alone with the new situation and had no idea how to cope. She was criticized by everyone, including her peers, and she decided to start doing what she did best namely - partying.

Amber's reaction to motherhood and its influence on her life caused a rise in aggression towards her partner and constant maternal guilt. She asked herself questions: am I doing what is right for my daughter? am I doing enough? am I doing too much? In some way she illustrated the guilt of failing as a mother. Fear for the children is internalized by the institution of motherhood. She was luckier than Janelle since, thanks to the doctor's quick intervention of medicine, counseling and regular martial arts, she learned how to control her emotions by channeling her aggression through sports. Her condition is far from perfect, but she is trying to be a good mother since she was threatened that her baby, Leah, would be taken away from her. Both girls are often described as bad mothers on various forums. The type of motherhood they represent is seen as bad for the child. At the same time, there were very few comments concerning the babies' fathers. Rich emphasized the importance of having the help of friends and relatives. I am sure that if both girls got enough support and help, their lives would not be stigmatized in such extreme ways. On one of the websites devoted to women's history, I found a very relevant quote "the worker can unionize, go out on strike; mothers are divided from each other in homes, tied to their children by compassionate bonds; our wildcat strikes have most often taken the form of physical or mental breakdowns" (Women's History). Although the producers failed to represent all races

and ethnicities and neglected the issue of diversity, they managed to show the importance of the experience of motherhood. In general the series presented the reality in which the burden of parenting lies solely on women who become primarily responsible for taking care of the baby. The woman is the one who stays at home, but at the same time is the one that should have finances and who should have her partner under constant control. Rich (1976) once said that because of patriarchal perspective, a woman has to confront the requirements of being a "good mother". The description of “good mother” is usually defined by strict social norms. By emphasizing the changes in a young girl’s life, not in the lives of both parents, I believe *Teen Mom* and *16 and Pregnant* reinforce existing stereotypes of motherhood. Yet, the pain and experience of motherhood corresponded to Adrienne Rich’s theories, as well as to statistics and my own personal expectations.

It is impossible to generalize about the type of motherhood presented in the series since every situation is individual and definitions of motherhood by Hao overlap. I would say that all of the characters from 16 *and Pregnant*and *Teen Mom* have embodied different myths. To some extent, they all reflect the “resistant mother” paradigm. They all share and comment on their own experience with the view of preventing other young women to make the same mistakes as they have made. Every episode of 16 *and Pregnant* ends with a girl confessing what has changed in her life and her warning other adolescents. Also, during season finales, they were talking freely about the special bonds formed between the young women from the first season of *Teen Mom*. Maci and Farrah, both single mothers, claimed that they stay in touch and support each other. Jenelle, who in the end gave parental rights over her son to her mother and started to lead a separate life, reflects the myth of a “bad mother.” She enjoys her own life and sexuality and does not care about her baby. Yet, many women from both series belong to the category of a “good mother.” They sacrificed their careless lives, education, professional careers and slim silhouettes in order to be the best mothers, for instance, Maci, Farrah, Ebony and many others.

3.2 Painful relations with other people

Teenage motherhood to a great extent is a result of bad relationships within the family. One way to compensate for childhood pain and loss is through relationships. It is often just the continuation of a vicious circle, from falling into one painful relationship (or lack of relationship with an absent parent) to another unhealthy relation with partner. In this

subchapter I would like to present examples of painful relations with partners, mothers and fathers in *16 and Pregnant* and *Teen Mom*.In many cases the girl must have dealt with both harmful relations at the same time – troubled relationship with parents and partner, but for the sake of clarity of this thesis, I will choose only one painful relationship from one teenage mother.

The story of Maci, the girl who enjoyed extreme motor racing, was even more complicated due to the troublesome relationship with her boyfriend, Ryan. Ryan was Maci's first sexual partner and first serious relationship, so even without the baby she felt a unique connection and placed a lot of trust in him. Unfortunately, when the baby arrived, he focused on himself and left the girl alone to deal with the hardship of parenting. He had no idea how to change diapers or when to pick up Bentley from the daycare. Fulfilling parental duties is a full-time job and without help and support from the baby's father it is impossible to do anything else but take care of the baby. Such unequal distribution of parental roles corresponds to theories propounded in the second chapter. The mother is expected and even encouraged to sacrifice for her baby. Unlike men, she cannot escape being pregnant and stays connected to the baby for nine months and then often continues to be the person who spends the majority of time with the baby. Already at this stage she has to resign from many things. From the public's point of view, it would be more controversial for Maci to stop taking care of Bentley than it is for Ryan. Judging by the content on Internet forums, the audience makes allowances for him being young and overwhelmed with the situation, so to some extent he is justified in his actions. But what about Maci, why she has no choice when it comes to her free time and education? Why the burden of bringing up the child falls mainly on her?

When we look at the teenage mothers presented in the series, the overwhelming majority have no contact with their partners or have an unstable relationship with them. In the second season of *16 and Pregnant* Janelle, Nikkole, Valerie, Kailyn and Lizzie are no longer with their boyfriends because they did not feel responsible for the newborn, but they still have occasional contact for the babys' benefit. Leah, Megan, Ashley and Christina have no contact with their babies' fathers. Throughout the series Felicia, Emily, Aubrey and Megan seriously considered ending the relationship. Only Christina, Kayla, Nicole and Samantha plan or already are engaged to their boyfriends and will try to create a family. None of these situations is simple, and adolescent mothers are struggling with both the trivial and serious problems of everyday life.

Motherhood in *16 and Pregnant* and *Teen Mom* does not only mean a teenager becoming a mother. Both series draw our attention to troublesome relationships between

adolescent girls and their mothers and the absence of a father figure, also confirmed in the statistics presented in the first chapter. The most spectacular example of an unhealthy mother-daughter relationship are Catelynn's, Farrah's and Kailyn's stories.

Catelynn's mother is an emotionally unstable person, struggling with alcohol problems. Catelynn writes on her blog "I had a tough childhood but I've learned from my mother's mistakes and hope to do better things with my life" (Tyler and Catelynn[5]). Their relation got worse when Catelynn and her boyfriend Tyler decide to give their baby, Carly, up for adoption. Her mother and Catelynn's stepfather (who is also Tyler's father) did not support their decision and often made vulgar comments. Catelynn has to confront two sources of pain - the first connected to the process of adoption, and the second in the bad relationship with her mother. Later in *Teen Mom,* the audience learns that thanks to counseling, special weekend therapy with other teenagers who gave their children up for adoption and enormous support from her fiancé, Tyler, she has managed to come to terms with the fact that Carly is in the adoptive family. Unfortunately, she did not find stability in her relationship with her mother. She will likely struggle with this throughout her life.

Farrah's relationship to her mother and other members of her family was always full of misunderstandings that started long before she got pregnant. While watching a scene of an appointment with a midwife, Adrienne Rich's words came to my mind. She wrote that it is women's right to decide with whom and how she is going to give birth, but what if those supporters are not willing to help? During this visit to the doctor's office they discussed who is going to be present during the delivery. Farrah's mother and sister declared that they would not be there for Farrah, even though the baby's father was not going to be there either. Farrah was denied any help and support by the women closest to her, and not only in the labor room, but they also did not want to listen to the details concerning anesthesia and made Farrah talk with the nurse in private. She concluded by saying: "I hoped for more support from my family, I am scared to go through all this alone" (Stay Teen- Farrrah). Later in *Teen Mom* we learn that Farrah's mother tried to hit her and attacked her with a knife during one of their fights.

In contrast to Catelynn who could always count on her boyfriend and to Farrah who at least at the beginning could count on her parents for financial help, Kailyn's parents and boyfriend abandoned her. Her mother forced her to move out of their house, because her

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[5] Baltierra, Tyler, and Catelynn Lowell. "Welcome to Tylerandcatelynn.com." Welcome to Tylerandcatelynn.com. http://tylerandcatelynn.com/ (accessed May 5, 2011).

mother's new boyfriend did not accept Kailyn. Her father was not present in her life, even though she did try to reconnect with him. The situation forces her to move in with her boyfriend's parents and try to finish her education, get a job and provide a better life for her son. All relationships in her life are painful, but she said that the hardest was not being able to relate to her own parents. Both her mother and father have separate lives in different parts of the country and are not eager to help Kailyn. When time passed Kailyn developed a strong relationship with the mother of her ex-boyfriend. This unexpected turn in Kailyn's story gives hope to other abandoned teenage mothers. It also shows the power and unity that can connect two women. It was obvious for both of them that no one can replace Kailyn's mother, but it did not mean that she will struggle with everything all alone.

Farrah, Catelynn and Kailyn had to add to their painful experiences with being a mother a lack of support from their own mothers. These sorts of experiences play an important role in the series. Firstly, these girls are sharing with a large audience their experiences as mothers in order to warn their peers against the consequences of unwanted pregnancy. Secondly, all those experiences, such as pregnancy, childbearing, single parenthood and issues with their families, shaped their personalities. For example, Farrah from *16 and Pregnant* is a different person than Farrah from *Teen Mom*.Due to her bad experiences with her mother, she trusts only herself and is focused only on her own and Sophia's wellbeing. Farrah has moved out from her parents' home with Sophia and is financially independent. Although she finds time to work and study, she would undoubtedly be unable to afford such a standard of living without the money she received from participating in the series. But still, from the childish teenager who cared only about dating, she transformed into a responsible and mature mother. Catelynn and Tyler continued their education and started to learn to live without Carly. Kailyn discovered that there is someone she can always count on, and even though it is not her mother, she can get as much support from this woman as she needs. Most of the girls adapted to their new lives and became adult women, no longer being careless teenagers but young adults whose lives illustrate the famous proverb: what don't kill me makes me stronger.

3.3 The gaze, objectification and stereotypes

Before I will proceed to the analysis of the representations of medical discourse I would like to elaborate on: the gaze, objectification and stereotypes present in the series.

Even though Laura Mulvey wrote *Visual Pleasure and Narrative Cinema* in 1975, her theories are still relevant to the analysis of contemporary movies and series. In the theoretical chapter I focused on the fact that women's bodies are still objectified, show subordination in their behavior on the screen and are dominated by the male gaze. The paradox present in *16 and Pregnant* is that those young women were both at the same time active and passive. They were active because they had to fight for their rights (alimonies, education, financial stability etc.), but at the same time they were depicted as passive in comparison to males. It was clear that in the end they have less power than men since they can not detach from the baby and start doing things as if they were not expecting. I am aware of the consequences of such unfair and stereotypical depictions, but also in my eyes such strategy might be a conscious decision of the production crew. All in all, the program about teen and unwanted pregnancy is meant to inform about the consequences of unprotected sex. When we look at the statistics, most of teenage mothers in the future become single mothers. Maybe, by putting the emphasis on the unequal distribution of parental roles and the fact that in reality women are more likely than man to sacrifice their time, plans and life, the director wanted to warn young women before entering into such relation? On one hand, such simulation of events can influence teenage girls decisions, but on the other it reinforces the stereotype of a distant and not responsible for his actions men.

Objectification in more common understanding refers to the treatment of human being as a thing, forgetting about their autonomy and unique personality. In that sense, the majority of the girls are objectified by their partners. Before the pregnancy fathers of children perceived teen mothers as sexual objects, slim and attractive, temporary companions during restless nights of partying. Young women were the ones "to-be-looked-at". In the eyes of an average teenage boy from the series, a pregnant women is no longer sexually attractive and constitutes a source of problems not a source of pleasure. Those girls stopped to be a sign of prestige or adulthood within the peer group, but rather a sign of failure, a source of mockery. As a result, girls were treated as inferior to men in many ways. They were the ones who had to stay at home, whereas active men belonged to the public sphere and went to parties, social meetings or work outside their hometown. This was a prevalent pattern within the couples presented in *16 and Pregnant*. Situation changed slightly in *Teen Mom* especially in the first

season, which followed the lives of the chosen girls from *16 and Pregnant 1*. In *Teen Mom* a different kind of objectification came into the daylight, girls were not only objectified by their partners, but also they were observed through the male, objectifying gaze of a cameramen. The mothers chosen for the first season of *Teen Mom* were clearly the most attractive from all girls participating in the first season of *16 and Pregnant*. The cameras regularly accompanied them during their intensive sessions on the gym or beauty therapist. Now, they were not only attractive teenage girls, but mothers with perfect appearance. At some point, Farrah and Maci, were depicted as MILFs (acronym for "mother I'd like to fuck", used in slang) rather than teenage girls. My intention is not to say that a young mother cannot be attractive and that it is inappropriate for her to manifest her beauty, but I cannot conceive any reason for which she should be presented as sexual object especially in a program addressed at teenagers. It distorts the real image of how women's body changes after the childbirth and objectifies both the young girl and motherhood.

Emily Martin in her *The Egg and the Sperm: How Science Has Constructed a Romance Based on Stereotypical Male – Female Roles* (1991) pointed out that stereotypical depictions are present even when we speak about the egg and the sperm. Although in the series there were no images of fertilization, the stereotypes of female as passive creature or the one that entraps men and concieves the baby are still present in the series. Both are highly stereotypical viewings of female role. For example, some teenage boys from the series claimed that they feel trapped with the pregnancy as if they were not equaly contributing to the process of conception. At the same time, mostly they were the ones who were more sexual active in comparison to their partners.

3.4 Representation of medical discourse

In this subchapter I would like to reflect on the way in which labor, doctors and hospitals or, more generally, medical discourse was represented in *16 and Pregnant*. I will also touch upon the physical dimension of pain and ways to eliminate it.

Before proceeding to examples of representations of medical discourse and medicalization of pregnancy, I would like to draw attention to how women's bodies are treated in relation to pregnancy and what factors determine whether the girl is classified as being a good or bad mother. Appointments with doctors and nurses preceding the labor constituted a significant part of the series and caused a lot of mixed fillings in young mothers.

Even just going to the hospital and being in a medical environment was something that scared them. An issue raised by a nurse during one of such meetings was whether Farrah would breast-feed or not. She decided not to, and one of the reasons was the fear of having saggy breast. The nurse ignored Farrah's decision and tried to convince her that this is the best thing for the baby's health. There are two notions that emerge here. The first is that Farrah faces an absence of choice. She is bombarded with the nurse's arguments about the importance of breastfeeding, suggesting that it is not a wise choice not to breastfeed and that it might affect the baby negatively. Consequently, either Farrah agrees to breastfeed and is considered a "good mom," or she chooses not to and is a "bad mom" since she places more value on her breasts than on the baby's health. Here, the baby's health is more important than the mother's plans or decisions. This example illustrates Adrienne Rich's theories about motherhood. Secondly, this scene also emphasizes the juxtaposition of two words - being "sixteen"is having a desirable young and beautiful body, but at the same time being "pregnant"means having a body full of stretch marks, pain and saggy breasts. Most women regardless of age are concerned with how their bodies will change during pregnancy. Usually when they are older, more self-confident and have struggled with getting pregnant, they may be more likely than teenage girls to sacrifice their appearance. Adolescence is a period when young women are usually obsessed with their bodies and their imperfections. Those concerns are strengthened by pregnancy and should be treated with respect, for no one should force a girl to make a decision she is not willing to accept.

As an example of medicalization of pregnancy I would note the obstetrical sonography. It is a tool that allows the mother to see the child inside her, which affects one's attitude towards pregnancy. It was a significant event for both the adolescent girl and those who accompanied her. The girls usually went to the appointments with their mothers, fathers or partners and expressed disappointment when important people were not there to support them. Farrah did not know how to react to the sounds of Sophia's beating heart. She was clearly baffled, confused and happy at the same time, as if she could not believe that the sounds and images were coming from the inside of her body.

Another medical device that influenced mother's perceptions of the child was the cardiotocogram, a medical examination that provides both the recording of uterine contractions and fetal heart rate. The nurse became alarmed by the fact that Whitney's baby was not moving frequently enough and connected the girl to the cardiotocogram. Everyone was waiting for the results with great tension. They all had trust in the medical devices, and the outcome of this examination influenced their actions and moods more than Whitney's

words did. The machine became more reliable than the human being. Undoubtedly, new technologies, solutions to ease pain and experienced professionals are promoted in the series. Medicine is depicted as universal and always necessary way to reduce pain. None of the girls were encouraged to move or take a relaxing bath during labor. They were all lying in beds connected to monitors and drip-bags. Even though doctors are shown as prestigious and serious figures, the primary focus was always on the girl and her child. In the end, it is not important with whom, doctor or nurse, the girl spends more time, but whether she gets adequate help and support during labor.

A great deal of attention was devoted to the medicalization of sexuality and accomplishments of medicine, which liberated women from the fear of unwanted pregnancy. The first, was undoubtedly the invention of the contraceptive pill, the second was the availability of abortion, especially the non-surgical type. During the course of the series only one girl decided for an abortion. Markai got pregnant soon after giving birth to her first daughter, Za'karia. Markai and her boyfriend met in front of the cameras with Dr. Drew to discuss Marakai's decision. Although, unfortunately, I could not access this episode and consequently I cannot comment on the representation of those issues, I had to do justice to the program and mention the fact that abortion was not a taboo topic in *16 and Pregnant*. The contraceptive methods were not discussed in detail in any of the episodes. The information concerning different types of pregnancy prevention was scattered around the season and usually appeared in every episode, including the season finale with Dr. Drew. Every girl or every couple from the series shared what sort of contraceptives they used or failed to use. The majority of girls were inconsistent when using contraception or due to various beliefs (e.g. She does not believe she can get pregnant the first time she has sex) did not use condoms or pills. The importance of consistency in using contraception and the choice of a suitable contraceptive for each woman was emphasized by Dr. Drew in almost every interview he conducted in the first season.

Moving to a depiction of medical discourse in a more general sense, there was a separate appointment organized for Farrah so that she could come to the hospital to see the room in which she would be delivering her baby and have everything explained to her in detail. The room was cozy, with bright colors and a nice, clean bed different from ordinary hospital beds. Those scenes created a positive image of hospitals. Not only was the interior of the labor room pleasant, but also among the staff there were exceptionally nice people. Sometimes they even seemed to be more helpful and understanding than the girl's family. Moreover, when during her last scheduled appointment with a nurse, Whitney learns that

there might be something wrong with her baby. Even though she came with her mother and boyfriend, the nurse is the one hugging and comforting the girl. The medical personnel certainly had a "human face" in this series. In addition, such positive depictions may suggest that every girl will be treated like Farrah when it comes to giving birth. This illustrates van Dijck's (2005) theory analyzed in chapter two that such productions are in the interest of hospitals and other health institutions, which are represented almost as charity institutions rather than industries.

Whereas nurses assisted girls at all times, doctors entered the scene when their presence was necessary. Nurses conducted the ultra sonogram examinations, interviews and prepared the girl for labor. To some extent this stands in opposition to the statistics from the first chapter and statements that the role of the midwife and nurse is no longer significant nowadays. None of the girls decided to give birth at home, and they were all partially assisted by a midwife and then by an obstetrician. Based on the two seasons of *16 and Pregnant*,I think that midwives were at times more important and supportive than the doctors, since in contrast to doctors they stayed with the patient the entire time. However, Adrienne Rich's remark that doctors are seen almost as God-like figures who only 'perform' on the body is only partially true. On one hand, doctors appeared when the girl was in the last phase of delivery, or when something was wrong with the baby they were the ones who made decisions. Also, when the girl requested an epidural, a medicine used to ease pain during labor, the storyline is always interrupted by a definition of epidural. During Whitney's labor an anesthesiologist came to the room completely covered in a green uniform, as if he was a soldier on a special mission or like a savior who would give her an injection to reduce the pain. On the other hand, they explained step by step all the details of certain procedures and what they were doing before administering the injection. They maintained some contact with the girls and were not the main actors of the scene performing on their bodies. But the moment they appeared, everyone knew that someone important had entered the room.

I have already commented on the depiction of doctors, hospitals and medical appointments. Now, I would like to elaborate on the issue of physical pain, how it is approached in the medical environment and how young girls' experiences are represented in the series. The issue of physical pain was treated seriously during the appointments preceding childbirth. During an appointment with the nurse, Whitney was asked questions about how her pain tolerance and her reactions to pain. When she admitted that she "cries like a baby" and has a low tolerance to pain, the nurse assured her that she will get anesthesia if she feels it is necessary. All girls from both seasons of *16 and Pregnant* took medicine to ease pain

during delivery. Every girl narrates her own episode. The voice-over commentaries added post factum intertwine with the spontaneous screams of suffering. Whitney described her pain as the worst experience of her life, adding that she has never suffered so much. Even though the girls got anesthesia, they experienced a lot of pain. The audience witnessed their physical pain and suffering at every stage of childbirth and before.

There were two main ways in which childbirth was depicted. First, like in Farrah's story, the whole childbirth was filmed and the audience was informed about the hours the girl spent in labor. The camera focused on Farrah's face and the words she uttered in desperation to get any help to reduce her pain. The audience could also see exactly the position in which Farrah was asked to give birth. She was lying on her back with legs spread wide and lifted in the air. Farrah's labor was one of the most detailed accounts of what was happening in the labor room. Before the final phase of labor the camera focused mainly on Farrah's facial expressions. When the baby's head appeared the scene was shown from the back of Farrah's head. The audience could see the baby and bodily fluids from her perspective. The depiction of Whitney's labor differed from what was shown in Farrah's episode. At the beginning, the camera focused on her face full of tears and the pain she was clearly going through. Later when the labor was getting more advanced her story was shown as single-camera shots with her commentary. This was in part because she had to undergo a caesarian section and could not comment on the spot, but it could also have been her own decision not to document everything from her labor. In other episodes, natural childbearing was sometimes shown explicitly, but in other cases the whole process was quickly shown in separate photographs. It is difficult to determine whether this was due to the girls' preferences and requests or techniques used to diversify the depiction of the repeated event.

These techniques made me think of privacy and vulnerability to the camera's eye. During her childbirth Farrah kept repeating that she feels ashamed to be in such a position with her legs spread in front of other people. The doctor tries to comfort her by saying with a smile that now she can put her modesty aside and, instead of focusing on her shame, she should focus on pushing. Her fears were normal because she was no longer deciding who has access to her body's intimacy and privacy. She was the body that delivers the child. In that sense she was vulnerable, but the combination of medical and media cameras provokes a number of questions raised in previous chapters. For instance, do these people have any influence on how they are filmed and what is shown to the public? What is the boundary of showing medical procedures and operations? What rights to privacy do people who are filmed have? Some of these questions remain unanswered. It is impossible to determine to what

extent girls were involved in the process of editing and producing their episodes. Also, none of the series' creators will admit that some scenes were staged. However, the girls decided not only to show their bodies, but also their not-so-ideal families, financial situations, boyfriends, etc. In the end they are deprived of every aspect of their privacy, but maybe this was the price of signing the contract? In browsing through various forums and articles on the Internet that would answer my questions, I did not find any comments that discussed the amount of nudity or intimate details shown in any of the series. The accusations mainly concerned the core idea of the show and its influence on young people, not the way the girls' bodies were depicted during labor.

3.5 Educational value

In the first chapter the various programs and techniques to prevent teenagers from getting pregnant were presented. Those were mainly interactive websites that contained useful information on contraception, instructions on what to do when the teenager is already pregnant or stories of teen mothers. These are all part of *16 and Pregnant* and *Teen Mom*.The question then becomes: can we treat these programs as a new way of preventing teen pregnancy?

The key argument in heated debates concerning the relevance and the aim of broadcasting of such programs on a popular television channel is that this is one of the ways to prevent teenage pregnancies. Teenagers can learn from the experiences of their peers. Nowadays, the media have a great influence on teenagers, particularly television channels like MTV, since adolescents spend so much time in front of the computer or television listening to music and watching various programs. Undoubtedly the worldwide audience watching this channel is large, and it is possible to address many important issues via this mode of communication. MTV decided to launch a program that shows the truth about early parenting. From a psychological point of view, teenagers, although aware of the gravity of situation, might not relate their own actions to what is happening on the screen, thinking, "it can never happen to me." This mode of thinking is typical for young people. Also, in the second chapter I pointed out the controversies around both reality shows. On the surface, this program is a form of prevention, but in fact the message it creates might be different. There are accusations that the series glamorize teenage pregnancies and that the girls who took part in the show are treated like celebrities. Their pictures constantly appear in tabloids, which can have a

demoralizing effect on other teenagers who may think that it is possible to start a career thanks to the bad choices made in their teenage years.

There are as many answers about the educational value and real purpose of broadcasting such series as there are viewers. Ultimately, I perceive the series, *16 and Pregnant* and *Teen Mom* as new, risky and innovative way of preventing unwanted pregnancies. Both are reality shows that portray the lives of young teenage girls and their families before and after childbearing. Since being broadcast on MTV, an international television for young people, many young people can observe the consequences of unwanted pregnancies at a young age. Additionally, at the end of every season there were final interviews with participants conducted by a professional counsellor who summarized the series with useful tips, links to websites and addresses for supportive institutions. Not every parent is willing to talk with their child about contraception and the risks of early pregnancy, which is why sometimes the information shown on MTV might be the only ones a teenager gets. There is no guarantee that it will save her or him from unwanted pregnancy. We might argue whether those representations are the most relevant to real life or not, or whether they make celebrities of teenagers who became sexually active too early, but the aim was to show the hardships and long-term consequences of early parenting and possible ways to prevent pregnancy and, in my opinion, that worked well. It cannot be the only way to prevent pregnancy, but it can be one of the weapons for bettering the sexual health of teenagers.

Conclusions

The thesis was meant to describe and analyse the representations of teenage pregnancies in American popular visual culture on the basis of the series *16 and Pregnant* and *Teen Mom*.

United States has the highest rate of teenage pregnancies among the countries of the developed world. There are many reasons for such a situation. Although American teenagers are sexually active, paradoxically they do not have sufficient knowledge on sexuality or access to contraception. Also, they might not be able to afford to buy condoms or pills for every intercourse. Teenagers rarely ponder about the consequences of unprotected sexual intercourse since they think that nothing like that can happen to them. Very often they come from broken families who have a long history of teenage pregnancies. There are number of organizations that collect data on teenager pregnancies and early parenthood and launch programs that help to deal with this problem. The famous television channel, MTV, created the series that depicts how the life changes when the baby arrives too early. The scoope of my interest was to determine whether this series have educational value,if so in what way, and how pain experience and motherhood are represented in the stories. Also, what happens when medical and medial cameras mediate the meaning?

Adolescent pregnant girls from *16 and Pregnant* and *Teen Mom* are presented through their pain and experience of being a mother. In every episode the audience sees that pain experienced by the mother is not only physical, but also emotional. Young mothers have to struggle with rocky relationships, absent fathers and unstable mothers. They also have to find the way to earn money to support their children and graduate from high school. It is always a difficult process to 'say goodbye' to the life the women used to lead before the pregnancy and becoming a mother. The series depict different types of motherhood: the majority represents a myth of the mother that sacrifices their future plans and lives for the sake of their children, some of them are opting for adoption, others are rebellious mothers who are not able to take the responsibility for their baby.

The fact whether *16 and Pregnant* and *Teen Mom* can be treated as a new way to educate young people and prevent them from starting their sexual life early, is a matter of personal beliefs. Although those representations are far from being perfect, it might be a new innovative way to reach adolescents in their homes and at least make them aware of the problem. It can also be a good occasion for parents to start talking with their children about

things they have seen and what they can do not to repeat their mistakes.

It is obvious that my thesis did not answer all the question connected to the representations of teenage pregnancies. It still leaves many options for further research. What might be particularly interesting, but at the same time requires a solid research, is the connection between the drop of the rate of teenage pregnancies and the influence of the program.

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Summary in Polish

Studia poświęcone kulturze wizualnej obejmują wiele nauk takich jak kulturoznawstwo, filozofia, antropologia i komunikacja społeczna. Zakładajęone, że współczesna kultura zbudowana jest na obrazach dostępnych współczesnemu człowiekowi dzięki fotografiom, telewizji a przede wszystkim nowoczesnym technologiom, takim jak Internet. To obrazy, a nie słowa, konstruuja i reprezentuja rzeczywistość, systemy znaczeń, wydarzenia i fenomeny społeczne jak np. przedwczesne macierzyństwo.

Celem niniejszej pracy magisterskiej jest pokazanie na przykładzie popularnego serialu *16 and pregnant* oraz *Teen Mom,* w jaki sposób przedstawiane sa nastoletnie matki w amerykańskiej kulturze wizualnej. W Stanach Zjednoczonych, spośród wszystkich krajów rozwinietych, odnotowuje się największy odsetek nastoletnich matek. Jedna z aktywnych form zapobiegania kolejnym ciążom jest tworzenie programów typu *reality show*, które maja za zadanie pokazać młodzieży, jak w rzeczywistości wygląda zajmowanie sie małym dzieckiem, gdy samemu nie jest się jeszcze samodzielnym. Twórcy tych programów, posługując sie obrazem, nawiązujądo teorii Adrienne Rich traktujących o bólu zwiazanym z wydawaniem na świat i wychowywaniem potomstwa. Przedmiotem zainteresowania autorki niniejszej pracy są szczególnie sposoby pokazywania bólu fizycznego i psychicznego. Autorka stawia pytania o granice ludzkiej prywatności, odpowiedzialność w pokazywaniu intymnych scen z życia młodych ludzi. Znaczna część pracy poświecona jest tematom wzbudzającym skrajne emocje takim jak antykoncepcja wśród młodziezy, aborcja i adopcja.

Pierwszy rozdział pracy poświecony jest dogłębnej analizie statystyk i opracowań, dotyczacych nastoletnich ciążw Stanach Zjednoczonych. Przedstawia on historyczne spojrzenie na ten fenomen, opisuje organizacje zajmujące sie praca z nastolatkami i prewencją.Rozdział drugi koncentruje sie na teoriach reprezentacji Stuarta Hall'a, medykalizacji ludzkiej seksualności Jose van Dijck'a i feministycznych teoriach traktujących o bólu i macierzyństwie autorstwa Adrienne Rich.

Rozdział trzeci łączy najważniejsze spostrzeżenia z dwóch poprzednich rozdziałów i odnosi je do konkretnych sytuacji z odcinków *16 and Pregnant* and *Teen Mom*. Autorka przedstawia przykłady obrazów bólu zwiazanego z wczesnym macierzyństwem i wyrzeczeniami związanymi z ciążą. Przygląda sie sposobowi przedstawiania najnowszych zdobyczy technologii, służących do monitorowania ciąży i kontrolowania kobiecej seksualności.

Ostatnia część pracy to podsumowanie i wnioski, będące próba ukazania mozliwości kontynuowania badań na temat nastoletnich ciąż.