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Sarah J. Reed

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THE PREGNANCY EXPERIENCES AND MOTIVATIONS OF YOUNG, BLACK WOMEN WHO HAVE SEX WITH WOMEN

By

Sarah J. Reed

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Abstract

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By

Sarah J. Reed

Studies have found that young women who have sex with women (YWSW) are disproportionately likely to experience adolescent pregnancy, repeat pregnancy, and parenting; however, there has yet to be a qualitative examination of the procreational experiences and attitudes of YWSW (Blake, Ledsky, Lehman, Goodenow, Sawyer & Hack, 2001; Goodenow, Szalacha, Robin, & Westheimer 2008; Saewyc, Bearinger, Blum & Resnick, 1999; Saewyc, Taylor, Homma & Ogilvie, 2008; Reis & Saewyc, 1999). This purpose of this study was to explore the pregnancy experiences and fertility attitudes of Black YWSW and the ways in which gender identity may affect desire for and attitudes towards pregnancy and parenting. Modified grounded theory (Strauss & Corbin, 1998) was used to conduct an analysis of interviews (N=14) with Black YWSW, ages 16 to 24. Analysis indicated that pregnancy and parenting have profound implications for the sexual and gender(ed) identities of Black YWSW because of the lesbian community discourse which relegates appropriate motherhood. The ways in which identity is negotiated and contested vis-à-vis pregnancy and parenting is considered in regards to heterosexual immersion, social valorization theory, and social identity theory.

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Overview

According to the Alan Guttmacher Institute (2006), 11% of all births in the United States are to teenagers and each year, approximately 750,000 girls between the ages of 15 and 19 become pregnant. Rates of adolescent pregnancy and childbirth have greatly declined since the 1990s, yet recent evidence suggests that, for the first time in 14 years, the annual downward trend in the adolescent birth rate has ceased (National Center for Health Statistics [NCHS], 2007). The Center for Disease Control's (CDC) NCHS reported that between 2005 and 2006, the last years for which nationally representative longitudinal data are available, the teenage birth rate rose 3%, increasing from 40.5 live births per 1,000 females in 2005 to 41.9 births per 1,000 females in 2006.

Demographic Factors Affecting Teenage Pregnancy

In addition to psycho-social and psycho-sexual variables, research on the risk factors that contribute to teenage pregnancy and childbearing has found that the teenage pregnancy rate tends to vary by age, race, socioeconomic status, and sexual orientation. Relatively consistent and credible sources suggest that the prototypic teenage mother is Black, urban, poor, and in her late teens. Recent research also shows that self-identified bisexual and lesbian adolescents (here after referred to as young women who have sex with women or YWSW) are also disproportionately likely to experience teenage pregnancy and childbirth.

Age

The teenage pregnancy rate varies with age, with a rate more than twice as high for older teenagers, ages 18 to 19, as for younger teenagers, ages 15 to 17 (Guttmacher Institute, 2006). Results from the National Survey for Family Growth (2006) showed that in 2004, the birth rate (per 1,000 females) was 2 for females under age 15, 42 for females ages 15-17 and 119 for females ages 18-19. Annually, there is consistently two to three times the number of pregnancies (as well as births) to older teenagers. This age difference makes intuitive sense, as older teenagers are more likely to have made their sexual debut and to have had (on average) more sexual intercourse occurrences.

Race/Ethnicity

Teenage pregnancy also disproportionately affects some racial/ethnic groups. Despite drastic declines in pregnancy and birth rates among Black adolescents, they are still consistently two to three times more likely to become a teenage mother than non-Hispanic White girls (Guttmacher Institute, 2006). The Hispanic teenage pregnancy rate (131 per 1,000 females aged 15-19) is not far behind Black (134 per 1,000) females (Guttmacher, Institute, 2006). Furthermore, Hispanic and Black teenage mothers are almost twice as likely as White females to experience a second birth. According to NCHS (2007), in 2006 the largest increase in teenage births was found among Black adolescents (5%) while rates for Hispanic (2%) and non-Hispanic White teenagers (3%) were slightly lower.

The 2007 Youth Risk Behavior Surveillance System (YRBSS) substantiates these racial discrepancies in pregnancy and birth rates; Black adolescents were more likely than

those of other racial groups to be currently sexually active, to have ever had sexual intercourse, to have had sexual intercourse prior to age 13, and to have had four or more sexual intercourse partners during their life (Eaton et al., 2007). While Black females were more likely than females of other racial groups to use a condom during intercourse, they were also significantly less likely than White females to have used birth control pills (Eaton et al., 2007). Perhaps the difference in contraceptive choices is due to heightened concern in the Black community with HIV/AIDS and to less of a tolerance of adolescent pregnancy among non-Hispanic White communities. Alternatively, condoms are more economical and accessible.

Socioeconomic Status

Over three fourths of teenagers giving birth are from low-income families (Clement, 2003). As the majority of teenage mothers never obtain a high school degree and tend to have low incomes, teenage mothers and their children tend to remain impoverished (Furstenburg, 2007; Musick, 1993). Children of teenage mothers are more likely to become teenage parents as well (Clement, 2003; East, Reyes, & Horn, 2007; Furstenburg, 2007; Musick, 1993). Moreover, approximately one third of teenage mothers become pregnant again within 2 years (Clement, 2003). There is a cyclical process between adolescent parenting and poverty.

Adolescent pregnancy expert Judith Musick (1993) in *Young, Poor, and Pregnant* argues that poverty is more influential than is race or ethnicity in determining the likelihood of teenage pregnancy. She points out that six out of every seven teenage mothers lived in poverty before becoming pregnant. After conducting qualitative analyses

of the diaries of urban teenage mothers, Musick concluded that early childhood sexuality, pregnancy, and childbearing contribute to, as well as are consequences of, the feminization of poverty.

Sexual Orientation

YWSW are more likely than heterosexuals to experience pregnancy, child birth, and multiple pregnancies. Five of seven published studies examining sexual orientation as a demographic variable affecting teenage pregnancy have found that YWSW are at least twice as likely to experience pregnancy (Blake, Ledsky, Lehman, Goodenow, Sawyer & Hack, 2001; Goodenow, Szalacha, Robin, & Westheimer 2008; Saewyc, Bearinger, Blum & Resnick, 1999; Saewyc, Skay, Bearinger, Blum, & Resnick, 1998; Saewyc, Taylor, Homma & Ogilvie, 2008; Reis & Saewyc, 1999; Whitbeck & Hoyt, 1999). As is the case with other sexual risks such as HIV/AIDS, few studies among women and girls have focused on the relationship between sexual orientation and pregnancy; to date, there have been no published, qualitative explorations of the context and meaning of pregnancy and childbearing in the YWSW population. This study examines the pregnancy histories, meanings, and attitudes of a group of young women likely to experience adolescent pregnancy: urban, Black YWSW.

Literature Review

Heterosexual Sex, Sexual Abuse and YWSW

As discovered by Klein and the Committee on Adolescence (2005), the risk of adolescent pregnancy increases with earlier sexual debut, more frequent sexual intercourse, more sex partners, and ineffective or inconsistent contraceptive use during intercourse. Ample evidence suggests YWSW may be at exacerbated risk because they are disproportionately likely to engage in the aforementioned sexual behaviors.

For example, Goodenow et al. (2008) in their analysis of HIV risk behaviors among YWSW found that self-identified lesbian and bisexual youth were more likely than female heterosexuals to have even engaged in sexual intercourse and to have used alcohol/drugs at last sexual intercourse; sexual minority women were also more than twice as likely to have had sex before age 13, more than 4 lifetime sexual intercourse partners, and more than 2 partners in the previous 3 months.

In a study focusing on lesbian and bisexual females, YWSW were less likely to use condoms consistently, more likely to have frequent intercourse (e.g., once daily or multiple times a week) and more likely to use withdrawal as means of contraception/STI prevention as compared to heterosexual youth (Saewyc et al., 1999). Bisexual and lesbian youth were also just as likely as heterosexual students to have had penile-vaginal intercourse and were more likely to have done so prior to age 14 (Saewyc et al., 1999). Additionally, Cochran, Stewart, Ginzler, and Cauce (2002), in their comparison of LGBT homeless youth with their heterosexual counterparts, found homeless LGBT youth had

opposite-sex intercourse at an earlier age, had almost twice the number of lifetime sexual partners, and were less likely to use contraception.

In a longitudinal trend study, Rosario, Schrimshaw, Hunter & Levy-Warren (2009) examined the sexual milestones and the coming out process for YWSW (ages 14-21) and found significant behavioral differences based on gender identity. In interviewing 76 young women using the Sexual Risk Behavior Assessment (SERBAS) for LGB youth, they found that participants who self-identified as femmes (i.e., considered traditionally feminine) had more lifetime male sexual encounters and sexual partners than butch (i.e., considered traditionally masculine) identified participants. However, butch participants were often younger at first sexual encounter with a male (this difference between femmes and butches was not significant; $p = .06$). Thus, gender identity, in addition to sexual orientation, may complicate studies of sexual risk behaviors and motivations.

YWSW may engage in sex with males before, during, or after their identification as a sexual minority (indeed, they may not even identify as a sexual minority). They may engage in penile-vaginal intercourse as a means of sexual exploration, engage in survival sex, or have been sexually abused. Studies have found that sexual and physical abuse are among the most powerful predictors of youth risk behaviors such as substance abuse, suicide attempts, running away, and teenage pregnancy; there is a higher prevalence of these risk behaviors among LGBT youth, with many studies also reporting higher rates of physical and sexual abuse (Cochran et al., 2002; Hershberger & D'Augelli, 1995; Rotheram-Borus, Marelich, & Srinivasan, 1999; Saewyc et al., 1999; Saewyc et al., 2005). Saewyc et al. (2006) found that lesbian and bisexual girls were more likely to report sexual abuse than were gay or bisexual males or heterosexuals of either sex.

Cochran et al. (2002), in their study of the mental and physical health of homeless adolescents, found LGBT youth were more often sexually victimized and more likely to be re-victimized. In an examination of sexual abuse in an adult population, Balsam, Rothblum, and Beauchaine (2005) compared lifetime sexual abuse rates of heterosexual and homosexual siblings in order to control for environment. LGB participants reported more physical abuse, childhood sexual abuse, and sexual assaults during adulthood; over 40% of lesbian and bisexual siblings reported a history of childhood sexual abuse. Bisexually active men and women were more likely to report forcible penile-vaginal intercourse and non-intercourse sexual coercion than were lesbian or gay male participants (Balsam et al., 2005).

Saewyc et al. (2006) in an exploration of the link between HIV risk behaviors, sexual orientation, and sexual abuse analyzed 5 school-based surveys in a sample of over 800,000 students. HIV risk behaviors -which were also noted by Klein to be predictors of adolescent pregnancy (e.g., age at sexual debut, condom use, number of sex partners) - were more prevalent among lesbian and bisexual adolescents than heterosexuals; however, results were also analyzed in terms of sexual abuse history in order to control for significant overlap between sexual victimization and sexual minority identity. When the girls' HIV risk score was adjusted for age and sexual abuse, sexual abuse accounted for more of the variance in HIV risk behavior than did sexual orientation. Regardless of sexual orientation, sexual health risks are thus exacerbated by a history of sexual abuse. YWSW engage in more sexual risk behaviors and are more likely to have a history of sexual abuse; thus, it is not surprising that they are more likely to experience pregnancy.

Pregnancy and YWSW

Studies conducted about adolescent pregnancy among YWSW have been, for the most part, descriptive school-based population studies. In an analysis of eight population based surveys, in which over 83,000 youth participated, The Safe Schools Coalition found LGB youth were two times as likely to be pregnant or to have gotten someone pregnant (in the case of males), two times as likely to report ever having been pregnant, and two times as likely to be a teenage parent as compared to their heterosexual peers (Reis & Saewyc, 1999). These results are consistent with Saewyc's secondary analysis of the 1986 Minnesota Adolescent Health Survey (a self-report survey) where she found that female adolescents (aged 12-19) who identified as bisexual or lesbian were more than twice as likely as heterosexuals to report ever having been pregnant and almost three times as likely to have had two or more pregnancies (Saewyc et al., 1999).

Blake et al. (2001) conducted a secondary analysis of the 1995 Massachusetts Risk Behavior Survey - which obtained representative self-report data from students in grades 9 through 12 - in order to compare sexual risk behaviors of LGB and heterosexual adolescents. They found that LGB adolescents reported more high-risk sexual behaviors (e.g., more lifetime and recent sexual partners, alcohol use associated with sex, younger age of first sexual intercourse), yet LGB youth exposed to gay-sensitive and HIV prevention curriculums reported significantly fewer high-risk sexual behaviors. Overall, LGB youth were more than twice as likely to report having been pregnant or having impregnated someone as were heterosexual students. This study did not analyze YWSW compared to heterosexual; however, rather than solely using sexual orientation label (i.e., sexual identity) to classify youths as LGB, Blake et al. (2001) took into account same-sex

sexual behavior. This addition is important because self-identification and behavior are often incongruent and using self-identification (which fluctuates) may underestimate those at heightened sexual risk (Remafedi, Resnick, Blum, & Harris, 1992).

More recently, analysis of four successive waves (1995, 1997, 1999, and 2001) of data from the Massachusetts Youth Risk Behavior Survey, found that amongst high school females, almost one-fourth who identified as lesbian or bisexual have been pregnant at least once; again YWSW were more than twice as likely as their heterosexual peers to report having been pregnant (Goodenow et al., 2008). The most recent study to consider sexual orientation in regards to pregnancy was a secondary analysis of the BC (British Columbia) Adolescent Health Survey, a cluster-stratified random survey of students enrolled in public schools in grades 7 through 12 (Saewyc, et al., 2008). Self-report data were collected from over 70,000 students in 1992, 1998, and 2003. In each year, pregnancy rates of bisexual and lesbian identified youth were significantly higher than they were for heterosexuals; for example, in 1998 (the year with the most significant difference), 1.8% of heterosexual girls reported a previous pregnancy, compared to 7.3% of lesbians and 10.8% of bisexuals. Looking at only the sexually experienced females yields even more disparate findings: in 1998, 8% of heterosexuals had been pregnant, compared to 20.4% of bisexuals and 14.6% of lesbians. The number of gay and bisexual males admitting to impregnating a girl compared to the number of heterosexual males was also significantly higher consistently across the years.

All of the previous studies had samples made up largely of White participants and of adolescents currently enrolled in school. In terms pregnancy experiences, these studies may drastically underestimate pregnancy involvement, as both Black (as previously

mentioned) and homeless (who are unlikely to be in school) youth are more likely to become parents (Smith et al., 2007). YWSW are more likely than heterosexual females to be homeless or transitionally homeless (Smith et al., 2007). Yet there is a consistent pattern among school-based samples in the United States and Canada suggesting that YWSW more likely than heterosexuals to experience pregnancy and parenting.

In the one study to purposefully analyze data from a non-White sample, self-identified heterosexuals, lesbians/bisexuals and those participants "unsure" of their sexual orientation reported statistically insignificant differences in pregnancy rates (Saewyc, et al., 1998). Like previously mentioned studies, this study relied on secondary analysis of a national school-based survey (taken from 1988-1990), yet its sample consisted of American Indian adolescent males ($N = 2,056$) and females ($N = 1,693$). One fourth of lesbian/bisexual girls reported a pregnancy while one fifth of heterosexual and unsure girls reported a pregnancy. However, lesbian and bisexual participants did report significantly more sexual risk behaviors that *could* cause pregnancy. Ostensibly, these non-significant results suggest there are different procreational patterns within the American Indian population.

In Whitbeck and Hoyt's (1999) interviews and surveys concerning the health, subsistence strategies, and risk behaviors of homeless adolescents ($N = 602$), sexual orientation was not *predictive* of having experienced pregnancy (or of having caused a pregnancy for males). However, these results may have been influenced by aspects of the study. First, homeless teenagers, regardless of sexual orientation, are more likely to experience pregnancy than are those who live at home (Smith, et al., 2007). Concentrating on homeless youth may have contributed to the insignificance of sexual

orientation as a predictor of pregnancy history. Additionally, fewer than 6% of both males and females identified as LGB, whereas other studies (particularly those conducted in urban magnet cities) have reported that approximately 20% of homeless youth are LGB (Cochran, et al., 2002; Unger, Kipke, Simon, Montgomery, & Johnson, 1997). The small sample size of LGB adolescents may have limited the predictive power of sexual orientation, particularly in comparison to independent variables such as age, consistency of condom use, and number of sex partners. Notably, sexual orientation was not predictive of condom use or other HIV risk behaviors, which contradicts many research studies assessing differences in these risk behaviors by sexual orientation (Cochran et al., 2002; Goodenow et al., 2008; Saewyc et al., 2006).

While rates for heterosexual adolescent pregnancy have declined drastically since the early 1990s, one would assume the same would hold true for non-heterosexual adolescents. However, a trend analysis of six school-based studies suggests the opposite: while pregnancy rates decreased in the 1990s for heterosexual teenagers, they increased for sexual minority teenagers -even when controlling for sexual abuse history- which suggests that the pregnancy experiences of YWSW are qualitatively different from heterosexuals (Saewyc, Pettingell & Skay, 2004).

In a subsequent trend analysis, Saewyc et al. (2008) found that pregnancy and impregnation rates declined overall from 1992 to 2003 for male and female heterosexual youth and for gay males, yet rates increased in the late 90s for male and female bisexuals and lesbians before declining in 2003. These trend analyses have two implications. First, pregnancy prevention/reduction efforts may not reaching LGB adolescents to the same extent that they are heterosexual youth. Second, YWSW may have different or stronger

motivations for becoming pregnant than do heterosexual adolescents. In fact, research from the Netherlands by Bos, van Balen and van den Boom (2003) comparing the desire for parenting of 100 partnered lesbians to 100 heterosexuals did show that lesbian parents had a stronger desire to parent: Lesbian biological mothers were more intense in their desire for pregnancy, and their female partners were more intense in their desire to parent than were heterosexual fathers. Thus, there is evidence to suggest that WSW -who may have to engage in more family planning than opposite-sex partnered women- have strong pregnancy and parenting desires.

Black WSW and Children

According to the 2000 Decennial Census, 34% of all same-sex female households contain at least one child under the age of 18. Conversely, 46% of married heterosexual couples have at least one child living with them. Thus, adult partnered WSW are less likely than opposite-sex partnered women to have children, yet more likely than gay male couples (22%).

Census data also indicates that nationally, Black same-sex couples are nearly twice as likely as White same-sex couples to live with at least one child. Black female same-sex households (61%) were almost as likely as married Black heterosexual couples (69%) to report living with children. However, research on Black WSW living in New York ($N = 100$) indicated that 40% of respondents were partnered with children and 26% were unpartnered (e.g., single, lesbian mothers) with children (Moore, 2006). This comparison is important because the Census may underestimate the number of WSW who have children for numerous reasons: the Census does not identify partnered

bisexuals in opposite-sex relationships, only gathers data on couples who live together, and excludes homeless people, immigrants, and those who do not "come out." Regardless, there is significant racial diversity in the children of same-sex parents, much more so that those children of opposite-sex couples. Forty-five percent of children of same-sex couples are non-White (15% are Black), whereas 30% of children raised by opposite-sex parents are non-White (Sears, Gates, & Rubenstein, 2005).

Pregnancy Motivations and the Value of Children (VOC) Model

Regardless of whether YWSW become pregnant purposefully and intentionally, through forced sexual contact, or unintentionally during heterosexual sexual intercourse, pregnancy and parenting may serve various functions. These functions may be similar to the functions pregnancy and parenting serve in heterosexual adolescents, may be entirely different, or may be similar in some ways, yet different in others.

After an intensive review of the literature, Hoffman and Hoffman (1973) proposed a need-based category scheme for thinking about the psychological value of children. The assumption of the model is that people determine whether or not to have a child (or a future child) by assessing how children will fulfill their needs. Their theoretical scheme for the satisfaction that children give parents was homogeneously clustered according to nine needs: primary group ties and affection, stimulation and fun, expansion of the self, adult status and social identity, achievement and creativity, morality, economic utility, power and influence, and social comparison. These nine benefits of having children were thought to answer the question, "Why do people want children?" and were contingent upon people's economic, social, and emotional needs.

From its conception, the Value of Children model (VOC) was articulated as dependent upon the socio-economic and demographic realities of parents. For the sake of clarity, "values" were not intended to connote monetary worth or principles of morality, but rather were meant to signify those psychological needs which were tied to social structures and are thus culturally malleable.

In 1975, this model was cross culturally validated (in seven countries) using a combination of open-ended structured interviews and fixed response survey items (Hoffman, Thornton, & Manis, 1978). In the United States sample (N =1,569 married women; N = 456 of their husbands), which was a national probability sample, seven of the nine items were able to be adequately coded and validated. There was little evidence that the "social comparison" and "power" motivations were evoked by participants, suggesting that "social comparison" be removed from the model and "power" may only be pertinent for people of very low status groups. Thus, the model was re-conceptualized as containing seven basic motivations. Though it has received some criticism (primarily as it is premised upon the theory of reasoned action), this expectancy-value model of explaining fertility decisions and behaviors is still influential in current research as a way of organizing procreational motivations into meaningful schemes. The VOC has more recently been replicated in other countries, thus strengthening its cross-cultural validity (Nauck & Klaus, 2007) and has been the theoretical framework behind the VOC scale (Arnold et al., 1975) used to quantitatively research the pregnancy motivations of adult lesbians (Siegenthaler, & Bigner, 2000). Despite its critiques, this theoretical framework is helpful for exploring pregnancy and parenting motivations among YWSW because of its cross cultural validity and classical position as the genesis of the VOC studies. Thus,

this framework is a practical and parsimonious way in which to consider the rationales Black YWSW may have for valuing parenting.

Adult Status and Social Identity

One primary motivation for having children is that it confers upon the parent a public image of being a mature, responsible adult (Hoffman & Hoffman, 1973). This value may be all the more imperative for youth, as a primary developmental task during adolescence is establishing a personal identity (Erikson, 1968). Additionally, this value is thought to be stronger for people who have fewer role expectations, more traditional views of gender roles, and fewer means of need fulfillment. Having a child also makes one appear heterosexual to much of the outside world and this form of "passing" may be a unique motivation for LGB youth who desire a child.

Adult Status

According to Hoffman and Manis (1979), "parenthood is thought to establish a person as a truly mature, stable, acceptable member of the community and provide him or her with access to other institutions of adult society" (p. 588). For White, Black and Hispanic female parents and White male parents, becoming a parent was the life event most often cited that contributed to feeling like an adult. For Black male parents, the life event most often cited that made them feel like an adult was the ability to support themselves financially. For women in the sample, those who were less well educated were more likely to perceive parenthood as the main indicator of achieving adulthood.

Research by Brubakar & Wright (2006), Herman (2008), and Rolph (2008) suggests there are often incongruous beliefs about the ways in which teenage pregnancy

and childbearing impacts personal relationships with others, education, career choice, and self-perceptions. These studies also indicate that adult status is not only desired by pregnant teenagers, but also that adult status is obtained by teenage mothers. Brubaker & Wright (2006) analyzed results from interviews of 39 Black teenagers (ages 14-19) who had been pregnant at least once to gauge how they felt about pregnancy and motherhood. Teenagers perceived pregnancy as the chief turning point in their lives, one which changed them from children into adults and from immature to mature. Early stages of pregnancy contributed to a sense of loss, sacrifice, and apprehension whereas later stages of pregnancy (and motherhood) resulted in feelings of gain and responsibility. Many of the teenage mothers defined increased responsibility in a positive light, in large part because of the "opportunities that new responsibilities would give them for creating a new identity and life" (p. 1225). The biggest change in the lives of pregnant teenagers and mothers was that they felt the need to grow up and be more mature, responsible, and independent. Participants noted both positive and negative ways in which having to be more responsible and mature changed their lives. Young women regretted the loss of freedom, but took pains to portray themselves as "good mothers" to combat the negative stereotypes of pregnant teenagers. After birth, they relied upon impression-management strategies to transform themselves from "problem daughters" into "good mothers."

Rolph (2008) explored the meaning of motherhood for girls who had children before the age of 21. Thirty-three young "marginalized" mothers (who were part of the foster care system) were interviewed. Many referred to how pregnancy was the catalyst to construct new identities. These young women focused on portraying themselves as caring mothers, and feminine women. Having to be responsible and mature was articulated as an

inherent part of becoming a mother and youth often felt an intense need to prove they could be competent, loving mothers. These youth had poor, unreliable access to schooling, work, and family and lacked options for identity development beyond motherhood. Motherhood provided them with an in-road to adulthood.

Using a cost-reward framework, Herman (2008) conducted 17 focus groups with teenagers (both parents and non-parents; $N = 120$) related to their perceptions of teenage pregnancy. Both parents and non-parents agreed that teenage parenting contributed to a positive sense of self and childbearing led to myriad changes indicative of adulthood: better judgment skills, a focus on success, better organizational and time-management skills, and a sense of responsibility. Teenage parenting also contributed to fewer high-risk behaviors among adolescents because of the need to "grow up fast," be "grown" and "jump into maturity" (p. 47). Taken together, these studies suggest that teenagers often positively value parenting because it contributes to their sense of adulthood.

Heterosexual Identity

According to Hoffman and Manis (1979), "parenthood is seen as the normal culmination of the socialization process, especially for women" (p. 588). More than three times as many Black female non-parents as White female non-parents believed having children is socially expected and is "natural."

Breakwell (1986) described potential identities, which are idealized identities imperative for changing the meaning of present social realities and mediating the internalization of devalued social worth. Individuals compare their devalued social identities (e.g., lesbian, girl, Black) with a planned identity deemed culturally superior

(e.g., heterosexual, mother. Socio-economically, poor racial minorities may see few options for identity development beyond motherhood. For Black women, it through motherhood that they can "exercise strength, demonstrate power" and feel a sense of control over their lives that they are often denied (Collins, 2004, p. 208). If children are desired because they confer adult status and a desired social identity, then a child is a symbol, one which connotes an adult, heterosexual identity. Particularly for YWSW, the perception of a heterosexual identity is adaptive; it may be a way to make amends with their families, be socially accepted, and pass as heterosexual.

Queer theorist Adrienne Rich (1980) explained "compulsory heterosexuality" as the way in which women are channeled toward heterosexuality, encouraged to date and marry men, and bear children. Compulsory heterosexuality is a bias transmitted to YWSW from family, school, church, and culture insinuating that heterosexuality is not only the conventional form of sexuality, but also the only acceptable form (Rich, 1980). Similarly, Judith Butler (1990) described the cultural power of the "heterosexual matrix," a complex of cultural assumptions and ideological premises emphasizing that *real* boys and girls grow up to be *real* men and women by realizing a desire for the opposite sex: expression of a desire for the opposite sex leads to parenthood. Heterosexuality and a feminine appearance are considered normative in our culture and adolescence is often a painful time for those who do not fit into these normative assumptions. Often YWSW will attempt to fulfill heterosexual assumptions and expectations. Often before coming out, youth will engage in heterosexual romantic and sexual activity as experimentation or as a cover for their same-sex desires (Basow & Rubin, 1999). Motives for engaging in opposite sex activities vary. Some do so because of "normative pressures on adolescents

to participate in other-sex dating...Others may simply be going along with what their peers are doing" and still others may be trying to "reassure themselves of their heterosexuality and social standing" (Diamond, 2003, p. 93).

Troiden (1988), who popularized the concept of "heterosexual immersion," asserted that as part of the psycho-sexual development process, adolescents may engage in sexual experimentation with members of both sexes. Heterosexual immersion has been described as a coping strategy, one used to deny a marginalized identity. With these cultural dictates in mind, the latent aim of opposite-sex sexual contact is often not for enjoyment or exploration, but to appear heterosexual and convince the self and others one is not a member of a highly stigmatized minority. Having a child is considered evidence of one's heterosexual disposition. As Troiden (1988) recognized over 20 years ago, "In some cases, an adolescent girl may purposely become pregnant to prove that she isn't lesbian" (p. 108).

Adolescent girls may purposefully become pregnant to prove they are not lesbians. In a similar fashion, Anderson (1989) found that disadvantaged males may pressure girls to have babies to prove their manhood. Wanting to prove one's heterosexuality serves a similar reward function as wanting to prove maturity. Childrearing may connote adult, heterosexual status and infer on the youth a new, desired identity.

As girls and women who have grown up in similar cultural environments and were raised as girls, studs/butches and femmes may feel equally the pull of compulsory heterosexuality. Yet motherhood also signifies femininity. Butches or studs may feel a

pull to appear heterosexual as much as a pull to appear feminine (Levitt & Hiestand, 2004). Yet the typical butch/stud appearance makes it more difficult for them to "pass," for they are readily discernable as lesbians (Levitt & Hiestand, 2004). Studs/butches may not be afforded the option of passing as heterosexual, even if pregnant. They may not feel a desire to pass as heterosexual either, as butch/stud WSW are more comfortable with others knowing their sexuality than are femmes (Rosario, Schrimshaw, & Hunter, 2008).

As such, feminine YWSW may feel this cultural imperative to mother a child more strongly than masculine appearing YWSW; alternatively, stud/butch YWSW who often experience more social rejection and abuse may have more to gain from appearing heterosexual. Numerous researchers have found that negative attitudes and actions towards gays and lesbians are mediated by an adherence to traditional gender norms (D'Augelli, Grossman, & Starks, 2006; Herek, 1988; Kerns & Fine; 1994). Levitt & Horne (2002) found that butch/stud women experienced more social rejection and teasing while trying to resist traditional gender norms in their youth and in adulthood experienced more sexual orientation and gender expression based discrimination than did femme and androgynous women. Those YWSW who become pregnant are more likely to have experienced discrimination based on their sexual orientation (Saewyc et al., 2008). Ostensibly, parenting may bestow different idealized identities based on gender identity. Similarly, the meaning of the identities granted biological mothers and social mothers carry distinct cultural meanings. What might being pregnant do to the identity and image of a stud? Pregnancy and parenting may change the identity and image of YWSW, both within the larger heterosexual community and in the LGBT community.

Expansion of the Self

This value has to do with providing meaning and purpose to one's life (Hoffman et al., 1978). In the original validation of the model, this value was frequently cited, but was more often cited by Black males than Black females. In Edin and Kefalas' (2002) 162 interviews with poor, urban mothers, specific advantages implicit in this value were perhaps the foremost cited by their participants. Young women, regardless of whether or not they planned the pregnancy, tended to think of the baby as a gift rather than a liability; during pregnancy and after, they thought motherhood would "bring order to a life with no point or purpose" (p. 183) and provide them with a "new sense of hope and chance to start fresh" (p. 43). Motherhood was viewed as the most important role a woman attain; thus, it is not surprising that the young participants approached pregnancy and mothering with such need and regarded children as their chief source of fulfillment.

Patricia Hill Collins (1991) argues that for Black women, childbearing strongly symbolizes continuity; many African philosophies and religions value lineage, as exemplified through valuation of motherhood and the way in which childrearing is thought of as a collective responsibility. She explains that Black women ascribe to Afro-centric values about motherhood and consider motherhood as the epitome of self-actualization. She also notes that the Black community has a long-standing tradition of relying on "othermothers," or women who assist biological mothers in parenting responsibilities, to help with childrearing. Her explanation of the value ascribed to "othermothers" offers a lens through which to view rationales the female partner of a biological mother may have for desiring a baby:

> Motherhood, whether bloodmother, othermother, or community othermother, can be invoked by Black women as a symbol of power. A substantial portion of Black women's status in African-American communities stems not only from their roles as mothers in their own families but from their contributions as community othermothers to Black community development as well (Collins, 1991, p. 332).

Social mothers (i.e., "othermothers") may come to be seen as serving a valuable purpose in the life of a child and reap social rewards for the role they play in a child's life. Alternatively, an "othermother," or a same sex-couple, may view a child as the only formal marker of a commitment. In the absence of legally recognized ways of being seen as a legitimate couple, a child may the only alternative for symbolizing their commitment to each other and to others. Raising a child may provide a way to express an expansion, or a deepening, of their relationship intentions.

Morality

According to Hoffman et al., (1978) "Being a parent, and particularly motherhood, is often equated with virtue" (p. 101). In the original validation of the VOC, this value was often cited by Black participants. For YWSW, the morality value may be inherently tied identity, as being a sexual minority is sometimes considered immoral.

Willingly having children may be a short-term survival strategy. Robison and Ward (1991) described how Black girls cope with the cultural devaluation of Black femininity by engaging in survival and liberation strategies. Survival strategies are quick -fix resistance strategies serving the interest of the individual yet do not challenge the assumptions and expectations of the dominant culture. Liberation strategies are resistance strategies in which Black girls and women acknowledge the sexist and racist beliefs of the dominant culture and seek to cultivate adaptive responses to disparaging messages. In

a qualitative study looking at how Black sexual minority males (N = 37) managed heterosexism, many engaged in various degrees of "role flexing," meaning they would consciously alter their attitude and behavior in non-gay contexts to conceal their sexual orientation (Wilson & Miller, 2002). Role flexing is one example of a survival strategy, as both being Black and being a sexual minority are devalued social identities. Pregnancy and parenting may be a means of role flexing for YWSW. Having a child does not combat the negative cultural images of Black women (i.e., liberation strategy), but may serve the short-term interest of the one having the child (i.e., survival strategy), particularly if by doing so, one appears sexually normative.

Lewis (1975), in his discussion of how gender socialization and sex roles influence family structure and dynamics, believed that for Black women, sexual self-expression emphasized procreation. Historical and empirical evidence also suggests that Black culture more heavily emphasizes family and childbearing than do other cultures (Collins, 2004; Constantine-Simms, 2001; Rust, 1996). Because of these strong cultural imperatives to procreate and parent, there is often pressure put on Black females, irrespective of sexual orientation, to have children (Rust, 1996). In this cultural atmosphere, being a sexual minority means "rejecting not only one's gender role but also one's family and one's ethnicity" (Rust, 1996, p. 59).

Mays, Cochran and Rhue (1993) interviewed 8 Black lesbians who reported they believe Blacks have conservative values toward same-sex relationships making it difficult for lesbians to "come out." Bell Hooks (1989), a Black feminist whose work has focused on the interconnectivity of race, class, and gender, explains that sexism impacts feelings toward Black gays and lesbians. According to her, Black gay men often play important

roles in community life and are looked at as assets whereas Black WSW are considered in negative terms because Black moral and religious beliefs proclaim that women are supposed to bear children. Hooks (1989) claims some Black communities think WSW are "unnatural because one would not be participating in childbearing" (p. 121). Black sexuality theorist Patricia Hill Collins (2004) echoes Hooks' assertion: "Gay men and lesbians have been depicted as threats to Black families, primarily due to the erroneous belief that gay, lesbian, and bisexual Blacks neither want nor have children" (p. 108).

While there is often condemnation and ostracism of same-sex relationships in the Black community, there is paradoxically an unspoken acceptance of sexual minorities who remain invisible (Cole & Guy-Sheftall, 2003; Collins, 2004). For example, Gomez (1999) found that for Black lesbians, maintaining biological family ties and receiving social support from one's family was contingent upon concealing their sexual and romantic relationships. Rust (1996) also maintained that in Black culture, parents will be accepting of same-sex behavior if it is not explicitly mentioned. Heterosexual immersion may be all the more prevalent, and the cultural imperatives of compulsory heterosexuality and motherhood all the more pervasive, among Black YWSW.

YWSW may also feel a moral imperative from their parents and family to be heterosexual. In group therapy sessions with YWSW, clinician Joyce Hunter (1995) heard girls describe how their parents would prefer that they were pregnant rather than dating women. To the girls' parents, pregnancy was indicative that they followed social sexual norms and for many of the girls, pleasing their parents was extremely important.

Primary Group Ties and Affection

This value of having children was the foremost cited value of both parents and nonparents (Hoffman, et al., 1978) and was cited more often by Black women than women of any other race (Hoffman & Manis, 1979). This value refers to the need to express and receive care and intimacy from other people, be they partners, parents, peers, or one's children (Hoffman & Hoffman, 1973).

In an analysis of 246 pregnant teenagers' perceived advantages and disadvantages of having children, the chief advantage of having a child was the belief it would enhance one's connections (Rosengard, Pollock, Weitzen, Meers & Phipps, 2006). Tolman (1999) found young girls' relational decisions are often grounded in a desire to maintain relationships and young girls have sex and have babies for similar reasons: to keep boyfriends and fit in with friends. Similarly, in one of the first ethnographic studies of teenage parenting, Ladner (1971) described mothers who explain how parenting inferred upon them a larger support network and was a catalyst in reestablishing familial bonds. William's (1991) sample of Black teenage mothers articulated wanting babies because they wanted someone to love them, someone to care for, and someone to call their own. The youth in this sample were poor Black girls who often did not have other means of establishing social clout or social capital. Similarly, Edin and Kafalas (2005) found young women desired the bond they thought only a child could provide. To some participants, motherhood gave them a "promise of relational intimacy at a time when few other emotional resources [were] available" (p. 34). Those who came from broken families were able to create "missing attachments through procreation, a self-made community of care" (p. 174).

Older women having children may do so to strengthen or maintain relationships. In an analysis of the VOC in a sample of 52 lesbian and non-lesbian mothers, both lesbians and non-lesbians were equally likely to say that having a child strengthened partner bonds (Siegenthaler & Bigner, 2002). Nancy Polikoff (1987 theorized that WSW may want children to keep their romantic relationships together, avoid confronting issues within relationships, and prove to family and friends that lesbians are still women. Having a baby may be a way to make up for broken family ties and guarantee a permanent relationship. For women saddened by the fragility and transience of relationships with family, friends, and lovers, a child provides security from loneliness. This idealized permanent relationship between mother and child is part of a myth Polikoff (1987) describes as follows: "If the parent is good, so the fantasy goes, then the relationship with the child will withstand shock, change, growth, poverty, differences in temperament and ideals: in short, anything and everything" (p. 60). For youth who are precariously housed, part of a transient population, marginalized, and/or from broken homes, this myth may be all the more powerful. Family bonds may be strengthened or reestablished for pregnant or parenting YWSW. However, they may also receive little social support from either the LGB or heterosexual community, as being a sexual minority and a parent are often considered incongruent identities (Slater, 1995).

Stimulation and Fun

Hoffman et al., (1979) explain that parents derive stimulation and fun from watching a child grow and from the constant change that one must endure as a parent. This value was the second most cited value (behind primary group ties and affection), and was particularly salient for Black fathers and unemployed Black women

In Rolph's (2008) study of adolescent mothers in the foster care system, young women admitted motherhood provided them with a reprieve from boredom. Children offered them a consistent source of entertainment and provided women with pleasure that stemmed from watching their children grow. Similarly, Edin and Kefalas (2005) found that poor mothers went to extreme lengths to show they were "good" mothers; they made sure their children were always dressed nicely, appeared clean and healthy, and were afforded as many opportunities as their limited incomes allowed. Mothers derived satisfaction from publicly portraying their "good mother" status.

Dillon (2002) conducted an analysis of the ways in which children contribute to adult development by surveying 50 mothers, fathers, and teachers. He found that children provide stimulation for adults in a variety of ways. Parents become more socially involved; they changed personal habits such as smoking and were more likely to notice environmental and social issues. Children helped parents integrate memories and experiences from their own childhood which led to a new appreciation of their own parents. Likewise, children primed parents to recall aspects of their own childhood and to gain greater insight into their selves. Children forced parents to be more childlike themselves and triggered parents' wonder. For the adults in Dillon's study, children forced them to question, and sometimes change, the ways in which they operated in the world and organized their lives.

In *Black Women and Motherhood*, Collins (1991) describes how historically for Black women, raising children has been a community endeavor, one which, because of the socio-cultural devaluation and mistreatment of the Black community, has led many Black women to become political activists. Because there is a system of communal care

in the Black community, mothers may devote time to social justice issues. New activities mothers find themselves a part of provide new avenues for growth.

Achievement, Competency, and Creativity

Parenting can also grant a sense of accomplishment and creativity; birth itself can lead to a sense of achievement, as can meeting the challenges of parenting and experiencing vicarious achievement through one's child (Hoffman & Hoffman, 1973). This value was found to be more often cited by non-parents than parents (Hoffman, et al., 1978). It was also one of the most infrequently cited values by all demographic groups.

In Rosengard et al's (2006) study, a benefit cited by the adolescent participants was that being a parent would make them be more responsible. Youth thought parenting would keep them from engaging in harmful and illegal activities. In qualitative interviews of 33 teenage mothers in England, Rolfe (2008) identified three themes of the ways in which participants spoke about motherhood, all of which may relate to the achievement, competency, and creativity value. Young women spoke of parenting in terms of "hardship and reward," "growing up and responsibility," and "doing things differently." Youth who articulated that parenting entailed "hardship and reward," mentioned that parenting was challenging and while parenting so young was difficult and stressful, it was rewarding. Young women who noted that parenting forced them to "grow up and be responsible" mentioned that having to care for another person made them feel more competent. Those who spoke of "doing things differently," described leading a non-normative developmental trajectory and the need to rearrange, or be creative, with their

lives. If they could beat the odds and be successful despite being an adolescent mother, success would mean all the more and they could be a role model for teenage mothers.

The poor women interviewed by Edin and Kefalas (2005) also mentioned how children provided a sense of competency and achievement. Mothers lived vicariously through their children and took satisfaction in their children's accomplishments while attributing part of the success to their mothering skills. Simply becoming a mother also provided a sense of accomplishment. Mothers believed "the harder the struggle, the higher the social reward" (p. 65). Through motherhood women could "find a source of validation...a meaningful and valued identity they [could] successfully realize" (p. 176).

This value may be expressed differently depending on whether one is a biological or a social mother. Additionally, what it is about pregnancy, childbearing, and parenting that grants a sense of creativity and achievement may be particularly distinctive for YWSW. If there are YWSW who do not engage in consensual intercourse and desire a child, they must devise resourceful ways of doing so. What it is that can be achieved through parenting is also contingent upon the social and economic realities of YWSW.

Economic Utility

Babies may have economic utility (Hoffman & Hoffman, 1973). The perceived monetary utility of children diverges as a function of parental socioeconomic status. In the original validation of the VOC model, groups with less access to economic resources gave the most importance to economic utility (Hoffman & Manis, 1979).

Research shows that teenage mothers know little about financial benefits before pregnancy (Clark, 1989) and obtaining welfare is not often an incentive for teenagers to

have a child (Bane, 1986). However, almost three fourths of teenage mothers receive social or housing welfare 3 months after delivery (Hardy & Zabin, 1991). Furthermore, nearly three fourths of teenage mothers live with their own mothers or families, often despite precarious housing situations before pregnancy (Bane, 1986).

Babies may directly impact economic circumstances, but they may also be a motivation for success. In interviews with 24 homeless mothers, Gerson (2006) found children mediated self-esteem and gave women an incentive to invest in their maturation. The young mothers in her sample believed they could get out of poverty, held aspirations of going back to school, and believed they could find a decent paying job. Further, mothers and pregnant women thought of children as a force keeping then out of trouble - from turning to drugs, staying with abusive men, and delving into illegal activities. Children were an incentive for self-improvement and setting goals. Lerner (2001) also discovered that mothers-to-be viewed children as motivation for self-enhancement and upward mobility. Similarly, Ladner (1971) discovered there was very little shame or stigma associated with having a baby in a poor urban environment. To the young Black women in Ladner's study, motherhood was an adaptive; it gave them a reason to subsist, a reason to form educational/occupational goals, and oftentimes financial benefits.

YWSW may see similar benefits regardless of gender identity; this value may be most heavily influenced by socioeconomic status. In terms of possible gender-identity differences, studs/butches, who tend to take on financial roles within relationships, may be more cognizant of the potential economic utility of having a child; alternatively, they may also be more hesitant to have children at a young age before they are able to provide for them.

Current Study

There is reason to believe that Black YWSW may be prone to adolescent pregnancy and parenting. Much is unknown about how YWSW become pregnant and why they decide to have children. The VOC model provides one theoretical guide through which to begin to question the pregnancy motives and rationales of YWSW. The purpose of this study was to explore the meaning of pregnancy to Black YWSW while considering how gender identity may affect pregnancy and parenting intentions and values surrounding children.

This study intends to address three prominent gaps in the literature on adolescent pregnancy. First, this study will add to the literature because its sample of interest is YWSW. In previous qualitative examinations of the functions of pregnancy among adolescents, heterosexuality has been tacitly accepted. Brubaker & Wright (2006) pointed out that "Teen mothers' unique perspective on teen pregnancy can contribute much to our understanding of this issue [teenage pregnancy]" (p. 1214); Merrick (1995) noted that researchers "need to direct their attention toward exploring the cultural and subjective meanings of adolescent childbearing for those who bear children" (p. 292). This study will thus attempt to examine the various functions and meanings of pregnancy and parenting for Black YWSW.

Secondly, because Black YWSW may be triply oppressed by the amalgamated effects of racism, sexism and heterosexism, the participants' pregnancy experiences, desires for parenting and community perceptions of parenting may be unique (Greene, 2000). As members of racial, class, sexual and often gender identity minorities, these

young women face multiplicative forms of oppression. Much of the literature regarding teenage pregnancy (particularly teenage pregnancy in the Black community) articulates pregnancy as a cause of poverty, particularly when studies are interested in outcomes of teenage childbearing (Musick, 1993). By propagating the idea that adolescent pregnancy is a cause of poverty, researchers overlook the racialization and feminization of poverty in this country. Adolescent births are also often looked at as a violation of norms, as a moral taboo, as teenagers' way of acting out, or as evidence teenagers are sexually unaware. A focus on socio-cultural and psychological-developmental motives for adolescent pregnancy allows for the possibility that within this population, pregnancy and motherhood are adaptive subsistence strategies in response to their social realities.

Lastly, YWSW have experiences particular to their gender identity (Levitt & Horne, 2002; Rosario et al., 2009). This study will explore how pregnancy histories, functions, and meanings differ by gender identity. In the discussion of the VOC model above, there is not equal attention given the various values in terms of how gender identity may impact pregnancy and parenting desires. The literature tends to discuss gender identity on more of a theoretical level; when empirical work focuses on aspects of gender identity, it most often is in regards to developmental milestones. Thus, few conjectures can be made about the ways in which gender identity may influence pregnancy experiences and intentions. Prior to beginning analysis, I intended to explore the following three questions: 1) What are the pregnancy experiences of young Black WSW? 2) How do young Black WSW think about pregnancy and parenting? 3) How does gender identity affect how young Black WSW think about pregnancy and parenting?

However, as explicated in the pages that follow, readings of the textual database required a shift in research questions and analysis.

Method

This analysis used data from the Adapting FIO to Youth at Risk of HIV Project currently being conducted at the Ruth Ellis Center (REC) in Highland Park, Michigan. The project aims to identify the sexual risks and knowledge of young females who attend the center and then adapt and implement The Future is Ours (FIO) curriculum (Ehrhardt et al., 2002). Data were from the formative stages of the project, where YWSW were interviewed about their sexual histories, HIV and sexually transmitted infection (STI) knowledge, pregnancy experiences, safer sex behaviors, life stresses, and gender scripts.

Setting

Interviews were conducted at the REC, one of approximately 20 shelters catering to homeless, runaway, and precariously housed lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth across the country. The REC's mission is to provide short-term and long-tem residential safe space and services for LGBTQ youth. REC offers street outreach, drop-in space, housing, HIV testing services, and support groups for youth ages 12-25 and most youth who frequent the center are Black/African American. Anecdotally, there have been 25 known pregnancies to youth who have attended the REC in the 3 years prior to the start of the Adapting FIO to Youth at Risk of HIV Project.

Sample

In all, 15 participants were eligible, though one participant elected not to finish the interview and her data were not included in analysis. Of 14 usable interviews, 5 YWSW identified as femmes (i.e., females with a feminine gender identity), 5 as studs (i.e., females with a masculine gender identity), and 4 as stemmes (i.e., females with an androgynous/gender fluctuating identity). These labels, however, are self-labels, and self-labels may at times be different than proscribed labels. This was often the case with stemmes, who tend to be categorized as "soft studs" or "aggressive femmes." This purposive sampling of participants allowed for a variety of lesbian-gender perspectives to be examined. The sample was recruited via direct (i.e., flyers on site and research assistants explaining the project at support groups) and indirect (i.e., project cards were distributed to participants) recruitment procedures at the host site.

Procedures

The Social Science/Behavioral/Education Institutional Review Board (SIRB) at Michigan State University approved the original research study (including a waiver of parental consent) before the start of data collection. Flyers (see appendix A) were hung around the REC and the project was introduced at the site's weekly "Girlz Holla Back" meetings. Those at the meetings who wanted to participate were given a prescreening instrument to determine eligibility (see appendix B). Additionally, young women who viewed the flyers called the number provided and were read the prescreening instrument. Young women were eligible if they were born biologically female, Black/African American, between the ages of 15 and 24, not part of the foster care system, and had

engaged in consensual sexual contact with both males and females. Sexual contact was defined as any consensual participation in oral, anal, or vaginal physical contact.

Before each interview, a consent form (see appendix C) was given to each participant who was 18 years of age or older. Interviewers read over the consent form and asked if the participant needed any clarifications. Consent was given to be interviewed and tape recorded. For those participants who were 17 years of age or younger, their informed assent (see appendix D) was gathered. A social worker from REC who was unaffiliated with the research project stood *in loco parentis* while the assent form was read verbatim. The staff member was present to make sure the participant understood her rights and was not being coerced into participation. The participant was then asked to sign the assent form, giving the researcher permission to interview her and to tape record the interview. The staff member then left the room. Interviews were conducted by two trained graduate students (one being myself) and on one occasion, the primary investigator. All data were collected in a private room on-site, and interview times ranged from 60 minutes to 115 minutes ($M = 86.26$ minutes).

Interviews were recorded on a digital recorder and kept in the principal investigator's lab space. They were downloaded onto a computer and erased from the recorder. Transcriptions were completed by the graduate research assistants who conducted the interviews and by undergraduate research assistants. Once transcribed, the person who conducted the interview cleaned and destroyed all identifying information to maintain participant confidentiality. The audio recordings and cleaned, de-identified transcripts are currently saved on password protected computers. These verbatim transcripts provided the primary data used in this analysis; however I also used data from

informal observation conducted at the REC and informal discussions with site staff. I note in the results when these supplemental forms of data informed analysis.

Measures

The interviews were conducted using a semi-structured interview protocol (see appendix E). The interview inquired about the participants' gender identity, perception of gender identity sexual norms, safer sex knowledge and practices, HIV/STI knowledge, general life stressors, and pregnancy history and intent. The pregnancy intent questions first inquired into whether participants had ever been pregnant. For those who had, questions were asked about the surrounding circumstances of their pregnancies and their thoughts and feelings about their pregnancies (e.g., How did you feel about the pregnancy?; How was your life different while pregnant?). For those who had planned on becoming pregnant, they were asked why they wanted to be pregnant, what they did in order to become pregnant, and how they made decisions about who would be the biological father. Participants were also asked how they think of and respond to girls who are pregnant and/or have children and identify as lesbians/bisexual. Participants were also asked about "the difficulties they would anticipate facing if [they] were to have a baby."

Analysis

Constructivist, modified grounded theory was used as the analytic strategy and data analysis proceeded in steps (Charmaz, 2006). Grounded theory is a way of coding and comparing data that allows for the emergence of categories in the data to illustrate particular concepts; grounded theory is not reliant on a priori theoretical categories (Strauss & Corbin, 1998). A grounded theoretical approach provided a means of building

an explanatory framework through which to view the meaning ascribed to pregnancy and parenting. I used Strauss and Corbin's (1998) prescribed coding techniques (e.g., open, axial, and selective coding), though a modified form of grounded theory was employed because data analysis and collection were not conducted iteratively. Analysis was computer-assisted and data were stored, coded, and compared using QSR International's (2008) NVivo 8 software.

Open Coding

First, I read over each interview a number of times as a way of grounding myself in the data so that I could maintain a sense of each participant as a whole. I then extracted the text pertaining to participant pregnancy experiences and thoughts; this was a data reduction strategy which allowed me to focus on the text most clearly relevant to pregnancy (Miles & Huberman, 1994). Within NVivo (2008), this text was placed into parent tree nodes by category; for instance, all text describing how participants were treated by YWSW peers while pregnant was placed into a parent called "general gay community reactions to pregnancy." Text within each parent node was then open coded. Open coding is an inductive coding process which entails identifying and labeling the pertinent information and then creating detailed definitions for each code; during this process, codes emerged from the text (Strauss & Corbin, 1998). Within NVivo (2008), these open codes were represented as child nodes below each parent node and I conducted open coding from each individual parent node, rather than from the entire interview. The final codebook can be found in appendix G. Many of the codes arose directly from verbatim quotes (e.g., baby's daddy), a coding strategy called in vivo coding, which helps enhance authenticity by keeping coding rooted in the participants'

language (Charmaz, 2006). Codes were not developed a priori, nor did the themes in the VOC framework guide the open coding process.

During the process of open-coding, re-readings of the textual database suggested that the communal, cultural discourse of sex, sexuality, and gender was influential in the construction of lesbian maternal identity and the acceptability of mothering within the lesbian community. This finding, coupled with the reality that the interviews are replete with information about community and cultural norms, expectations, and ideological beliefs, suggested that coding for context was justified. As such, contextual codes are also identifiable within the codebook.

Axial Coding

Though coding was not an entirely linear process, the majority of axial coding commenced after reaching consensus with the code stabilizer (see data credibility). Axial coding is a way to explore the relationships existing between or among emerging concepts (Strauss & Corbin, 1998). During axial coding, the patterns among open codes were examined and compared and contrasted with other codes; attention was paid to how categories fit together and to the causal relationships which emerged. Axial coding was facilitated by the use of the attribute function in NVivo (2008). Attributes allow you to systematically sort the data (through the use of coding or matrix queries) according to quantitative dimensions. For instance, I assigned each case (i.e., each participant) attributes for age, gender identity, and other variables related to pregnancy (see appendix H). Through the use of queries, similarities and differences among experiences, thoughts, and feelings regarding pregnancy were examined along these attributes. Most commonly,

I performed queries to assess coding differences by gender identity and pregnancy history. Axial coding was also facilitated by "playing with" and interacting with the data; I constructed tables by theme to piece together data that was causally related; this was a way to relate themes to one another, organize emerging categories, and sort the data. Sorting the data helped to identify connections among themes, directed further examination of connections which were weak, and made apparent themes which carried theoretical weight (Charmaz, 2006).

During axial coding, it became further evident that group norms and expectations facilitated and hindered individual reproductive decisions and feelings; the ways in which fertility was regulated according to cultural imperatives was clearly a core theme within the interviews. It was with this acknowledgement that the analysis turned from one of intrapersonal incentives for pregnancy/parenting, to one of the ways in which interpersonal and cultural ideologies shape the determination of the appropriateness of pregnancy and bind people by their maternal subjectivity. Close examination of the data required an analytic shift; this shift also allowed me to focus on all participants, rather than merely the ones who have been pregnant or are contemplating pregnancy. I thus reformulated research questions to better emphasize the importance of the community context and the ways in which pregnancy is influenced by cultural norms. As such, though the title of this thesis refers to "pregnancy motivations," which implies an individual level of analysis, what I discuss analytically is the meaning of pregnancy and parenting from an individual- as well as communal- level of analysis.

Selective Coding

During selective coding, I integrated the elaborated categories into a core explanatory framework which connected lower-level abstractions. Through selective coding, one core theme is identified and provides the narrative arc of the storyline (Strauss & Corbin, 1998). This coding process helps provide a theoretical framework through which to view the data and which can then be related to existing literature in order to increase the ecological validity of the findings. The connections between my findings and extant theory were developed after thematic categories were elaborated, explored, and written up. However, some of the language I use in the results (e.g., I changed "identity authenticity" to "identiy salience") was altered after an exploration of theoretical literature, so that connections could be more apparent to readers.

The core theme: *how pregnancy and parenting is related to young women's drive towards identity construction and desire for identity validation* has theoretical power. I chose this central theme because 1) it appeared frequently; 2) was a logical, parsimonious way of relating categories to one another; 3) explained variation in cases, as well as negative cases; and 4) was relatable to other substantive research domains (Strauss & Corbin, 1998). This core category also allowed me a way to connect individual identity standards to social identity expectations, which allowed the contextually rich data upon which these interviews predominated, to be brought to the forefront.

Data Credibility

There are manifold ways to increase the data's credibility, or the believability of the results (Miles & Huberman, 1994). I used several strategies to increase the credibility

of this analysis. Credibility was enhanced through the following: 1) obtaining interrater reliability; 2) writing theoretical and reflexive memos; 3) examination of negative cases; 4) consultation with the committee chair and peers unaffiliated with the project; and 5) examination of the literature and linkage of the findings to extant theory.

Interrater Reliability

Open codes were independently analyzed by an undergraduate research assistant with qualitative coding experience who served as a code stabilizer. According to Miles and Huberman (1994), code stability is achieved once the definitions of each code are cogent and clear enough that another person can reliably fit the codes to the text. I provided child node definitions to the code stabilizer and she coded the text within each parent node. Rules were made concerning how much text around each node to code so that a coding comparison query within NVivo (2008) would accurately assess the applicability of the code definitions (kappa is computed by character, not by word). The code stabilizer coded the 5 most textually rich interviews and then I conducted a code comparison query to assess the clarity of the code definitions. Interrater agreement for all child nodes was above .92, indicating that the code definitions were clear and concise and could reliably be applied; despite attempts to limit the coding of extraneous characters, much of the disagreement between coders was not due to conceptual use of the codes, but to the coding of irrelevant space surrounding the text. Despite having an acceptable level of interrater agreement on over one-third of the cases, I decided to collapse a number of these original codes after discussion with the code stabilizer because of conceptual similarity.

Memoing

I used memoing to refine and keep track of ideas. Keeping stringent memos is a way to develop ideas, organize concepts and relationships between codes, and elaborate, clarify, and record evolving theory (Charmaz, 2006; Strauss & Corbin, 1998). Throughout analysis, I wrote two different types of memos. Theoretical memos forced me to write what I was seeing in the data; theoretical memos were the backbone of the analysis, as within them I articulated how categories were fitting together and how categories related to existing literature. Referencing particular codes and lines of text in these memos allowed me to stay grounded in the data and investigate the merits of particular analytic codes and categories (Charmaz, 2006). Many of these informal memos, when integrated together, became the resulting narrative. I also regularly wrote reflexive memos. I engaged in reflexivity throughout the research process to reveal preconceptions and beliefs and to gauge how they influenced my investigation and treatment of the data. Engaging in this process was much more than a way to examine the view I brought to the data. These personal memos were a way to examine hidden assumptions in my own, as well as in the participants' inferences. They served as a defense against forcing preconceived notions onto the data and a way to question my own standpoint and perspective.

Memos, while serving a methodological and practical purpose, were also in line with the epistemological stance I took towards the analysis. Epistemologically, I believe our participants' experiences –as well as our own- color our view of the empirical world. Consistent with this feminist, constructivist epistemology, is a conviction that "what you see in your data relies in part upon your prior perspectives" (Charmaz, 2006, p. 54). To

better understand participant standpoints and experiences, it is best to first understand our own. Thus, I treated the open codes, concepts, and resulting narrative as one interpretation- my interpretation- and ultimately dependent upon my historically, socially, and culturally situated view and values. My earlier knowledge of extant theory, educational rearing in psychology, or personal beliefs and opinions were therefore influential, but not necessarily deterministic, of my attunement to the data and my sharing of the narrative that follows (Charmaz, 2006).

Negative Cases

Negative cases are those data that do not readily conform to the preexisting coding scheme (Patton, 2002). Examining those instances where cases did not fit the formulated themes allowed me to examine alternative explanations and to deepen the analysis. For example, looking further into the case of the only stud to become intentionally pregnant, revealed that she did not in fact think of herself as a stud, but was merely treated by the lesbian community as if she were. Personal and community identity claims were at odds with one another, making this participant's experience appear to be an example of a negative case, when in fact it was not. In this case, an examination of a negative case revealed it was not a negative case and enriched the analysis by suggesting that both individual identity, as well as community assumptions of identity, differentially influence pregnancy experiences.

Consultation

Consultation with the committee chair helped me explore alternative interpretations of the data, mitigate potential biases, and direct analysis. Additionally, I

periodically conferred with students unaffiliated with the project; doing so allowed me to discuss emerging findings and questions with those who were unfamiliar with the study and the population. Through these discussions I occasionally re-conceptualized the findings or reorganized the interpretation of the data.

Comparative Analysis

I also engaged in comparative analysis of relevant empirical and theoretical work to examine how emerging themes and concepts have been examined in similar populations (e.g., White lesbians; older lesbians) and in regards to similar topics. Glaser (1998) suggests that engaging in an intensive literature review after the codes have been generated is beneficial because the researcher will not be desensitized to potential concepts and is less likely to examine the data with preconceived notions. This comparative analysis allowed me to link my findings to existing literature, enhancing the transferability of research findings (Glaser & Strauss, 1998). When integrating research literature into the results, I tended to follow a process whereby I would see a theme or a connection between themes, write about these themes in theoretical memos, and then scavenge the literature for work to substantiate these themes. Theoretical literature was not systematically read until the bulk of theoretical memos had been integrated and organized.

Results

What are the larger cultural and lesbian community contexts in which pregnancy and parenting decisions are made?

Research suggests, "Societal values determine the appropriateness of motherhood" (DiLapi, 2009, p. 101). Feminists have a long history of trying to understand how ideological beliefs have shaped understandings of motherhood and the experience of motherhood (Chodorow, 1979; Collins, 2000; Rich 1980). Yet the particular ways in which this may manifest within lesbian communities is just beginning to be addressed. For Black WSW, just like for all females, there are pressures for some to bear children, whereas there are ideological proscriptions condemning others who do, or who do in particular ways. Individual reproductive decisions though not culturally determined, are culturally mediated and influenced by social control and support. These cultural ideologies impact reproductive decisions, but also influence how those who bear children are treated thereafter. Group norms and expectations can thus facilitate, hinder, or problematize reproductive decisions because the social structures in which people are embedded influence identity and behaviors. Because of the impact of cultural ideological beliefs on the regulation of fertility, it is important to examine the cultural milieu in which YWSW reside, create identity relevant meanings, and structure their lives. This section will explore contextual elements of these women's lives which may have bearing on pregnancy decisions and feelings towards pregnancy. Included in this contextual narrative are the norms and cultural expectations of the lesbian community.

Pregnancy

Adolescent pregnancy is a common phenomenon in the lives of these young women. Every participant described other adolescents who have been pregnant or who are parents and their narratives are replete with details about children, pregnancy, and parenting. All participants mentioned having peers, younger sisters, previous partners, or young neighborhood acquaintances who are parents. Further, a staff member and role model who works at the Center and is of the age of some of the participants, is herself a parent. Adolescent pregnancy and parenting is a common phenomenon in their lives.

The young women are also active in the lives of those around them who are pregnant or who are parenting. Here, a 17 year-old femme describes helping a classmate give birth, just a month before she is to do so herself:

> I was in school and me and this girl, we both was pregnant but she was like in her ninth and I was in my eighth month pregnancy. And we went to the bathroom and she had her baby in the toilet and I had to help her. I had to get the baby out of the toilet and hold and wrap the baby up in my jacket. 'Cuz she had her and I had to, after I wrapped her, I had to cut her umbilical cord for the baby and stuff and I had to wrap the baby. I wrapped the baby up. I laid the girl, I made the girl stay in the bathroom and lay down. I took the baby to the office and told the principal like, 'this girl, my classmate just had her baby in the toilet. Here go the baby. She in the bathroom, layin' down and bleedin' and stuff. She need an ambulance.' So I had to stay with the girl 'til the ambulance came.

Young women are involved in others' pregnancies as well as in helping to raise children. The participants help friends make decisions as to whether to have a child, when to have a child, and with whom to have the child. In the case of unplanned pregnancies, femmes and stemmes have been consultants as to what to do about the pregnancy (e.g., how to inform others and whether or not to give birth). In one case, a femme was present when a platonic lesbian friend chose to conceive a child with a male friend. She explains her involvement: "I was there actually when she got pregnant, so. When she had sex with the boy. 'Cuz she didn't want to go by herself. So I was there." Numerous, varied examples suggest pregnancy and parenting are common where these young women reside and that even those who are not parents, are active in the lives of those who are.

Pregnancy Experiences

It may be surprising that pregnancy and parenting are normative in this community because the term "lesbian mother" has been considered oxymoronic given the political, clinical, social, and moral discursive renderings of the words "lesbian" and "mother" (Thompson, 2002). There is a larger cultural assumption that lesbianism and motherhood are mutually exclusive; mothers are presumed heterosexual and lesbians are presumed non-procreative (Chabot & Ames, 2004). Myths and stereotypes would have us believe that these young women are not mothers nor that they desire to be parents. However, there are a number of indicators that pregnancy and parenting are common in this community. First, three participants described lesbian and bisexual pregnancy as a "trend," which indicates that they *perceive* it to be common in their community. A stemme described how having babies within the gay community is "the in thing now." Similarly, a femme with a child described child rearing in the lesbian community as "so

much out here now." There was an explicit acknowledgement that pregnancy and childbearing are thought common in the lesbian community, which is further substantiated through the stories young women tell, descriptions of their own pregnancy experiences, staff accounts of pregnancy and parenting, and first-hand researcher observations (e.g., two interviews were conducted with children present).

The majority of participants describe knowing other YWSW who have children. Twelve of the 14 young women describe sexual minority friends or family members who have been pregnant and six of the young women also reported that at least one of their current or previous female partners has had a child. Four of the five studs (all who exclusively or primarily date femmes) indicated they have had partners who have been pregnant or borne children. One of these participants reported more than one of her ex-girlfriends had a child. The one stemme who has dated people with children also indicated that she has dated people with children more than once. Participants' stories of their friends' pregnancies indicate that pregnancies to femmes are much more common than are pregnancies to studs. Details surrounding these pregnancies also indicate that all the young women are not simply recounting an instance of knowing the same person, which, due to the small, insular nature of their community, may have been the case.

All but one of the interviewees reported they had lesbian or bisexual friends, partners, or family members who have been pregnant or had children. The one stemme who did not report knowing anyone had only recently started coming to the Center and she herself had been pregnant. The young women have many YWSW friends, family members, or partners who have been pregnant and they are cognizant that pregnancy is a

frequent occurrence in their community. This pregnancy "trend" legitimates and justifies adolescent pregnancy, making salient that lesbians are not precluded from childbearing.

Half of the participants have been pregnant at least once. Two participants reported multiple pregnancies, for a total of nine. Pregnancies occurred prior to age 18 and are represented in Table 1. Four of five femmes have been pregnant at least once and three pregnancies ended in birth; all births were to femmes.

Growing up and being told, "if I have a baby I need to be with a man, 'cuz that will confuse the baby, having two ladies in the house," insinuates to young women that being a lesbian and being a mother are incompatible identities (Femme). Living in a heterosexist world where young women acknowledge, "it's hard to raise them [children] or whatever, because some people don't like it" shows they are conscious of the difficulties encountered by lesbian mothers (Stemme). Having sexual minority friends, partners, and mentors who are themselves mothers or parents, fuses identities constructed as mutually exclusive, making young women aware that their sexual minority identity need not limit their maternal and parental practices.

Table 1

Pregnancy Among YWSW

Participants	Pregnancy Age(s)	Pregnancy Cause	Pregnancy Outcome
Femme 1	18	Planned	Birth
Femme 2	16	Unplanned [a]	Birth
Femme 3	15/15	Rape/Planned	Abortion/Birth
Femme 4	17	Unplanned [a]	Miscarriage
Stemme 1	16/18	Rape/Planned	Miscarriage/Miscarriage
Stud1	18	Planned	Stillborn
Stud 2	14	Unplanned [b]	Unknown [c]

[a] These unplanned pregnancies were due to contraceptive failure. [b] There is not enough information to ascertain the cause of this pregnancy, though it was not planned. [c] There is not enough information to ascertain the outcome of this pregnancy, though it was not a birth.

Violence

These young women live in a dangerous city, in a dangerous part of the city, and their narratives indicate they are not immune to crime and its ravaging effects. Despite inquiring about consensual sexual experiences, five young women divulged cases of sexual assault, including one case of ongoing paternal incest and one gang rape. Two

young women became pregnant through acts of sexual violence. A femme, the only young women to have an abortion, had an abortion after she "got pregnant by my father."

Their lives are also touched by other crimes. Studs reported fist fights, including having been beaten up for their appearance or for misunderstandings about their biological sex; at least two of the studs have lived in juvenile detention. Two of the participants have been close to people who were murdered, including one femme whose partner was killed: at 5 months pregnant, the 16 year-old was left to give birth and raise the child on her own. A handful have known people involved in the selling and distribution of illegal drugs or involved in sex work, a few are aware of domestic abuse situations, and almost half reported knowing someone in jail. These young women, as well as the people closest to them, are particularly vulnerable to crime and violence.

Poverty

While there is considerable diversity in the financial lives of these young women, all made reference to their personal economic struggles. A 21 year-old femme, one of the more financially well off participants who had a job as an LPN and also had a partner who worked, still struggled to make the bus fare to the interview. Other young women were less financially stable: among the financial difficulties mentioned were lack of housing (one stud lived in the transitional living center), lack of safe housing (they lived in condemned houses), relying on partners for clothes and food, selling drugs or hustling to make money, not being able to pay for college, and being unable to find a job. While the center does serve as a recreational center and safe place, it also functions as an

economic resource. A handful have received clothing, furniture, and other forms of financial support from the Center.

That these young women live impoverished lives may have implications for their identity development. For low-income and housing insecure youth, "the body is the resource most often available" (Froyum, 2007, p. 605); it is through alternations of the body, domination of others' bodies, and using the body to amass power, that low-income youth may foster an identity. Few avenues exist and there are "few resources to fashion positive identities, especially sexual ones," when young women have little social and economic capitol (Froyum, 2007, p. 617-618). Given an environment where physical capitol is the major source of young women's power, the body may be of particular importance in creating, maintaining, and negotiating sexual and gender(ed) identities; the physical body, altered when pregnant, may serve as site where identities are contested.

In part due to lack of economic security, many participants did wish to postpone pregnancy or parenting. Lack of financial resources or employment was the foremost reason cited to delay pregnancy, as well as one of the most often discussed difficulties facing those who are parents. For participants who do plan to become pregnant, their dire economic circumstances limit their fertility options. Young women who planned their pregnancies did so through sexual intercourse with males who they choose to be their "sperm donors." They were aware that alternatives to intercourse such as in vitro fertilization were available, but also acknowledged such procedures were not economically feasible. Their pregnancy desire thus places them at increased risk of HIV and STIs, for they are unable to afford safe pregnancy procedures and have easy access and reason to choose high risk (e.g., gay or bisexual male) "sperm donors:"

Participant: It's gay guys to me is more-more willing.

Interviewer: Gay guys are more willing to impregnate women. Why?

Participant: Because they know that, like my baby daddy, he know that, he mostly sleeps with guys. He can't get a girl pregnant... I asked a couple gay boys like 'if I wanted to have a baby would you help me?' They was like 'yea.' Said 'okay, I just wanted to know'. And they said 'yea.' A lot of them that I talked to said 'yea' they was willing.

Even if young women would prefer adoption or medical procedures when becoming pregnant, they cannot afford them; they thus turn to those around them to serve as "sperm donors," despite the fact that they describe sex with males as undesirable in and of itself.

Sexual Prejudice

Participants live within a heterocentric culture, meaning that they are surrounded by negative attitudes, biases, and discrimination in favor of opposite-sex sexuality and relationships (Herek, 1990). Though there was considerable variability, families and the larger community were filled with negative messages which largely denied or denigrated same-sex relationships and behavior. All participants recounted instances of having been exposed to heterocentric or more overtly homophobic remarks and attitudes.

In a handful of instances, young women were told they were "nasty" or "sick" because they were lesbians; in others they were told by congregation members, pastors, or their families they were "sinning," and will "go to hell" if they do not "get my life right" (Stemme). They were exposed to numerous messages, particularly from those

closest to them, which suggested that others believed "there's something wrong with me 'cause I'm gay" (Stud). Blatant cases were exemplified by a mother who convinced her 16 year-old to have sex with a male so that she would "be gay no more" (Femme) and a father who told his daughter he believed "I should be pregnant before bein' gay" (Stud). Subtler messages were more common; in these instances where young women felt their loved ones "accept me regardless," there was still an insinuation relatives would "prefer me to be with males" because "that's the way life is supposed to do" (Stemme).

Only studs reported instances of homophobia, which is a more transparent form of prejudice and discrimination directed towards people on the basis of their sexual orientation (Herek, 1990). They were the ones who reported job based discrimination, physical assault because of their sexual orientation or gender presentation, and public humiliation and debasement, often perpetuated by heterosexual males. The range in degree and frequency of these instances of sexual prejudice indicates that heterosexist beliefs and imperatives manifested in these young women's lives in a multitude of ways and in a variety of social locations.

Consequences of Sexual Prejudice

Stress brought on by exposure to pervasive heterosexism and homophobia has been linked with a number of physical, emotional, and developmental difficulties. Growing up as multi-oppressed women who have self-identified as sexual minorities relatively early, also impacts young women's vulnerability to sexual prejudice. Both Black females and sexual minority females face a barrage of externally-defined images which seek to control them and limit their freedom of self-definition; the confining,

oppressive systems and structures of heterosexism, racism, and classism, attempt to deprive people of power by limiting their subjectivity, their ability to forge their own identities (Collins, 2000).

Effect on Survival and Safety

Perhaps most obviously, heterosexism and homophobia directly impedes young women's survival and physical safety and may make obtaining life's basic necessities more difficult than for their heterosexual peers in similar economic circumstances. Clearly, those who were beaten up had their physical integrity threatened, as did those unable to find a job because of their appearance. At least one stud was kicked out of her home because she was gay, making life more economically perilous than it would have otherwise been had she not been gay.

Additionally, over one-third of the young women placed their sexual and physical health at risk in order to placate others or in an attempt to change their sexual identity. As a femme who became pregnant her first and only time having sex with a male described:

> *Participant:* Basically I had a boyfriend for a cover up. And one thing led to another and we ended up having sex. And that was the first time I had sex, first time getting pregnant.
>
> *Interviewer:* What do you mean 'used him for a cover up'?
>
> *Participant:* Like, for my family...I didn't tell my family I was gay until after I had the miscarriage.

Whether it is pressure to conform to heterosexuality or avoid parental rejection, the young women who choose to sexually explore "for my family," or to gain acceptance, were made more susceptible to pregnancy, STIs, sexual exploitation, and their associated emotional and physical ramifications.

Effect on Identity

Some young women were able to articulate the connections between the developmental struggles they faced and how others treated them. As this 18 year-old stud so expressively communicated:

> I would say a lot of us in the LGBTQ community struggle at some point in time with they sexuality. Because they either been hurt one way or hurt another way, and treated this way or treated that way, you know what I'm sayin'? A lot of people have been kicked out because of they sexuality, doubted because of they sexuality, talked about, fought and so much else, you know what I'm sayin'?

The struggles faced by many of the women arise, in part, because of the way in which heterosexist or essentialist ideologies compel them to question or repudiate their own identities as sexual minorities in an effort to avoid being "hurt," "kicked out," "doubted," and "talked about." The young women's own identity formation and self-acceptance is complicated people trying to fit them into a heterosexual mold. Sexual orientation and gender salient issues indicative of identity struggle included: internalized homophobia, questioning their own identity, attempting or wishing to change their own identity, identity secrecy, and identity uncertainty, as exemplified by those who had multiple self-identifications throughout the interview period. These young women's identities are

emerging within a differentiated world which largely constrains their ability to develop validated, healthy identities without "struggle."

For instance, religious moralizing and rhetoric, a powerful means through which heterosexuality is normalized, instilled shame and guilt in two-thirds of the young women. Condemnation and scorn from family and friends was also often based on appeals to religious ideology. As an example, a stemme who has a bisexual mother, regularly prays to God to forgive her for being gay, but has only started to do so after her pastor read her parts of the Bible suggesting that same-sex behavior is immoral. Here, she describes being repentant:

> Confess my sins, that I made, everything that I did wrong, and say, cuz they say that females liking females is a sin...and I pray to the Lord to forgive me for my sins, know what I'm sayin? I pray to the Lord every day.

Besides feeling ashamed and guilty for their desires, behaviors, and identities (e.g., internalized sexual prejudice), heterosexist beliefs also made a handful of participants question the legitimacy of their desires and identity. In these cases, which occurred more frequently among studs and stemmes, there was either a desire to be heterosexual because of the benefits it would offer, or a hope that same-sex attractions would dissipate. As this stud admitted when asked if she'd ever have sex with a male again, the appeal of heterosexuality is palpable:

> Possibly. 'Cuz I feel like I may want to get my life together. I may not. I feel like this may just be like a phase for me, and I do love kids and I think I may wanna have a kid someday. So, I probably may end up growin' my hair out and, you

> know, dressin' like a female like I should. And it's much easier. It will be much easier 'cuz, you know, I go to jobs and I try to look for a job and -they don't discriminate me- but, I put female and I look like a male, so you know, there's a lot of confusion with that. So, I think in the future things will be different.

As the quote suggests, her desire to be feminine and heterosexual is not because she wants to express her femininity or date a male (elsewhere she describes detesting the male body), but to have an "easier" life, get a job, get her "life together," and be the way she "should" be. While she merely maintained a wish to be heterosexual, other women actively tried to either be or appear heterosexual. Attempts to transform their sexual identity through sexual intercourse with males occurred when women were ages 19 or younger. Participants who tested their sexuality by having sex with males did so to please their parents (see the narrative above), or to see if their sexual orientation was a "phase."

Passing as an identity maintenance strategy also occurred in non-sexual contexts. Femmes admitted that people could not tell they were lesbians unless they verbally came out to them, were decked out in their "rainbow gear," or were in the presence of studs (e.g., stigma by association). For example, one femme mother went to church alone with her child where she was treated, "like a normal woman with a baby." However, when she returned the following week with her stud partner and *their* baby, they were treated "like we were crazy." Femmes could pass as heterosexual if they chose to do so, by altering their hair style, appearance, mannerisms, or company. Older femmes were cognizant that appearing feminine had its advantages:

Interviewer: Do you think that femmes are more accepted by the Black community than studs?

Participant: Yes. Because Black males have a problem with studs because I guess they feel they try to be guys or whatever, whatever. But, everybody, I mean, female, um, straight females, straight Black females, straight Black guys or whatever, they can be cool with a femme, but when it comes to a stud, it's a different story. Because I guess, they feel they tryin' to be guys or they don't like the way they dress or whatever.

Stemmes also used passing as an identity maintenance strategy. One of the main differences between stemmes and studs is that stemmes are comfortable dressing and appearing both feminine as well as masculine, whereas studs are not comfortable passing as feminine. Stemmes would alter their appearance and behavior to suit the desires or attractions of their current partner, but would also do so when going to church, a job interview, or family functions. For example, this stemme who exhibits a preference for being a soft stud explains how she uses her appearance to her advantage:

Ya know like if I were to go to an interview or a job or be around my parents because they don't like me being gay. Then I would, you know, dress feminine.

Despite how the young women address or try to manage living in a world which places value on heterosexual relationships and expression, there are clear ways in which it affects them. First and foremost, experiences of heterosexism on an individual level are ultimately attempts to deprive young women of power over their own identities; lack of genuine acceptance limits identity performance. When young women's sexuality is

repeatedly defined negatively, there is a strong impetus for change. As people try to remake or regulate the participants' identities, to make them question their identities and the appropriateness of their behavior, their ability to form their own self-definitions is often limited; they are treated like blank slates that with time, the right male, or the right sexual experience, will be made whole. As the narratives above indicate, most of the participants experienced a time, however briefly, when they were bent to the will of others rather than free to explore their own romantic and sexual proclivities. It is connoted to the young women that they are not fully valued for who they are, but rather for who they are expected to be. The following quotes, where participants were aiming to provide examples of those who are supportive and "accepting," still indicate a preference for heterosexuality:

> I get good messages from that side, my momma's grandparents. Just that it ain't okay to be gay, but it's okay to be yourself.

> I told my brother that I like women and I was like 'what do you think about it?' And he was like, 'well, I don't like it, but I accept it because you're my sister.'

These examples show that even "good messages" and people who "accept" young women's identities, are still examples of people tacitly communicating a valuation of heterosexuality.

Similarly, as young women's identities are devalued, love is learned to be conditional, something to be earned by fitting a preconceived notion and meeting expectations for behavior. Reared in households where their sexual orientation is considered "nasty," or "disgusting," where their sexual attractions are deemed "a phase"

and where parents encourage having sex with males as a way to extinguish that phase, love is qualified and learned to be provisional. Told you are "sinnin'," "goin' to hell," "disobeying god" and that your behaviors are immoral by church leaders who are also grandfathers and aunts, familial and cultural intolerance is made known. At a developmental time when fitting in tends to be valued and economic independence is but a dream, there is a pressure to assimilate or to make life anew; behavioral or cognitive change is imminent. Given how tenuous, volatile, and conditional biological relationships are framed as being, most young women (some did have affirming families; a few even had LGBT relatives) needed to look elsewhere to structure and explore their identities. As it is LGBT youth, the REC is a cultural site where young women could foster support from others and *attempt* to adopt a more positive identity, a place where shared and valued cultural meanings *could* give rise to less contested identities.

Lesbian Community

It is fortunate that YWSW have a place where they can go to feel safe, explore aspects of their identities, and be "comfortable and open" (Stud). In their lesbian community they have actively constructed a network of friends who make up their "gay families," who consider one another "stud brothers," "gay mothers" and "gay daughters." By creating a network of friends who constitute women's "gay families," the young women know "If I don't have one family, I have another" (Femme).

These surrogate families provide a way for young women to ensure that in their unpredictable worlds of racism, heterosexism, incarceration, sexual assault, unplanned pregnancy, sexual diseases, and neighborhood violence that they can rely on a relatively

large network of care, support, and acceptance; this created family helps them, as a group, to cope with ideologies impinging upon their identities. Ascribing familial language and importance on gay and lesbian peers also situates them in the gay world, connotes to others their position in their community, and individuates them on the basis of their gender identity and role within their family configuration. Through their involvement in "gay families" they can produce and reproduce themselves through their roles in the family, their interaction with others, and the language they use to identify their selves.

And within this familial community there are shared norms which shape expectations and outline ideals for behavior, including behavior related to fertility. Everyone perpetuates these cultural ideologies and participates in boundary maintenance or boundary "policing" (Lubiano, 1997). Buried within these community ideologies is a discourse of acceptable mothering; reproductive decisions are thus motivated, in part, by social norms and sanctions and the ideological, collective lens through which motherhood is viewed. Yet just like young women's identities are limited by the larger social structure, so too can they be limited by their chosen community. Whereas the Center can function as a place where oppressive ideologies are resisted, it may also function as a site where they may be reproduced or reappropriated.

Lesbian Gender and Sexuality Norms and Ideologies

Analysis of cultural norms and convictions indicates that within this community, there are often high expectations and romanticized notions about what a lesbian should and should not be. In particular, this community has adopted and shaped dichotomized

lesbian gender identity norms which in turn create standards for "appropriate" sexual behavior. Because pregnancy, including planned pregnancies in this economically limited context, involves sex, there are corresponding standards for "appropriate" fertility-related behavior. These strident norms which demand conformity and exclude those who do not conform to community norms have likely arisen for a variety of reasons. First, these young women reported a multitude of heterosexist experiences and exposure to exclusionary practices. Heterosexist ideological beliefs may seep into the lesbian community because of how difficult it is to eliminate structurally-based controlling images (Collins, 2000). Additionally, it has been argued that "The self-policing nature of the lesbian community is based on a defensive position of exclusion from the dominant culture, and often produces a desire for boundaries and distinction, which promote a policing of who is a lesbian, and also who is a woman" (Eves, 2004, p. 487). Strict gender identity norms are not unique to this lesbian community, nor is policing. Likewise, due to a history of racism, policing within the Black community may be used more often or more overtly because of a wish to present a united front to their oppressors (Collins, 2000; Lubiano, 1997). Like young male youth who are hyper-masculine, studs, in particular, may "police gender conformity as part of constructing affirming, moral sexual identities (Froyum, 2007, p. 607). By policing others' identities, they further establish (or can recreate) their own. However, in asserting their own identities, young women may disrupt the identity validation of others. Lastly, their gender and sexual identities -still evolving and demeaned in other contexts- are particularly salient and take on inordinate meaning, particularly within a gay created space and at this age. It is thus

not surprising that this community has generated pervasive social expectations, norms, and rules relating to sexual behavior and gender identity.

Policing within the Lesbian Community

These young women firmly believe those who call themselves "lesbians" should not have sex with males; doing so is a violation of sexual identity, poses a sexual risk to future female partners, and is a misrepresentation of self. Those who have had sex with males are not lesbians, they are "gay." Here, it is evident the importance they place upon identity labels and the rigidity with which they are applied:

> *Participant:* But, if they-if a person was to ask me what's my sexuality, I be like, 'I'm gay,' 'cuz there's two differences between gay, and lesbians. So I consider myself as gay, 'cuz I have been with a man.
>
> *Interviewer:* Okay, so you wouldn't consider yourself lesbian, because...
>
> *Participant:* No, lesbians are -that haven't been with a man. Period. At all. They still virgins, but they like females. Those are lesbians. Gays are ones that been with a man, but they don't mess with them like girls.

These identity salient boundaries, once erected, can be policed. For example, those who claim to be "lesbians" and have sex with males are referred to as "dick dykes," and the term "dyke" is considered offensive.

> ...dick dykes is when they, like kind of bisexual 'cuz they go, they go get the dick and then they go back for pussy. But they not sure what they really want. But they be on the slick side. Like 'I want some dick.' Like in their head they be like 'I

> want some dick.' And then really, really they supposed to be gay. That's what we call them – dick dykes.

Those who do not properly identify themselves as "lesbian" or "bisexual" according to behavioral codes, are disparaged, vilified, and thought untrustworthy. They are re-assigned a sexual identity, are considered -mainly by studs- to not be datable, and are not readily accepted.

Stud Social Norms within the Lesbian Community

Studs, in particular, should not have sex with males; doing so is not only a violation of sexual identity, but also of gender identity. Doing so means they will be stripped of their gender identity, as well as their sexual identity. In contrast, femmes should not have sex with males because of the potential for disease transmission. Here, a stud explains why she believes femmes should not have sex with males:

> Because that's how people catch stuff. And I feel like, how you gonna go sleep with a guy, and get some type of bacteria that your female can get any type of throat infection from?

Studs who have sex with males remind other studs that they are indeed still females, and this reminder is unwelcome. If studs have had sex with males (like all those in the study have), it must have been before identifying as a stud. If studs have had sex with males, they feel they cannot be honest about it.

> *Participant:* I wouldn't be comfortable telling them [my friends] that I had sex with a guy.

Interviewer: Why?

Participant: Because I feel like, uh, it kinda interfered with me being a stud, so.

Occasionally, those who challenge the gender norms are physically attacked or threatened. Studs, in particular, protect their space and identities through violence and threats, which reinforces their image as masculine and dominate. Studs who violate gender(ed) proscriptions are thus liable to be dethroned as a stud and lose their position of authority in the community, to be physically assaulted, and be shamed for having tarnished the image of other studs. Here, a stud explains why "something ain't right" about studs having sex with males and what happens to those who do.

Participant: Because, look at a stud, like studs feel they hard body, like a male. And just to have sex with a male, that is very like low tolerant in this community.

Interviewer: Okay.

Participant: And if you sit up here and you go have sex with a man, you gonna get talked about. You gonna get hurt.

Interviewer: Hurt?

Participant: You gonna get talked about, you gonna get popped.

This belief that "something ain't right" about studs having sex with males, is so pervasive that a few of the young women also believe studs should not be vaginally penetrated during sex with other women; though there is disagreement on this norm, femmes should also not want to be vaginally penetrated during sex, as it indicates latent heterosexuality. The idea of studs being penetrated is antithetical to the construction of

gender identity in this community; because sexual identity is tied to behavior and explicit sexual desires, femmes being penetrated is antithetical to the construction of "lesbians" in this community.

Dating Social Norms within the Lesbian Community

Studs should also not date other studs or stemmes. Femmes can date other femmes, but stud-femme dating is the norm. Stud participants did not admit to dating, having sex with, or being attracted to other studs. Stemmes would date both femmes and studs, but tended to have a preference for dating one or the other; they tended to alter their behavior and appearance, based on their relationships. Studs were uneasy with the thought of dating stemmes, in part because studs felt stemmes could not be trusted:

> I don't too much mess with stemmes 'cause I feel like they confused. They stuck in the middle, feel me? So I don't too much do the little stemme thing. I had a stemme come on me before, but my reaction was out of control, like, you don't know what you wanna be... I don't know what to identify you as. I like females and I don't like, I don't like males, so, me talkin' to you and not, you know what I'm sayin'? I would look at you and you half way dressed like a boy, you wanna act like a boy with a girl's shirt on or somethin' like that. I feel like, you know what I'm sayin', you silly, you actin' like a nigger to me. You actin' like me and I don't want the same thing as me.

Because studs think that stemmes are confused, there is general anxiety that stemmes might "switch up," which would require that studs reassess their desires and perhaps jeopardize their image. Stemmes, with a vacillating gender identity, incite studs to anger.

Stemmes are rendered "confused," much like some in the gay community naively think of bisexuals. YWSW who expose the amorphous nature of gender identity are rendered invisible –they are silenced, ostracized, or re-assigned a gender identity. For example, many people refuse to recognize that there are stemmes within this community, and stemmes are often read and treated by others as more femme (e.g., aggressive femme) or more stud (e.g., soft stud), as is the case with this stud:

> *Interviewer*: What do you think about stemmes?
>
> *Participant:* That's the same thing as a soft stud to me, a stud and a femme mixed together. You know like one day stud, the next day femme. Just confused basically…

Like bisexually active women branded as "dick dykes," stemmes are not allowed their own identity, but rather are assigned one. No one stated that they date stemmes or prefer to date stemmes. Even stemmes did not mention the possibility that they may date another stemme. Individual identity claims are thus at odds with social perceptions of identity.

Transgressors within the Lesbian Community

There are, of course, frequent violations or bending of cultural rules or deviation from cultural scripts. Cultural norms are challenged in every community. Pregnancy and parenting, both of which are highly valued in this community, require a breaking of many of the cultural rules pertaining to sex with males, for alternative insemination procedures cannot be afforded. Depending on how and by whom these rules are violated, there will be various consequences.

The cultural rhetoric surrounding sexual and gender identity help young lesbians construct a community, acts as a means of social control, and has implications for pregnancy, mothering, and parenting. Pregnancy guidelines are also deeply salient to individuals because of the way in which they are intricately related to sexual and gender identity imperatives. Family practices are ultimately gender practices and reproductive decision making is influenced by (traditional) gender identity orientations. Mothering hegemony is sought though the regulation and punishment of lesbian maternal identities, so as not to disrupt existing gender(ed) ideological beliefs. Older Caucasian lesbians often decide who will be the biological parent based on practical considerations such as age, physical health, availability of insurance plans, and work schedules (Chabot & Ames, 2004). However, these young women negotiate parental roles within a femme-stud cultural narrative in which they are still actively constructing changing definitions of themselves within a rigid cultural milieu.

Valuation of Parenting within the Lesbian Community

This lesbian community highly values children and adolescent pregnancy is not defined negatively. This high valuation placed upon children and parenting is common among African-Americans and culture is an important influence on women's views of family and motherhood (Collins, 2000). Feelings and attitudes toward parenting are mixed in lesbian communities and circles. Adrienne Rich (1980) points out that in lesbian culture, the belief in the exclusivity of "motherhood" and "lesbianism" is often evident, having been internalized by many sexual minority women. In some lesbian communities -particularly lesbian radical feminist communities- there is derision for those who choose to mother, as there is a prevailing belief that such women are not

lesbians and have instead bought into heterosexist imperatives (Epstein, 2002). For this reason, "lesbian and bisexual women with children do not always find communities all that supportive" and decisions to have children often go against community norms (Rothblum, 2008, p. 73). Lesbian women who choose to parent, thus face the same worries as heterosexual women, as well as the cultural biases both from outside and within lesbian communities about their ability to parent. They must rebuke or disregard societal messages that lesbians are unfit parents, while also dealing with possible disdain from people within the lesbian community. Yet within this lesbian community, young women do not consider parenting in this fashion.

All young women either are or aspire to be parents and all femmes and stemmes aspire to be biological mothers. They like to be around others' children and consider babies to be a "blessing" and a "gift." Young women look forward to being "god-mommas" and "aunties." Stemmes and studs will be a "baby's daddy" for their friends who are raising children on their own. They will pursue pregnancy through sexual intercourse with males despite being uncomfortable, despite it hurting, despite flashbacks of rape, and despite previous avowals never to have sex with males. They desire to have children despite being told lesbians should not parent and in the face of difficult economic circumstances. Children are embraced. However, while children and parenting is valued here as in other Black communities, motherhood is embraced and celebrated only in the right circumstances. Cultural messages from within the lesbian community weigh on reproductive decisions and structure expectations of behavior by assuring that perceptions of approval or support for having children differ.

Appropriate Motherhood within the Lesbian Community

Within the larger society, there is differential access and availability of various social systems, resources, and forms of social support for pregnancy, birth, and parenting. Differential levels of support exist for women pursuing motherhood based on where they fall within a socially constructed motherhood hierarchy. DiLapi's (2009) motherhood hierarchy is a conceptual framework which delineates the institutional oppression faced by mothers. At the apex of her motherhood hierarchy is the ideal mother, one who, rather than face barriers to pregnancy and mothering, may feel pressured or impelled to mother: the married, heterosexual, biological woman. Her place at the top of the hierarchy is established because she has correct sexual orientation (e.g., heterosexual) and family form (e.g., married). Those who are inappropriate mothers are incorrect in both form and sexual orientation and encounter a multitude of legal, medical, and social obstacles to pregnancy and parenting: lesbian mothers. Marginally appropriate mothers are those who are correct in either family form (e.g., bisexual, married mothers) or sexual orientation (e.g., single, heterosexual mothers). They may at times encounter obstacles to pregnancy and parenthood, but not to the extent of inappropriate mothers. DiLapi's (2009) model provides a framework for thinking about the acceptability of pregnancy for young Black lesbians. Yet within this lesbian community, the appropriateness of motherhood is not considered along lines of sexual orientation, but rather in terms of gender identity (see Figure 1). Based on analysis of these young women, I developed a parallel model to the one described by DeLapi (2009). "Good gay females" are appropriate mothers (taking the place of heterosexual, married mothers according to DiLapi), "dick dykes" are marginally appropriate mothers, and studs are culturally considered inappropriate mothers (taking

the place of lesbian mothers, according to DiLapi). Young women who are pregnant or parenting thus receive differential cultural support, depending upon where they fall in this motherhood hierarchy. I created this model based on the consequences (actual and hypothetical) described by young women who have been pregnant and who are contemplating pursuing pregnancy.

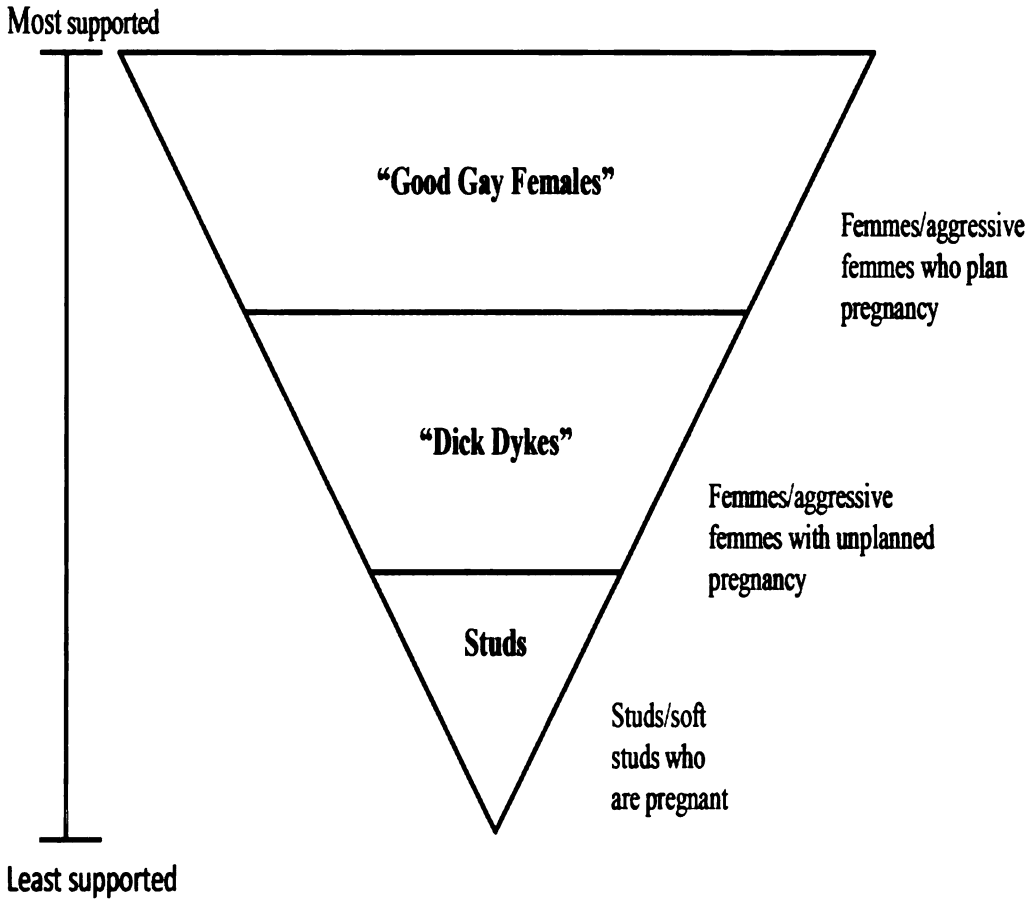

Figure 1: The young Black WSW motherhood hierarchy. Those on the top receive the most communal and partner support for having a child, while those on the bottom receive the least. Stemmes, given that support is given based on proscribed identity (e.g., aggressive femme/soft stud) rather than self-identification (e.g., stemme), could theoretically be at any level, depending upon how others "read" their gender presentation.

In explaining the importance of motherhood to Black women, Patricia Hill Collins (1994) said that "identity shape(s) motherhood for all women" (p. 61). Pregnancy (and parenting) are replete with identity related consequences –both anticipated consequences and unanticipated consequences. These young women are at a developmental age where their sexual and gender identities are actively being transformed, yet they have been virtually stripped of the power to form their own identities, both by society as well as by the lesbian community where they've come for refuge. They reside in a world which limits their sexual and gender identity expression and which explicitly and implicitly places value on that which they are not. To that end, exploring the ways in which pregnancy and parenting impact the participants' identities is one way to connect their fertility-related behaviors and feelings to the context(s) in which reproductive decisions are made. Following is a description of the identity-related importance associated with pregnancy and parenting (see Table 2), which are the themes woven throughout the remaining narrative.

Table 2

Gender and Sexual Identity Development, Validation and Contestation through Pregnancy and Parenting

Action Strategies (i.e., activities young women engage in)	Consequences (i.e., intended and unintended outcomes)
Policing lesbian pregnancy	Affirms sexual and gender identity through the reappropriation of others' identities
Unintended pregnancy	Delegitimizes sexual identity for young women, as well as gender identity for studs
Intended pregnancy	Legitimates femme sexual and gender identity; delegitimizes stud gender and sexual identity; validation of same-sex partnership identity; grants adult status
Stud support of partner's pregnancy	Validation for stud gender identity
Playing "baby's daddy"	Important for stud gender identity affirmation; less important for stemme gender identity affirmation

What are the identity-related consequences of pregnancy and parenting? How are these consequences influenced by group-based ideologies and individual identity construction?

Pregnancy and Studs/Soft Studs

Lesbians in this community -and studs in particular- have a difficult time believing studs would ever willingly become pregnant. The only stud who exhibited acceptance of another stud who had been pregnant, was 24 years-old and firmly believed that pregnancy had been an accident and must have occurred before identifying as a stud. Here, she explains her view on stud pregnancy:

> Well I really don't, I really don't put nothing against studs that have babies because it happens, you know. And some studs gonna have babies when they was 18 and they want to be a stud now when they 19. And I mean, you still a female so, if you mess with a guy and have unprotected sex that's what gonna happen to you.

Being a stud and being pregnant are mutually exclusive; if a stud has a child, she must have had it prior to labeling oneself as a stud, just like it is assumed studs must have had sex with males before identifying as a stud. The idea of a pregnant stud is at odds with their perception of their selves and each other, just as in the larger society, some people consider lesbianism and motherhood to be identities at odds with one another. The idea of having a biological child is difficult to fathom because of the way in which lesbian maternal identities are characterized as in opposition to authentic stud identities.

Studs are Like Men

In the words of one stud, she "lives her life as a boy." In relationships, it is studs who are expected to "really portray the image of being the guy." Femmes who date studs also consider them as the "man of the relationship," "the backbone of the relationship," and acknowledge that their stud partners see themselves as "a straight guy, that's what they consider they selves."

Relationships between studs and femmes are described and thought of as heterosexual relationships:

> It's just like, a hetero, yeah a heterosexual relationship. Like you got your man, you got your woman. A stud is the man, femme is the woman.

Femmes desire that their partners look and act masculine and that they "have the swag of a man."

> *Interviewer*: So how do you think a stud should act sexually?
>
> *Participant:* How do I think a stud should act sexually? I don't know. I really don't. I've never. Hmm, I have no idea. I guess like a man.

Studs even see the terms "man" and "stud" as being synonymous:

> *Interviewer:* Okay, Okay. To begin, I have some questions um, do you identify as stud, femme…
>
> *Participant:* A male.
>
> *Interviewer:* What was that?

Participant: A male.

Interviewer: What is that?

Participant: Like a stud.

Interviewer: So male is a stud?

Participant: Yeah.

Even when studs do acknowledge they are biologically females, they will not acknowledge ways in which they may act feminine. They invest a lot into constructing their masculine image:

Interviewer: Okay. How are studs different than men?

Participant: Studs are different than men 'cuz they're women.

Interviewer: Okay. How do they act differently than men?

Participant: Studs don't act different than men.

Being a stud, being "like a man," is equated with dominance in relationships and thus both relational and community authority. As one stud so ardently states while hitting her fist on the table, she is "the dominant one," the "one in control" within relationships. Giving up this identity means the loss of power, control, and community standing. If other studs can be stripped of their position, it is a reminder that at any time they may also be robbed of their power-gaining masculine identity. Through protecting their identity and space through violence, threats, and the perpetuation of gendered ideologies, studs are maintaining their own community stature and image, as well as the power

they've gained within this setting. Studs -socially, economically, and politically marginalized- desire to maintain their power and authority within the lesbian community, a power and authority typically deprived of them.

Stud Gender Scripts

Pregnancy does not align with studs' gender script; being a "baby's daddy" (see below) fulfills their community gender expectations and being a biological mother does not. A deviation of this script upsets gendered essentialisms, threatens the group image of studs, and violates the community status quo. Studs who are mothers disrupt communal notions of mothering hegemony; they are supposed to parent, not to mother. Mothering, for studs, is a sexually transgressive act because their behavior (e.g., sex with males) and their role (e.g., mother) does not align with identity standards.

Individually, pregnancy and mothering for studs is difficult because of the extreme discomfort they exhibit being feminine. Motherhood as seen in dominant cultural discourse is the quintessential feminine experience, both requiring characteristics (e.g., nurturing) associated with the "feminine" and bodily experiences (e.g., birth, breastfeeding) thought of as "feminine." Studs are uncomfortable with femininity to the extent that they refuse to feminize their appearances for the sake of obtaining a job. To studs who firmly disavow the feminine parts of their selves, the thought of pregnancy, birth, and mothering is at odds with their identity. Pregnancy and birth could also bestow upon them a vulnerability and dependence, which are traits they attempt to hide or extinguish. Traditional mothering would require reconfiguring their notion of "stud" to include that which is typically thought of as feminine. Thus, because of the way in which

pregnancy is at odds with individual and community perceptions of "stud," it is not surprising that there is less stated desire among studs to give birth. For a pregnancy to a stud to be acceptable, the meaning ascribed to the identity of stud would have to change.

Consequences of Stud Pregnancy within the Lesbian Community

While there is cultural anxiety about lesbians having sex with males and studs having sex with males in particular, there is particular discomfort with the idea of studs being pregnant. Studs who do become pregnant sometimes feel like they cannot be honest about their pregnancy, particularly if it is planned. They are not only liable to be labeled "dick dykes" and be criticized, but they will also have to defend themselves –verbally as well as physically. They will open themselves up to attacks on their character and decisions and will possibly be in physical danger; in one story recounted by Center staff, a pregnant stud was beaten with a bike chain. Here, a stud recounts her own abuse of a fellow stud who gave birth:

> I was talkin' 'bout this one stud. I mean, I don't know what I said 'bout her, I was just like 'uggg, you out here tryin' to play tough or play hard like you a man and you got, you just had a baby.' Flat out, know what I'm sayin'? So, there was all some beef and stuff, like getting' feisty. Don't come on me like you a Niger, you tough, when you just laid down with a man.

In this quote, there are a few indicators of why there is cultural apprehension about stud motherhood. There is confusion and disturbance about gender inconsistent behavior ("you just laid down with a man"). It is not merely the pregnancy and birth which deviates from what "stud" identity entails; it is also the act of intercourse with males. Sex

with males deprives studs of their toughness, as it is seen as letting someone else dominate them. Pregnancy and motherhood does not change gender identity, but it is experienced often by the self as well as others, as cross-gendered behavior. The mother was still acting like "a man" though she also "just had a baby." This gender inconsistent behavior which is divergent from community gender ideology deprives "stud" of its meaning as an identity. At the very least, it calls ideology and personal identification into question. As has been noted about pregnant butch women: "Butch pregnancy and motherhood disrupt the notion of coherent butch identity" (Epstein, 2002, p. 47). Other butches, or studs in this case, who have a stake in maintaining a rigid notion of gender identity, may resort to cruelty or violence in order to preserve their own identity and beliefs and to demonstrate their authority; their physical presence and maintenance of essentialist ideologies are their sources of power. Not finding this gender divergent behavior problematic would call into question their identity as well as their culturally constructed ideological beliefs which situate them in a position of dominance. These ideologies thus limit their maternal and sexual practices.

Stud Transgressors in the Lesbian Community

Yet just like there are lesbian mothers, or inappropriate mothers according to DiLapi (2009), who challenge societal norms, there are also stud mothers who challenge the status quo. Studs who seek pregnancy must therefore have a strong intrapersonal motivation to be a mother, and be willing to deal with harassment, violence, and further rejection. They must be willing to confront a feminization of their physical appearance, a change in their stature in the lesbian community, possible discord in their romantic relationships, and a disruption of gender identity relevant meaning. Their bodies which

are typically used as a means of dominating others are transformed into a scarlet letter indicative of their loss of that ability. Like studs who hide from others that they have had sex with males, pregnant studs who have deviated from cultural scripts may also be compelled to conceal their deviation, though there is growing physical evidence of their transgression. The lone stud to become pregnant purposefully was already dissatisfied with being a stud, was already stripped of her authority as a stud because, as she admits, she doesn't "really, really truly acts like a boy." She readily states she does not "fit in" with other studs and does not "hang with a lot of studs," in large part because she feels unaccepted by them; as she states, "a typical stud would not do the feminine things I would do." Thus, pregnancy was less at odds with her perception of herself, and she had less to lose: She already did not fit in because she did not "live a stud life." Her commitment to the stud identity already compromised, it is less influential on her behavior and choices.

Yet there are indications she was uneasy about her decision to become pregnant. First, unlike the femmes and stemme who pursued pregnancy, she did not inform her girlfriend prior to attempting to become pregnant. She was secretive and acted on her own accord, whereas young femmes and aggressive femmes who became pregnant, did so while in relationships with other females and made joint decisions regarding the pregnancy. Additionally, her decision was made hastily, with no prior planning, discussion with others, or testing considerations. Because her chosen "sperm donor" was heterosexual, she did not think of him as a high-risk sex partner. Also unlike the other young women who planned pregnancies, she chose her "sperm donor" because he was attractive and light-skinned; the willingness of the "sperm donor" to abide by sexual

restrictions and adhere to a desired family structure were the considerations that other young women felt were important. Lastly, she was relatively alone throughout her pregnancy and after her miscarriage. She did not make her pregnancy known within the lesbian community, and only informed a select few individuals that she was pregnant – none of whom were studs. Thus, studs who are pregnant, must remain silent about it, remove themselves from the community, or be willing to defend their identity -either verbally or physically- against those with a stake in depriving them of it.

Benefits of Mothering to Studs

Because stud pregnancy is transgressive, may threaten a stud's physical integrity, and may deprive them of their social position within their community, what they perceive pregnancy, a child, or mothering to offer them (as opposed to parenting) is of the utmost importance. In particular, this stud craved the love she thought a child would provide her. She mythologized the relationship between mother and child –believing that a child would always "wanna be mine." Children would provide her with a love that would not "hurt," unlike other relationships. Having a child because she wanted "somebody who was gonna love me for me" implies a desire to be loved regardless of wealth, sexual orientation, gender identity, or biological sex. A child's love was viewed to be without prejudice. Children would also help her overcome feelings of alienation, for she very much believed that she were struggling and largely alone in the world. She felt as if "I don't have anything" and felt both rejected by her biological family and unaccepted by her gay family. She does not have an excessive need for love and belongingness, but rather, has felt deprived of love and belongingness. For this reason, a child's love was

idealized as being permanent and enduring. Regardless of the hurt and disappointment family, friends, and lovers may instigate, a child would be there indefinitely.

Studs intending to parent reiterated this desire to be unconditionally loved and to be protected from loneliness. As this stud explains, children offer a sense of security that they will never be alone:

> I feel like kids is the best gift for the simple fact that there's somebody that you can always talk to. Somebody that will always be there. Somebody to always love you, no matter what.

Children are "the best gift" because of the way in which they satisfy the young women's basic needs for love and belonging. Choosing to parent, thus contains an element of self care. This aspect of the parenting myth –that children love their parents regardless- is particularly important in distinguishing the love of a child from the love of others. If children are believed not to have any choice in loving their parents, children's love for their parents can never be extinguished.

Mothering, as opposed to parenting, provides added assurance that children cannot be taken away and will "always be there." When asked why she had become pregnant, she said:

> *Participant*: Wanted to have my own baby.
>
> *Interviewer:* You wanted to have your own baby? Why?
>
> *Participant:* Because, um, a lot of relationships you get with females they got kids, and you get attached to the kids, and all they do is take the kids

> out your life, and I just wanted my own baby. I just wanted somebody that was gonna love me for me...

Despite naivety about the lack of legal claims a non-biological mother has over a partner's child, this young women still understood that a child who was not her biological child, could easily become one more person to come in and out of her life. Ostensibly, she may forfeit her position in the lesbian community which is already tenuous, but gain somebody who would "love me for me" and who could not be taken away from her.

Baby's Daddies within the Lesbian Community

Whereas being pregnant is contradictory to their personal identity, being a "baby's daddy" is not. According to Oswald (2002) who studied lesbian co-parents, lesbian parents assign names to their selves that integrate their lesbianism, motherhood, and ethnicity. Having alternative names for non-biological parents which are tied to their cultural heritage (e.g., "emah" in Judaism) is important. Baby's daddy" as a name allows these young women to integrate and express their lesbianism, ethnicity, as well as gender identity. The use of this term further emphasizes the salience of gender identity to these participants. Additionally, use of the word "baby's daddy" to describe themselves –like their use of the word "stud"- is also a way of subverting male/female sex distinctions, as both are references to Black males. However, in contrast to the term's common usage when referring to biological fathers, "baby's daddy" connotes an ongoing relationship with the child's mother and an acceptance of and responsibility for caring for a child.

"Baby's daddies" are always the current or previous girlfriend or partner of the biological mother, or in some cases a close friend of the biological mother. In no instance

was a femme described as such. As one young femme explained, "In the gay life, the stud plays the dad role." In describing what being a "baby's daddy" entails, participants describe it as "playin' the biological father's role." Femmes described a partner or friend who "plays the father," or "plays the dad role." Studs also refer to how they and their friends will "play a role as daddy." Thus, there is a collective acknowledgement that identifying as a "baby's daddy" is a means of enacting one's gender identity, of "playing" the expected role. All descriptions of the role of a "baby's daddy" in a child's life are permeated with traditionally masculine behaviors. For instance, in describing the role of her stud partner in her child's life, this young woman articulates what is expected:

> She come home, she pay the bills, she do all the, you know, she bring the money home. That's daddy. You know, she take care of both of us, like, we do 50/50 but she in the long run, she still take care of me and the baby. You know, it's just daddy, everything a man would do for his daughter, [name of participant's girlfriend] do for [name of participant's child].

Being a "baby's daddy" provides studs with a new, rewarding role through which to enact masculinity. Being a "baby's daddy" verifies their self-image and conveys their identity to others. To studs, being a "baby's daddy" provides them with a means of gender identity validation. In the following quote, a stud describes why the idea of being a "baby's daddy" appeals to studs:

> *Participant:* I just think, I don't know. Just to, fill out the rest of the blanks in our fantasies and our dreams and our mentalities of bein' a man. We got a little kid sayin' 'daddy this, daddy that,' know what I'm sayin'?

Interviewer: So, babies usually call studs daddy?

Participant: Daddy. That's the way we raise 'em up.

Being a "baby's daddy" aligns with studs' gender script and fulfills community gendered expectations. There are many benefits to studs who have a partner who bears a child: it does not violate cultural codes of gendered behavior, does not violate one's own gendered beliefs, and may bestow upon them a new, desired identity as a "baby's daddy."

Whereas on one hand being a "baby's daddy" allows for the performance of masculinity, it also provides a way for studs to distinguish themselves from males. The young women often spoke disdainfully of their own fathers, or the biological fathers of people they know. Fathers are described as being a "nobody," "deadbeats," "incarcerated" and being "nowhere around." These descriptions echo findings in the literature which suggest that many Black, urban, poor adolescents grow up in homes without father figures. In contrast, the girlfriend's of women with babies are talked about as being "around too much" and one femme with a baby described having "a lot of ex's that wanna be in my daughter's life." Studs also described having a willingness to "take on the responsibility" of caring for the children of women they may date in the future. Such descriptions further exemplify the importance studs place upon being a "baby's daddy." By being willing to take on the role of "baby's daddy," studs differentiate themselves from the male father figures in their lives, while forming their own version of masculinity.

Identity-related Importance to Studs as a Baby's Daddy

While "baby's daddies" tend to be studs, on rare occasions stemmes will also *play* the role of a baby's daddy, though for different purposes. Stemmes may consider themselves a "baby's daddy," but don't seem to derive as much meaning from the role. Instead, referring to themselves as a "baby's daddy" for stemmes was a way to signify to women that they were interested in dating them. For stemmes, serving in the role as "baby's daddy" is done, "Because they love, or like, the women whose child it is." The role, to stemmes, is in relation to the mother as opposed to the child. Because their gender identity is more fluid, the role is not as important to them in their construction of their gender identity and appearance to others. Stemmes, then, will joke about being a "baby's daddy," whereas studs take the role seriously and talk about it in terms of responsibility and will truly "think of they self as daddy." In either usage –either as a role or a relational device- the word itself operates as a symbol, one which implies family identity, much like other same-sex couples who use last names to negotiate family identity (Suter, Daas, & Bergen, 2008).

Also indicative of the fact that there is a differential importance placed upon how stemmes and studs view the role of "daddy," is the disparity in their preference for biological fathers to be in the child's life. The added benefit of having one's gender identity reinforced by one's role as a "baby's daddy," may be one reason that studs show a preference, and indeed in some cases, are very adamant, that a child's biological father not be a part of the child's life. The the key criteria for seeking out "sperm donors" for studs was they not want to be in the child's life or they be willing to sign over parental rights. This resistance may be due to protecting their role in the child's life.

Comparatively, 3 of 4 stemmes iterate either having had plans for a biological father to be in their child's life or exhibit a preference for a biological father to be part of their child's life in the future. Stemmes preferred for more variegated family structures than did studs.

Stemmes, who do not think of themselves as males or in relation to men, do not actively *seek* the role of "baby's daddy," whereas there is indication that studs do so. Understanding the significance of child rearing to studs is therefore of importance because of the potential impact their parenting desires may have on their partner's reproductive decisions. Literature suggests that adolescent males' attitudes toward pregnancy are one of the best predictors of their girlfriends' attitudes towards pregnancy (Cowley & Tillman Farley, 2001) and teenage males, particularly socioeconomically disadvantaged males, often have manifold reasons for desiring their girlfriends be pregnant (Edin & Kefalas, 2005). Among older lesbians, having a partner who desired children also motivated pregnancy desire and willingness (Chabot & Ames, 2004). The same is true of studs in relation to femmes.

Studs acknowledge that their friends have a strong influence on their partner becoming pregnant. Three of 5 studs articulate a belief that it is studs who want and plan out intentional pregnancies for their girlfriends. Studs admit that they have friends who "make they girlfriends get pregnant for them." While there are many reasons why studs may convince their girlfriends to have children, all reasons ultimately come down to "they feel they want to have kids, but they don't want to be the ones to produce." Studs though, like to maintain an image of being dominant, which is why it is important that their perceptions of their friends' behavior are validated by the accounts of femmes.

Analysis of the reasons given by femmes who became intentionally pregnant indicates that their stud partners were influential in their decision to pursue pregnancy. One femme, whose second pregnancy at age 15 occurred only months after having had an abortion, describes her decision to become pregnant as intricately tied to her partner's desire. Her partner was neither physically able to bear children, nor could she see herself, as a stud, doing so. Her decision to have a child was thus made out of a desire to "have one [a baby] for her [my girlfriend]." She reiterates this pregnancy rationale by stating that her second pregnancy was an instance of "me having it [a baby] for my girl." She also describes her first consensual sexual experience with a male as "with my ex-girlfriends' best friend to have a child for her."

For other participants, stud partners played a less direct role. For femmes who desire pregnancy, they still need to ask permission of their partner to pursue pregnancy. In this instance, stud partners play the role of "decision maker," being the one to ultimately choose whether the time is right for their femme partner to become pregnant. Ultimately, they are the ones who give the go-ahead for their femme partner to have sex with a male to become pregnant: The most rigid boundary police are the ones who allow for a bending of ideological codes. They thus exhibit a modicum of control over their partners' reproductive decisions and sexual behavior. While studs may guide the pregnancy decision-making process, femmes who become pregnant do not see themselves as being coerced by their partners to have children (see next section); instead, they view the choice to have children ultimately as one made together and indicative of their desire to have a family together.

Gender Identity Salience during Pregnancy

For a stud, being a "baby's daddy" is recognition in and of itself, but it also may make their gender identity and their partner's gender identity more dichotomized. Pregnancy makes gender identities more disparate because of the ways in which these new roles accentuate femininity and masculinity (Burke & Cast, 1997). Parenting provides a shift in gender-relevant meanings. Parenthood confers upon individuals more traditional gender roles (Rossi, 1984). Parenthood is the ultimate symbol of womanhood for women and manhood for men (Antonucci & Mikus, 1988; Belsky & Kelly, 1994). Even in same-sex relationships where partners attempt an egalitarian form of co-parenting, the birth of a child represents a major gender role transition and magnifies differences between partners (Chabot & Ames, 2004). Distinctions are or exacerbated because parents are categorized as biological and non-biological parents, who are set apart not only in terms of genetics and biology, but also social identification and legality.

Therefore, the stud-femme dating dynamic adds another dimension to fertility decisions. In these culturally ideal relationships (e.g., stud-femme relationships), pregnancy and parenting become a way to authenticate young women's gender identities within the gay community. Parenting a child provides a source (e.g., the child) and role (e.g., "baby's daddy") of gender recognition and validation. Studs, who exist in a world which constrains their ability to develop accepted sexual, as well as gender(ed) identities, often struggle to forge their own self-definitions, and to have those self-definitions appreciated. Their desire for identity validation may lead some studs to pressure their partners to become pregnant at young ages. For studs, the identity validation they receive

through parenting is ultimately about survival and power –a way to survive in a world which limits their power of self-definition.

Pregnancy and Femmes/Aggressive Femmes

In contrast to community perceptions of stud pregnancy, young women believe that most femmes plan their pregnancies. For example, this stemme who feels more comfortable when acting feminine and at the time of the interview was currently planning a pregnancy with her gay male best friend, believes femmes plan their pregnancies "Nine times out of ten. Probably." Similarly, a stud points out, "...most of the time if a femme come up pregnant, a real femme, it was planned. So the stud would be the daddy." This last statement points to a belief that when femmes plan pregnancies, they are planned within the context of a relationship with a stud.

According to participant stories and site staff, femmes are the ones most often pregnant, most often biological mothers, and who seek pregnancy while in relationships with *stud* partners or partners who are read as studs. Two femmes and one stemme (e.g., aggressive femme) did plan their pregnancies and all interviewed femmes and stemmes desire to bear their own children, if they have not already done so.

Good Gay Females and the Consequences of Femme Pregnancy within the Lesbian Community

Femmes and aggressive femmes who plan their pregnancies within the context of a same-sex relationship, are considered "good gay females" who have meet their own, their partners', and their lesbian communities' expectations concerning intentional pregnancy. They have earned cultural admiration and are the recipients of various forms

of support both throughout their pregnancies and after giving birth. When "good gay females" become pregnant, their friends may simply be "curious" or "puzzled" as to how they became pregnant; they will not be treated violently, with disdain, or as if they are not real lesbians or authentic femmes. They are given baby showers at the Center, more to eat by Center staff, and treated "nice" and with "respect."

They are "gay" because by the definition of some in their community, they are not lesbians. In this community, a woman is not a lesbian who claims to be a lesbian; a woman is a lesbian only if she meets the cultural expectations of a lesbian. To have sex with males for any reason requires the revocation of one's lesbian identity. Unlike "dick dykes" who are labeled by others, "gay" women who've had intercourse with males to conceive will proudly refer to themselves differently, and herein lies the distinction between "gay" women and "dick dykes."

"Good gay females" must also be "females," which excludes studs and stemmes who are more masculine in their gender presentation (e.g., soft studs). In this community, their lesbian genders are positioned as binary, opposing yet complementary opposites. They have adopted and shaped strongly dichotomized lesbian gender identities and gender identity norms as noted above. Studs consider themselves to be like a "guy," "man," or "boy" whereas "femme means female" and femmes hold themselves to conventional standards of feminine appearance and behavior. Stemmes, though they appear to upset this binary, present themselves one day as femme and another day as stud, rather than as androgynous on any given day.

They are "good," because they've gone about pregnancy in the socially acceptable way –through planning it with their partner. By doing so, femmes are not disregarding sexual identity community ideologies –the rules are bent in order to allow for their pregnancies. Becoming pregnant in the context of a relationship is "good" because it makes it more likely that there is adequate financial support to raise a child without help from others or from the state. Young femmes want to raise their children independently of help from their families and the government –it is a source of pride and a way to distinguish themselves from those they think of as irresponsible mothers:

> I want to do everything on my own. I don't want nobody to help me, unless I'm with somebody....I don't want to be out here like some people, with-trying to get assistance from the state. No. I want to do it on my own.

Because of the extremely impoverished circumstances they come from, being able to provide financially for a child is a poignant way in which they are read by others, and which they think of themselves, as being a "good mother." Femmes and stemmes strive to be able to provide for a "baby all the things that I never had, or the things that I wanted as a child, and didn't get."

Pressure to be a Good Gay Female and Femme Transgressors in the Lesbian Community

Adolescent pregnancy has been constructed as particularly problematic within racial minority groups (Geronimus, 2003). Black women have long since been constructed as "bad" mothers –portrayed as domineering matriarchs, subservient mammies, and irresponsible welfare mothers (Collins, 2000). Lesbians have suffered similar renderings. As such, these young women feel intense pressure to meet socially

acceptable expectations about motherhood and expend a lot of energy proving their worth as parents. These young women are part of three groups (e.g., adolescents, Black women, and lesbians) who have had their parenting abilities questioned by family and culture; thus, it is important to not be simply a good mother, but a great mother, one who is without reproach. As Black females, as adolescents, and as sexual minorities, the participant's parenting abilities, willingness, and tactics have gone questioned. Those who cannot financially support their own children within the lesbian community are disdained, they are not considered "grown," and because of the excess needs they may have, they may be considered a liability as friends.

> There's nothin' that I would take back from deliverin' my daughter, givin' my daughter life. It's nothin' I could take back. That's my world. She's so precious. Nothin' I could take back, it's only what can I do from here on, so that's what I did. I said, 'I'm not gonna be able to lean on nobody 'cuz they gonna say 'well you grown enough to go out there and reproduce, you're grown enough to go get a job'. I tell that to people all the time. There's no way you can ask me for somethin' and you grown, you keep tellin' me how grown you are, why are you askin' me for somethin'? You should be able to provide for yourself, so that's what I did.

Young women attempt to physically distance and psychologically distinguish between themselves and young women who are not deemed good mothers. They are critical of those who are not deemed good mothers, those who are "havin' babies for the wrong reason." Young women who have been pregnant portray themselves as good mothers not

only to be "good mothers," but in order to appear as such and so that they do not open themselves up for scrutiny:

> *Interviewer*: Why did you decide to get tested, the time you were going to have the baby?
>
> *Participant*: 'Cause I didn't want in the long run for anybody to come up to me and say I didn't do it, so I had better get tested before I have sex with anybody.

Femmes who are not considered the epitome of the "good mother," those femmes who have become pregnant unintentionally, are "nasty." "Nasty "is a word other people have used to refer to the participants because they are YWSW. When used by the participants, "nasty" is typically used to describe sexual behaviors (e.g., sex during menstruation; anal sex) thought unfathomable to the young women or body parts (e.g. open genital sores; vaginal discharge) indicative of infection. "Nasty" was less often used to describe people. When it was used to describe individuals, young women were referring to particular sub-groups: sexually opportunistic males, people with STDs, bisexuals, and "dick dykes." "Nasty" behaviors and people are to be avoided. In referring to these femmes who became pregnant unintentionally, this stemme explains cultural attitudes toward pregnant "dick dykes":

> *Respondent:* They think they nasty.
>
> *Interviewer:* Why do they think they're nasty?
>
> *Respondent:* Because, if a female come in here and say 'I'm a-I'm a lesbian,' they not really expecting, if you're a lesbian, then why you should want a guy?
>
> *Interviewer:* Uh-huh.

Respondent: So I think they treat them a little different, but still care for them, 'cuz they're pregnant. But other than that, I think, they really treat them kinda different 'cuz they is pregnant, and they did say they were lesbian.

"Nasty" pregnant femmes become less datable because they are thought more liable to cheat and there is added concern that they may have sexually transmitted diseases or infections. And depending on their current relationship with the child's father, there is reason for studs to be hesitant to date them. Studs are concerned that children will become "confused" were they to have two "daddies" and the identity validation studs would receive from "playing daddy" to these children is limited. More often than not, it is studs who are critical of bisexually active mothers; studs taunt them while pregnant and ignore them after birth:

Interviewer: Girls at the center, that are pregnant, how are they treated?

Participant: Um, well some studs do look at them more differently. They feel like, you know, only if the studs know that the girl just been messing with the nigger, just to mess with him. But if the girl is pregnant and she got pregnant for her girlfriend, then they got to look at them different. Like that they know this girl just been messing with the guy just to mess with him and end up getting pregnant and want to have sex with girls too, and they look at them different.

Interviewer: So do you think they have a more negative opinion of the person...

Participant: Yes.

Interviewer: ...who is just messing with a guy?

Participant: Negative.

Femmes who become pregnant unintentionally are rendered "dick dykes" and become socially marginalized. They are the prototypical teenage mothers and are treated as such. Unlike "good gay females," they are not respected within the gay community. They are not people to emulate. Though their children may be a "gift" and a "blessing," they are also considered a "mistake" by mothers and by the community. A lesbian who carefully plans the logistics of pregnancy is deemed mature and grown –someone who has taken the time to contemplate the logistics of pregnancy and of parenting within this context. Those who become unintentionally pregnant are seen as having been sexually irresponsible. These women tarnish the image of lesbians who are not supposed to "make a mistake and have a baby." Further, they make a mockery of the sexual essentialism in which their community ideologies are based. As penance, they are deprived of the ability to self-identify. Their pregnancy –a physical indication of their untrustworthiness and perceived bisexuality- is a constant reminder they have violated community rules. Having broken down the language ascribed to YWSW who receive the most cultural/partner support for child bearing and likewise the least resistance to pregnancy, it is evident that "good gay females" are femmes or stemmes who are read as femmes who intentionally become pregnant, are in relationships, and are willing and able to be the cultural epitome of the "good gay mother." They are exemplary gay mothers.

Identity-related Importance of Femme Pregnancy outside the Lesbian Community

Femmes who have children with and for stud partners, provide identity affirmation for themselves and a means of identity validation for their partners. Sex with

males is acceptable due to an ideological commitment to a heteronormative assumption that feminine women mother. What parenting together provides for their gender identity construction is reward enough to violate sexual behavioral norms. For femmes, as in the dominant cultural discourse, "motherhood represents a core signifier of femininity" (Dunne, 2000, p. 12). Young women must integrate motherhood with their lesbian identity, just as "baby's daddies" must integrate parenting with their lesbian identity. Femmes -compelled to mother by culture, parents, and partners- have individualized motives for pregnancy and motherhood, as well as dyadic identity related motives. Though studs may advocate that their partners become pregnant, femmes still decide whether or not to do so. One femme is dating a male who she believes is "trying to get me pregnant." In contrast, studs can only verbally express a desire for their partners to become pregnant. Femmes see part of their role in a relationship to include "producin' for my family." Having children, for them, verifies their belief in who they are within the gay community and mothering provides a means of meeting gender identity standards and creating rewarding role identities for them, as well as for their stud partners.

Within the lesbian community, there is differential support for femmes who plan their pregnancies and for femmes who do not plan their pregnancies. The intentionality of pregnancy also differentially impacts identities on an individual level because intentionality impacts whether emerging sexual identities are validated or negated. As Thompson (2002) notes in *Mommy Queerest*, "The concept of choice is central to a lesbian-positive crafting of maternal identity because it highlights the role of individual agency in the process of becoming a mother" (p. 127). When choosing pregnancy, "lesbian-positive" identities can be formed and "lesbian-positive" identity-related

outcomes may result. In contrast, unintentional pregnancies pose a disruption to sexual identity because young women are not actively choosing to create their family and are therefore not living up to identity standards.

Unintended Pregnancy Disrupts Identity

Just like unplanned pregnancies run counter to the image of the "good gay female" within the lesbian community, so too do unintentional pregnancies disrupt the emerging sexual identity development of these young sexual minority women. One young femme who became pregnant when a condom slipped off during her first sexual experience at age 17, was distraught when learning she was pregnant. She was not scared at the prospect of being a mother, or because she worried what her parents would think; she was scared because as a lesbian, she was "not supposed to be like this," and because "it [the pregnancy] was with a boy." Pregnancy "with a boy" did not fit her notion of who she was or of who she wanted to be. Integrating the idea of being a mother with being a lesbian was difficult because she did not decide to become pregnant. Being a mother may also have led to her having to place other aspects of her identity which she hadn't yet explored, such as her lesbianism, in the margins (Lewin, 1994). In contrast, another young femme who became pregnant through consensual intercourse with a boyfriend did not express lament that her pregnancy occurred with her boyfriend and did not suggest that pregnancy with him was at odds with her perception of herself as a sexual minority woman. However, she was the only participant actively dating males (though she had girlfriends on the side) and is also the only participant who did not claim a sexual self-identity label. Pregnancy "with a boy" did not disrupt her notion of her sexual identity, because her sexual identity was less rigidly defined than it was for other participants.

Intentional Pregnancy Affirms Identity

Intentional pregnancy affirms young femmes' sexual identity and relationships outside the gay community, while authenticating their gender identity within the gay community. A potentially beneficial aspect of mothering is that it is a means of recognition and validation as a lesbian, or as a person in a same-sex relationship. Intentional pregnancies situate participants as "grown" women within relationships they wish to have taken seriously.

Being Grown

Adolescents often positively value parenting, in part, because of the ways in which it contributes to their emerging sense of adulthood and connotes adulthood status (Brubaker & Wright 2006; Collins, 2000; Herman, 2008; Rolph, 2008). In studying Black teenage mothers, Ladner (1972) discovered: "If there was one common standard for becoming a women that was accepted by the majority of the people in the community, it was the time when girls gave birth to their first child. This line of demarcation was extremely clear and separated the girls from the women" (p.212). Particularly in Black culture, having a child is associated with adulthood and thus with maturity and independence (Collins, 2000). Adult status is vested upon girls when they become mothers.

For participants who are "out," being considered an adult may have all the more appeal, particularly if they are bombarded with such infantilizing statements as "it's just a phase" (referring to their sexual orientation) and "you'll grow out of it." Parenthood, seen as an inroad to adulthood, is a way to eliminate or minimize those messages sexual

minority *youth* are prone to hearing. Both femmes who became intentionally pregnant (as well as a femme and stemme who plan to) did so as a means of transitioning into adulthood. They were all repeatedly exposed to messages insisting that "you too young to be gay" (Femme) and that being a lesbian is "a phase" (Stemme). Even the youngest among them is aware that this is a message only youth are apt to receive: "they think it's [being gay] a phase, when you young, they think it's a phase you going thorough" (Femme).This message is commonly heard by youth in regards to a variety of issues and which insinuates the messengers' hope that the behavior being referred to will be extinguished with age. The hope is that they will ultimately follow sexual conventions and normative expectations. For those for whom dating other females is not a phase, there is a desire to be taken seriously, a desire to be thought mature enough to know their own feelings, and a desire that those who disavow their sexual identity acknowledge it. Planned pregnancy within the context of a same-sex relationship is an affirmation of sexual identity -evidence to others of a desire to have their sexual identity deemed legitimate and their relationships taken seriously. Pregnancy thus marks their departure from being viewed as an immature youth with a vacillating sexual identity and establishes them as "grown." It is testament to others that a very important part of who they are not be deemed a phase, not be thought of as easily changeable, and not be regarded as a fanciful adolescent caprice. Planned pregnancy with a partner establishes participants as grown women capable of loving whom they choose, a ready defense against those who would question the legitimacy of their sexual identity. By gaining admittance to adulthood, the frivolous expressions young women are apt to hear as sexual minority youth are subtly negated.

In addition to others perceiving them as adults after pregnancy, young women were also able to see themselves as adults. Only after having a child did this young woman, "consider myself as a typical grown femme" (Femme). In being "grown," she connotes to others an aura of responsibility. She has a job, raises a child, and has a committed relationship: motherhood allowed her to make specific changes to her behavior and attitudes in order to facilitate her new identity. Being "grown" and being a caretaker was a means of taking on a more positive identity, one signifying responsibility and maturity through striving to be a "good gay female." She can consider herself unique, for there are not "a lot of lesbians...who commitin' to a family" (Femme).

Mothering usurped her sexual orientation as a master identity, evidenced by her infrequent visits to the Center, and her declaration:

> ...it's that I'm grown and I feel as though I don't need to, ya know, come out and say 'well, hey everyone, I'm a lesbian.'

She has further priorities than verbally asserting that she is a lesbian. By virtue of rearing a child together with her same-sex partner, her actions have effectively signified her as a lesbian. Hers is a more subtle, indirect means of communicating her sexuality, one which implies more commitment than simple verbal expression. In placing motherhood at the center of her identity, other aspects of the self such as her lesbianism become placed in the margins. Because mothering is a primary identity role which is often an integral part of a person's being, it is not surprising that sexual identity becomes less significant in the everyday lives of parents (Hequebourg, 2004).

Affirms Sexual Identity through Affirmation of Partnership

Through pursuing pregnancy and parenting, young women may build and be a part of a family. Historically and culturally, Black women have defined family broadly – often including in their definition extended family, fictive kin, othermothers, and communities of care (Collins, 1991). Similarly, sexual minority males (typically Black/African American) in the house/ball scene (which is quite active in the city where these young women reside) are known for creating "house families" which consist of a "house mother and father" and their "house children" (Murrill, et al., 2008). Within gay and lesbian communities, there is often an importance placed upon creating these "families of choice" because of the unwillingness of biological families to nurture their gay and lesbian members (Dahlheimer & Feigal, 1994). Thus, ontologically for sexual and racial minorities, "family" has not been historically situated as a monolithic entity, but rather as pluralistic both in definition and interpretation. Families are not confined to biological or genealogical relationships, but instead are made up of active members who define each other as family. Additionally, any individual may have multiple families that are demarcated by function or meaning and that exist apart from each other. So, too, is this importance placed upon constructed families evident in these young women's' lives through their discussion of their "gay families." Through being active in gay families, they are able to define for themselves and construct a family that is separate, for the most part, from their families of origin. They have their gay families as a model of alternative family structures existing and evolving apart from their biological families, which can serve as a reminder of their agency and ability to create families of their own -ones established on their own terms.

In addition to the insidious, invalidating incidences pregnant young women described within their biological families, they also had complaints about their gay families and about the lesbian community they were a part of. Like the lone pregnant stud who felt she did not "fit in," femmes complained no one wanted to "hang around me" (prior to pregnancy) and that people at the Center were more "like associates" than friends. These young women did not go to the Center often "because it was so much drama" (Stemme) and were the ones who "don't talk to nobody" (Femme) when there. They do not perceive that people in the community are there for them during hard times and they acknowledge that their "gay family" may not always provide needed support. Those who are unaccepted or excluded from their biological families are more compelled to "expend more deliberate effort to create an integrated support system that has family-like qualities" (Green & Mitchell, 2002, p. 561). Those who feel excluded, unaccepted, or disillusioned by their biological families and their lesbian community may be compelled to seek "family" elsewhere too. These women sought to build a new family and to carve out a new set of relationships where they could dictate the role they played while maintaining a lesbian identity. For these young women, their desire for a family of their own was not satisfied through a community "gay family."

Every young woman who intentionally became pregnant did so while in a relationship with another female. Three of these young women spoke and planned in detail with their female partner about the pregnancy, about their plan for becoming pregnant, and negotiated with their partner what their family structure would look like. Planning to have a child together was a way to show to peers, family, and each other that they had reached a stage in their relationship where they felt ready "To have a family. To

be a family" (Femme). Creating these families together was a means of legitimating the bond between partners, a way to demonstrate commitment. It was a viable means of indicating to a partner, "I want you, always be there" (Femme). Communal gay families do not serve this dyadic function, and their same-sex romantic relationships are largely overlooked within their biological families and within the larger culture. Through parenting, same-sex couples can mark the significance of their relationship, foster a deeper bond, and demonstrate a desire for relationship continuation. It is perhaps not a coincidence that the only couple that had a child (and were still together at the time of the interview), was also the only couple to describe themselves as "married."

Like beliefs children would "always" be there and provide love, young women thought that in building a family together, their partners would "always be there." Parenting was a way thought to insure continued love and involvement from one's partner –a stable relationship that could always be counted on. Building a family together also signifies that lesbianism and motherhood are not mutually exclusive and that being in a same-sex relationship does not preclude having children. As this stud explains in regards to having children, it is often important "to show the world that just because you are a lesbian or you are gay, that you can have a family too." She does not mean that it is important for them to make a political statement about the ability of lesbians to parent (as some gay and lesbian parents are apt to do), but rather to show they are not deprived of the option of having a family by virtue of being a sexual minority. Others would have them believe that they cannot or should not parent because they are lesbians. Having children and helping to raise children, despite acknowledging "It's hard to raise them or whatever, because some people don't like it" (Stemme) shows they are aware they are not

deprived of the ability and right to parent and have a family and that they are cognizant that they need not give up their sexual identity to do so. In having children and building families together, same-sex couples are forging a coupled identity and are defining for their selves what their "family" structure looks like. In having children, couples reject the notion that desired identities are incompatible.

Pregnancy as Influencing and Influenced by Black YWSW Identity Construction

Pregnancy and parenting are common occurrences within this community and pregnancy experiences among young Black WSW are extremely variegated. Being a parent is a primary identity role –an integral part of a person's being- and pregnancy and parenting are turning points in adolescent identity construction (Brubaker & Wright, 2006). I have examined the ways in which pregnancy and parenting have profound implications for the sexual and gender(ed) identities of Black YWSW, as well as the ways in which pregnancy and parenting decisions are influenced by socio-cultural sexual and gender identity standards. I have shown the ways in which Black YWSW may use pregnancy (individually, as well as communally), as an experience which provides for the contestation of identity. In taking a contextually grounded, narrative approach, I have attempted to show how the lesbian community ideological discourse surrounding pregnancy helps construct and regulate individual sexuality and sexual expression, and the identities contingent upon that expression. I will now position the identity relevance of pregnancy/parenting to Black YWSW within larger bodies of theoretical literature.

Heterosexual Immersion

The pregnancy experiences of Black YWSW contradict the notion that pregnancy is sought (e.g., intentional pregnancies) or appreciated (e.g., unintentional pregnancies) because it allows for heterosexual immersion (Troiden, 1988). Heterosexual immersion implicates pregnancy as an extreme form of passing, a means of denying or hiding one's sexual identity. Yet these YWSW's experiences with and feelings about pregnancy suggest that pregnancy and parenting are not valued because they allow access to heterosexual privilege, but rather because they provide a way to be recognized and validated as gendered YWSW.

No pregnancies by these young women occurred so that they may appear heterosexual. Pregnancy and children were not used for this purpose. Young women who unintentionally became pregnant also did not express that they were glad they were pregnant. When young women engaged in sex with males and pregnancy inadvertently resulted, children were not desired as a "cover;" the boyfriends were desired as a "cover" or the sex desired in order to explore their sexual identity. Representing pregnancy and parenting as an identity management strategy makes young women appear selfish, immature, and naïve: representing sex, which may accidentally lead to pregnancy, as an identity exploration strategy portrays young women merely as curious, experimental adolescents.

Expectant mothers and parents also did not misrepresent their sexual identity. In fact, in one instance, a young mother was looked at by her congregation as "normal" when going to church. She returned the following week with her young daughter and stud

partner so that her entire family could be there, despite believing she would not be as readily accepted; her family was looked at as if they were "crazy" as opposed to "normal." She is proud of her family. Those who are most likely to become intentionally pregnant can already "pass" as heterosexual if they so choose. The majority of femmes, and even 3 stemmes, reported that people do not look at them and automatically assume they are lesbians. At times, they could and would alter their appearance to gain access to heterosexual privilege: Changing hair styles, attire or mannerisms to attain a job, appease parents, or avoid homophobic remarks and actions served this purpose without the added hassle of pregnancy, birth, and parenting. YWSW are not so naïve that they do not realize there are less complex, and non-life altering ways in which to immerse their selves in heterosexuality. Intentional pregnancies (which took place within the context of same-sex relationships) provided for an affirmation of sexual orientation, rather than a redirection of sexual orientation.

As sexual minority youth come out at earlier and earlier ages, and as the nation becomes increasingly affirming of same-sex rights and relationships, it seems more and more likely that what once was used as a way to deny, repress, or cover up one's sexual identity, will be less and less likely to serve this purpose. This is not a novel concept, for "as social conditions change, so must the knowledge and practices designed to resist them" (Collins, 2000, p. 39). It may also be the case that youth who have a gay-affirming space and gay-affirming people in their lives, feel less inclined to use extreme identity alternation and management strategies or to value them. For as has been shown, the Center and the ideological sexual and gender(ed) discourse which emanates from people frequenting the Center, has bearing on YWSW reproduction and identity.

Social Role Valorization

Within the wider cultural context, as well as occasionally within their lesbian community, young women have their emerging identities de-legitimized and derogated. Black YWSW are constructing their identities and sexual selves within an "overarching structure of heterosexual power" where they are largely socially devalued (Collins, 2000, p. 131). Because of their sexual identities, because they are impoverished, because they have deprecating images attached to them and are often thrust into negative social positions, these women have limited access to valued social roles. In this context, roles which allow women to express themselves (e.g., "baby's daddy," "good gay female," "auntie,") and to foster valued social identities are created, maintained, and defended because doing so allows "attributes of the person which might otherwise be viewed negatively by society" (e.g., their sexual and gender identities) to "come to be viewed positively" (Wolfensberger, 1983, p. 235). Through the cultural valuation of motherhood, pregnancy, and parenting (albeit in the right circumstances), YWSW have found a way to have agency over the expressions of their identities through the creation of valued social roles.

Social role valorization theory (Wolfensberger, 1983) is the "application of what science can tell us about the enablement, establishment, enhancement, maintenance, and/or defense of valued social roles for people" (Thomas, & Wolfensberger, 1999, p. 125). More specifically, social role valorization is the formation or sustenance within either relationships or human service programs, of valued social roles so persons who are socially devalued and rejected, can be afforded the "good things in life:" family, friends, respect, career/educational opportunities, self-esteem and psychological well-being.

(Wolfensberger, 1983). The purpose behind creating valued social roles and granting access to those roles by those who are subjugated is two-fold: the "enhancement of people's social image in the eyes of others" and "enhancement of their competencies" (Osburn, 2006, p. 5). For example, social role valorization occurs when parents of handicapped children positively support and promote independence, which aids community-integration. If there is a relationship between the roles a person has and who the person is, then social role valorization is a means of forming valued social identities which are tied to socially valued roles.

In valuing deliberate pregnancy and parenting, Black YWSW may utilize a communal, self-imposed form of social role valorization which allows them to create roles through which they may assert their identities and conserve element of those identities which contribute to a positive view of themselves. Because pregnancy and parenting provide a means of meeting identity standards and a way to form affirming role identities, they are valued. When pregnancy and parenting are not seen as meeting identity standards, the role identities are constructed as less valuable, both individually and culturally. In this environment, valuing and pursuing parental social roles is an instrumental strategy: in doing so, young women are refusing what Collins (1991) calls "their assigned status as the quintessential other" (p.40), rejecting, "internalized, psychological oppression" (p.40), and firmly "retaining a grip over their definitions as subjects" (p.46). These young women are not falling prey to a belief in lesbian-motherhood exclusivity; they are finding a way to value themselves and their self-definitions. In resisting and socially reframing the value of lesbian parenting, they

preserve motherhood and parenting as sites "where Black women express and learn the power of self-definition" (Collins, 2000, p. 183).

Parenting among Black YWSW is an example of how communities may unconsciously implement social role valorization. By situating YWSW parenting as a culturally-based form of social role valorization, it is possible to draw the following inferences: 1) where adolescent pregnancy is not valued, parenting will be less likely to be a social role that will be valorized and 2) where sexual minority women are less devalued and have more access to affirmative role identities, there may be less need for the creation of valued social roles.

Social Categorization Theory

Social categorization theory (SCT) also provides a means to better understand individual pregnancy and parenting behavior and beliefs among Black YWSW of different gender identities. SCT emerged from psychological studies of group-based behavior and is based on many of the premises of social identity theory (SIT; Tajfel & Turner, 1986; Stryker, 1980). SCT takes as preconditions that social structures influence individual identity and behavior and that identity is embedded within groups which provide identity-relevant meanings (Turner, Hogg, Oakes, Reicher, & Wetherell, 1987). SIT and SCT both consider identities to reflect aspects of social structure and suggest a cyclical process between identities and social structures: identities may be constrained by, but also maintain and further develop, the social structures in which they are formed (Stryker, 1980). SCT further suggests that individual behavior is contingent upon group-based identity standards when the cultural meanings ascribed to identities are shared

(Terry & Hogg, 1996; Turner et al., 1987). In the case of these YWSW, the Center is a site where subjugated knowledge and identity-related standards are formed (Collins, 2000). For participants who are active in the gay and lesbian community, and who consider themselves a part of "gay families," constructed group norms frame the development of their personal sexual and gender(ed) identities. Through the examination of three concepts related to SCT, I will show how normative discourse in this lesbian community has tied "appropriate" fertility behavior to sexed and gendered bodies.

Group Prototypes

SCT postulates that in each group there is a prototypic identity. People seek to behave as the prototypic group member (Turner, 1991). Group prototypes help to tie behavioral expectations to social position and identity by exemplifying identity-defining behavior (Turner, 1991). The prototypic lesbian is to abstain from sex with males; yet it is invariably difficult to meet this expectation when pregnancy is desired. A loophole based on gender identity is thus created: the prototypical femme abstains from sex with males unless seeking pregnancy with her partner's approval (e.g., "good gay females") and the prototypical stud abstains from sex with males at all times (e.g., "baby's daddy"). Women defying the prototype (e.g., "dick dykes," pregnant studs) or who are prototypically marginal (e.g., stemmes in terms of gender identity) will receive negative group appraisal, or may even lose group membership, as happens when young women are deprived of their ability to self-identify. When failing to live up to the group prototype, self-concepts are compromised because people have acted in a way that does not verify their perception (or the group perception) of who they are. As such, studs avoid pregnancy, unintentional pregnancies are lamented for those with salient (see below)

sexual minority identities, and women defying or not extolling the virtues of prototypical behavior –especially studs- are met with challenges to their identities.

Salience and Self-verification

People in a group with the most salient identities are the ones with the most commitment to those identities and who desire meeting prototypic expectations. First articulated by Stryker (1980), salient identities are those which people are committed to and are thus the identities which serve as a guide to behavior. More recently, salient identities have been said to change based on the context in which one is operating; salient identities thus guide behavior and social perceptions, but are contextually specific (Ros, Huici, & Gomez, 2000). For YWSW at this developmental time and in a gay-created space, sexual identity is likely salient. Additionally, when sharing many identities (e.g., age, race, sexual identity) those which differ (e.g., gender identity) are likely to be salient and provide a powerful means for guiding behavior. That these young women have created a multitude of proscriptions related to sexual and gendered behavior suggests these identities are salient.

People in the same group, even within the same context, do not have equally salient identities and for those with less salient identities, meeting identity standards is not as influential on their behavior (Burke and Reitzes, 1991; Ellestad & Stets, 1998). People not attempting to live up to prototypic standards or who are not dismayed if inadvertently failing to live up to prototypic standards may be understood to have less salient identities. Salience is similar to identity authenticity, as both involve an evaluation and negotiation of identities based on their significance and meaningfulness. To YWSW

who are inauthentic studs, their stud identity is less salient and provides less of a basis for informing their behavior and choices. Inauthentic studs -those seen as studs by the community but who not see themselves as studs (e.g., stemmes and studs seeking pregnancy) - may violate "stud" codes, but it will matter less to them than it will to authentic studs because their stud identities have been proscribed to them, and are not a true reflection of their personal identities. Acknowledging the importance of identity salience also provides a rationale for why openly bisexually active femmes feel less remorse about unintentional pregnancies than do those who firmly state that they are lesbians uninterested in relationships with males. Whether referred to as salience, authenticity, or commitment, it moderates the link between identity and behavior.

Identity salience also accounts for the differential importance stemmes and studs place upon being a "baby's daddy." YWSW with salient masculine identities –authentic studs- will be more likely to desire roles (e.g., "baby's daddy") and behave in ways to assert that identity (Ellestand & Stets, 1998). For these studs, being a "baby's daddy" is an expression of their gender identity; for some of these studs, compelling their femme partners to become pregnant is a way to maintain who they are as individuals. Children provide a way to connote their status as studs, a convenient verification of their identity.

In order to gain group based rewards and affirmation and avoid the punishment associated with identity-behavioral discrepancies, "we are motivated to seek self-verification" (Stets & Burke, 2005, p. 144). For YWSW with salient identities, self-verification occurs when matching behaviors to identity standards or identity-infused roles and when these identity standards are positively regarded by others in the group (Burke & Stets, 1999; Riley & Burke, 1995). When meeting our own identity standards,

we enhance our self-esteem and psychological well-being (Cast & Burke, 1999), as well as our feelings of self-worth and perception of control over our lives (Burke & Stets, 1999). The positive rewards which come from meeting group-based identity standards has implications: 1) YWSW who have become pregnant to immerse themselves in heterosexuality, may experience decreased self-worth and well-being due to not living up to individual identity standards, whereas 2) positive emotions and feelings of control may arise from meeting identity standards and provide a powerful incentive for motherhood and parenting (figure 2). Thus, sexual and gender identity negotiation, construction, and validation through parental identities may not necessarily be the goal, but is "the point of departure in the process of self-definition" (Collins, 2000, p. 114).

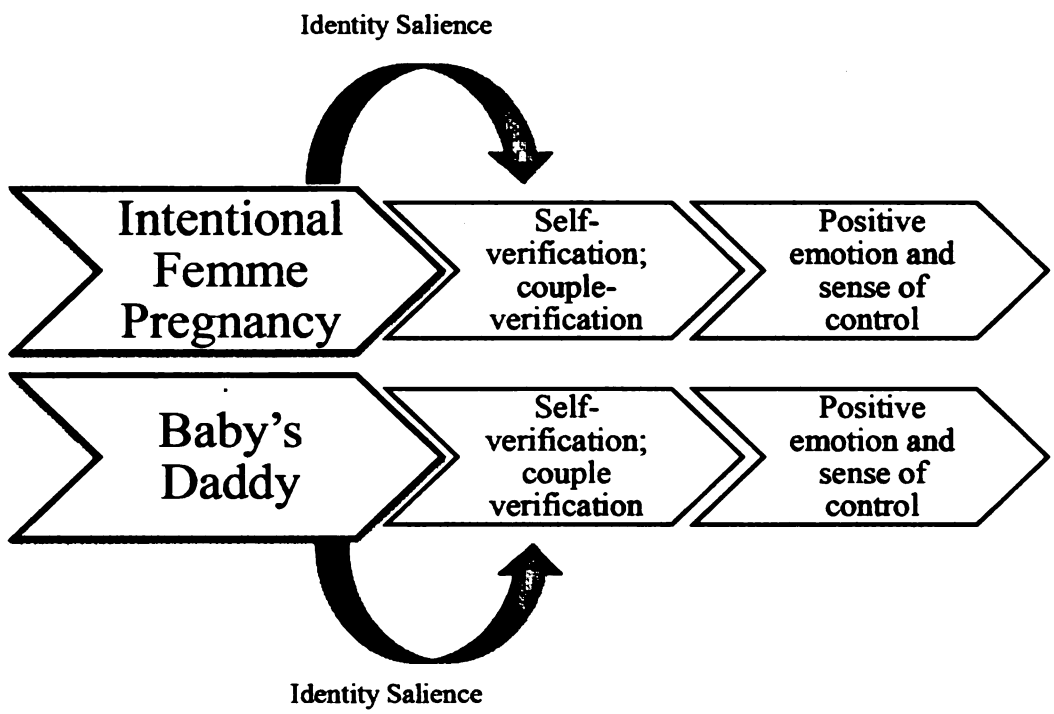

Figure 2: Parenting Ideals, Identity Salience, and Emotion.

Applying SCT to pregnancy and parenting among Black YWSW allows for a few suppositions to be made. In a lesbian community in which there are few conventional gender role orientations, pregnancy and parenting will be less likely to be sought to affirm gender identity. Further, in communities where there is not an ideological commitment to a heteronormative assumption that feminine women mother, more masculine WSW may become pregnant, or will receive less resistance were they to do so. In both of these instances, less constrained communal gender(ed) expectations will result in less gender(ed) regulation of fertility behavior.

Limitations

There are a few limitations of this study that may have had bearing on the interpretations of the findings. First, this was a secondary analysis of interviews which had a larger purpose: to inquire about Black YWSW's knowledge and attitudes about safer sex, HIV, and STIs in order to develop a culturally, developmentally appropriate HIV prevention intervention. While participants were often asked to clarify and expand upon their feelings about and experiences with pregnancy and parenting, the purpose behind data collection was not to obtain only this information. However, it is clear that pregnancy and parenting are issues about which these young women think about often and have very strong opinions regarding; discussion of issues pertaining to pregnancy and parenting pervade the interviews. Furthermore, pregnancy related questions were often asked because 1) pregnancy was the primary interest of those we worked with at the CBO; 2) pregnancy histories and desires have clear implications for HIV/STI prevention; and 3) it was a topic around which participants were quite gregarious. Additionally, this limitation was somewhat tempered by a change in analytic focus, so as to take advantage

of the rich text discussing how lesbian maternal identity is constructed vis-à-vis communal sex, sexuality, and gender norms.

Similarly, data analysis and collection did not occur as an iterative process, as is preferable in a grounded theory study. When data collection is informed by data analysis, richer data may result in categories becoming saturated (Charmaz, 2006). Either having conducted more interviews or having had interviews be conducted simultaneously with analysis may have resulted in richer data and more theoretically dense categories.

The sample was also a purposive sample recruited at a LGBT organization; participants were purposefully sampled in regards to gender identity and sexual history. Were pregnancy to be the primary focus of the interviews, I likely would have sampled according to pregnancy history and intention, rather than sexual history and gender identity. Additionally, having directed the interviews at only the younger cohort, those under 19, would have been preferable because of 1) the way in which much of the pregnancy literature is divided up by age; and 2) the large developmental variance between a 16 year old adolescent and 24 year old young woman. In regards to sampling, these young women are also well connected to the LGBT community. As I've attempted to show, the relationships forged within the LGBT community and the norms constructed within the LGBT community weigh on participants' identities, behaviors, and attitudes towards pregnancy and parenting. I've attempted to hypothesize how people within LGBT communities with contrary values and norms may think differently about pregnancy and parenting. However, how YWSW not connected to the LGBT community think about pregnancy and parenting, and how pregnancy may affect or be influenced by their identities, remains to be seen.

Lastly, there are two potential limitations posed by the researcher, who, in a qualitative study, is essentially the research tool. First, my subjectivity and positionality has influenced the interviews themselves, my interpretive stance, and my sharing of the data. However, consistent with my epistemological beliefs, I do not see this as a limitation, per se. I see my own experiences, knowledge, and values as having granted me conceptual sensitivity and as another means of data; they are assets that need not be limiting. In order to assuage interpretive biases, I have taken a number of precautions. I have attempted to be transparent about how and why I've made certain analytic decisions. I used in vivo codes, rooted the results in the participants' words, have interwoven interpretation with data and scholarly works, and have written reflexive memos. I have also tied the results to larger bodies of theoretical literature. In short, I have tried to use my knowledge and experience as guides, but have held my beliefs to scrutiny, as I did the interview data. Secondly, as a novice researcher, I do not have the skill set or analytic confidence of more seasoned scholars. With guidance and determination I've increased my abilities, albeit with a lot of struggle along the way. With experiences comes methodological sensitivity I have yet to develop. Just as people with different personal experiences may render the data differently, so too might someone with different methodological tools or interpretations of their utility.

Conclusions

The value of pregnancy and parenting to these young women lies, in part, in how pregnancy and parenting are invested with sexual and gender identity-relevant meanings. Pregnancy and parenting are appealing because they allow for a declaration of identity, a way to make salient aspects of their developing selves all too often delegitimized and

stigmatized. Through examining young women's pregnancy experiences in regards to heterosexual immersion, I have shown that pregnancy and parenting are valued as ways of affirming, rather than denying or repressing, their gender(ed) and sexual identities. In a heterosexist environment, individual identity assertion and the social visibility of delegitimized identities is a form of cultural resistance, an abjuration of controlling images of gender and sexuality. As such, maintaining reproductive power for these young women is ultimately about survival –the survival of identities difficult to express and even more difficult to have recognized.

Through examining how these young women are socially devalued and how they, as a community, esteem pregnancy and parenting, I have shown how they seek out ways to create valued social roles for themselves that are aligned with their identities. By having a pro-natalist value within their community -one which accepts adolescent motherhood - young women construct pregnancy and parenting as experiences which may allow them to cope with cultural subjugation. Seen through this light, intentional pregnancy and parenting may be read as identity management strategies. Pregnancy valorization within the lesbian community is also a way of accounting for the realities of their lives. Many young Black adolescents and young lesbians do become pregnant unintentionally and there is a young childbearing norm within the Black community; these young women bring to the lesbian community "the norms and values of both minority and majority culture" (Parks, Hughes, & Matthews, 2004, p. 251). They must negotiate these norms and expectations, while finding ways to integrate their sexual and gender(ed) identities with cultural ideals. Additionally, there is a long history of "family" providing a means for "African-Americans as a collectivity to cope with and resist

oppression" (Collins, 2000, p. 183). Pregnancy and parenting valuation is therefore not an arbitrary ideal, but rather may have evolved to accommodate the facts of their lives in this specific time and place in a way which incorporates values brought from other environments.

Lastly, I have shown how YWSW must integrate parenting with their gender identities within a context with strongly dichotomized gender identity norms. As these young women have a shared sense of inter-subjectivity, they all help perpetuate a cultural system which outlines ideals for behavior, including ideals for fertility behavior. There is intense pressure to abide by communal expectations concerning motherhood. However, conformity to these ideals differs, as individuals may have personal agendas which do not match cultural expectations, particularly if their identities are misread or expressions of their identities are misinterpreted. How closely YWSW conform to these ideals has implications on the development of personal identity. How might a change in gender identity or shift in gender identity norms alter the valuation of parenting and personal meaning of parenting? What happens if this shift occurs after pregnancy or after having had a child? People have multiple, fluid cultural and social identities which are continuously evolving; thus, personal ideals may change depending on the valued reference group.

Pregnancy and parenting are significant and frequent events which are laden with meaning. As such, this analysis has hopefully started an important conversation about the cyclical nature of identity and parenting -and more broadly about the cyclical nature of identity and cultural norms- within this population of young women.

Appendix A

Flyer

THE FUTURE IS OURS

Participants Wanted

What is the project about?

The goal of this research project is to learn more about the sexuality and sexual health of African American/Black young women, aged 15-24, who have sex with both men and women.

Why we want to talk to you?

Your stories are important. Only you can help us understand your lives and help your friends and yourself stay healthy. Help make sure the future is yours!

What you will be asked to do?

If you are able to participate, you will be asked to take part in a confidential, 2 hour, face-to-face interview about how you think and feel about issues related to sex and sexuality. You will be given $20 for taking part in the interview. Your participation will in no way impact your relationship with the Ruth Ellis Center.

How to sign up?

Please call Maria Valenti at 517-353-9217 at Michigan State University to see if you are eligible to participate. If no one answers, please press 2 and leave a message for the Ruth Ellis Center Future Is Ours project. Maria will return your call as soon as possible. We will then arrange for the interview to occur in a private room at the Ruth Ellis Center at a time that works for you.

RUTH ELLIS CENTER

Appendix B

Prescreening Form

Prescreening Form

Hi. Ruth Ellis Center and Michigan State University have put together a research project to learn more about the sexuality and sexual health of young women who attend the Center. Part of this project includes a face-to-face interview with a research assistant from Michigan State University.

Can I ask you a few questions to see if you are eligible to participate in the interview? I won't ask your name and all your responses will be kept completely confidential.

_____ Yes

_____ No

If yes, proceed to next question

If no, "Unfortunately, I am unable to determine your eligibility without asking more questions. Thank you for your time."

1) How old are you?

   _____

2) How would you describe your racial background? You can choose more than one category.

   _____ American Indian or Alaska Native

   _____ Asian

   _____ Black or African American

   _____ Latina or Hispanic

   _____ Native Hawaiian or Pacific Islander

   _____ White

   _____ Declined to answer

3) Are you currently in a foster home?
_____Yes

_____No

_____Declined to answer

Now I need to ask you a few questions related to your sexual behavior. I won't ask your name and all your responses will be kept completely confidential. Is it all right if we continue?

_____ Yes

_____ No

If yes, proceed to next question

If no, "Unfortunately, I am unable to determine your eligibility without asking more questions. Thank you for your time."

4) Have you ever had sexual contact with anyone? By sexual contact, I mean vaginal, oral, or anal sex, or any other physical contact with another person.
_____ Yes

_____ No

_____ Declined to answer

4) Has this sexual contact been with men, women, or both?
_____ Men

_____ Women

_____ Both

_____ Declined to answer

5) Lastly, how would you best describe yourself?
_____ Stud

_____ Femme

_____ Stemme

_____Transgender

_____ Other? Please describe _____

_____Declined to answer

Interviewer: Is this person eligible to participate?

_____ Yes

_____ No

_____ Unable to determine due to missing information

For INELIGIBLE (and unable to determine) participants, say:

"Participants for this research project are selected based on the questions you were just asked. Based on your answers, it turns out you're not eligible to participate in the interview. Thank you for taking the time to speak with me."

For ELIGIBLE participants, say:

"Thank you very much for the information you provided. Based on your answers to these questions, you are eligible to participate in the interview. Are you interested in setting up a time to meet?"

If yes, set up an interview within the next two weeks.

If no, "Thank you for your time. If you change your mind, please feel free to call back again."

Name: _____

Phone #:_____

Email:_____

Date of interview: _____

Time of interview: _____

Interviewer assigned: _____

Parent advocate arranged, if required? Yes No

Appendix C

Consent Form

Consent Form for Participation of Human Subjects in Research
For participants 18 years of age or older
Michigan State University

Project Title: Adapting FIO to Youth at Risk of HIV

Primary Investigator: Dr. Robin Lin Miller
Associate Professor
Department of Psychology
Michigan State University
East Lansing, MI 48824

What is this Project About?

You are being asked to participate in a research study. The purpose of this research is to learn more about how young African American women who have had sex with both men and women think about their sexuality and sexual health. We are interested in hearing about your sexual experiences and how you think of them. We would like to learn about the role that sex plays in your life and the lives of your peers. We are interested in interviewing you to learn more about these issues. A second purpose of this interview is that we plan to use the information to create a sexual health promotion and HIV prevention project especially designed for sexual minority young women. This research is being performed by researchers at Michigan State University (MSU) in collaboration with the Ruth Ellis Center. We will be interviewing 15 women from the Ruth Ellis Center.

What is Involved in Participating in this Project?

If you volunteer for this research study, you will be asked to participate in one interview. It will take approximately 2 hours to complete. During the interview I will ask you questions about your sexual history and what you think about sex and pregnancy. I will also ask questions about your knowledge of HIV and sexually transmitted disease, as well as how you and your peers think of sexual orientation and gender identity.

Your participation in this study is completely voluntary. In other words, it is up to you if you want to participate. If you do want to participate, you can decide not to answer any question and you are free to stop the interview at any time with no penalty or negative consequences. Your participation will not affect your relationship with the Ruth Ellis Center.

At the end of the interview, I will give you $20 to compensate you for your time. You will still receive the $20 if you refuse to answer some of the questions or if you decide to stop the interview and end it early.

Also, if it is ok with you, I would like to tape record the interview. We would like to tape record the interview because we will not be able to write down everything you say. The

only people who will listen to the tape are the members of the research staff. To keep the information you tell us private, during the project we will keep the tape in a locked file cabinet in a locked room. You can also have me turn off the tape recorder at any time.

What Are the Potential Risks and Benefits of Participating?

The topic of sex is very sensitive and it may be upsetting for you to talk about your experiences. All of the interviewers in this project have been trained on how to be respectful of individuals' sexual experiences. You may experience some loss of privacy and discomfort in answering questions. A counselor will be available to talk to you after the interview if you would like.

Remember, if there are any questions that you do not want to answer, you do not have to; you can stop the interview at any time or you can request that we do not use some of your answers to certain questions. If you would like to take a break from the interview, you can. You can ask that the tape recorder be turned off at any time. There will not be any negative consequences for these requests. There are no physical or financial risks to you in participating in this study. Choosing not to participate or refusing to answer any questions will not make any difference in the quality of services you receive from the Ruth Ellis Center.

A potential benefit is having the opportunity to share your experiences and opinions. Some people have told us that they appreciate our interest and concern in these issues. Additionally, the valuable information that you share may help us learn about ways in which we may be able to promote the sexual health of sexually active African American young women.

How Will Confidentiality Be Protected?

All information that you give us will be kept strictly confidential and private. Your name or any information that could identify you will not be used. Instead, we will assign you a number that will be used to mark your interview and the interview tape. Your interview will be kept in a locked file cabinet in a locked office. Your identity will not be revealed in any reports of what participants in the interview said; instead, all of your information will be combined with the rest of the participants' information and reported as a group. No one at the Ruth Ellis Center will know what you personally said. Your privacy will be protected to the maximum extent allowable by law.

After the interview, a research assistant will type up a copy of the interview. Until this paper copy is made, the tape will be kept in a locked filing cabinet in a locked room. Once this paper copy is made, the tape will be destroyed. On this paper copy of the interview, you will be given an identification number so that your real name appears nowhere in print other than on this form. In any written reports of the interview data, data from all interviews will be combined and anywhere we use quotes you will be referred to by your identification number. The identities of all research participants will remain

anonymous. The data will be kept for 5 years in order to allow time for analysis and report writing. After this time, all records will be destroyed. Only the research staff and the Institutional Review Board (IRB) will have access to the data.

Who Can Be Contacted With Questions?

If you have any questions as we proceed through the interview, please ask me. If you have concerns or questions about this study, such as scientific issues, how to do any part of it, or to report an injury, please contact Dr. Robin Lin Miller, Department of Psychology, 134A Psychology Building, Michigan State University, East Lansing, MI 48824-1118. Email: mill1493@msu.edu. Phone: (517) 432-3267.

If you have any questions or concerns regarding your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact – anonymously if you wish – the Director of MSU's Human Research Protection Programs, Dr. Peter Vasilenko, at 517-355-2180, FAX 517-432-4503, or e-mail irb@msu.edu, or regular mail at: 202 Olds Hall, MSU, East Lansing, MI 48824

You will receive a copy of this assent form to keep for your records.

Permission to Participate:

I voluntarily agree to participate in this study.

_____ _____

Participant signature Date

I voluntarily agree to be tape recorded.

_____ _____

Participant signature Date

Appendix D

Assent Form

Assent Form for Participation of Human Subjects in Research
For participants 15 to 17 years of age
Michigan State University

Project Title: Adapting FIO to Youth at Risk of HIV

Primary Investigator: Dr. Robin Lin Miller
Associate Professor
Department of Psychology
Michigan State University
East Lansing, MI 48824

What is this Project About?

You are being asked to participate in a research study. The purpose of this research is to learn more about how young African American women who have had sex with both men and women think about their sexuality and sexual health. We are interested in hearing about your sexual experiences and how you think of them. We would like to learn about the role that sex plays in your life and the lives of your peers. We are interested in interviewing you to learn more about these issues. A second purpose of this interview is that we plan to use the information to create a sexual health promotion and HIV prevention project especially designed for sexual minority young women. This research is being performed by researchers at Michigan State University (MSU) in collaboration with the Ruth Ellis Center. We will be interviewing 15 women from the Ruth Ellis Center.

What is Involved in Participating in this Project?

If you volunteer for this research study, you will be asked to participate in one interview. It will take approximately 2 hours to complete. During the interview I will ask you questions about your sexual history and what you think about sex and pregnancy. I will also ask questions about your knowledge of HIV and sexually transmitted disease, as well as how you and your peers think of sexual orientation and gender identity.

Your participation in this study is completely voluntary. In other words, it is up to you if you want to participate. If you do want to participate, you can decide not to answer any question and you are free to stop the interview at any time with no penalty or negative consequences. Your participation will not affect your relationship with the Ruth Ellis Center.

At the end of the interview, I will give you $20 to compensate you for your time. You will still receive the $20 if you refuse to answer some of the questions or if you decide to stop the interview and end it early.

Also, if it is ok with you, I would like to tape record the interview. We would like to tape record the interview because we will not be able to write down everything you say. The

only people who will listen to the tape are the members of the research staff. To keep the information you tell us private, during the project we will keep the tape in a locked file cabinet in a locked room. You can also have me turn off the tape recorder at any time.

What Are the Potential Risks and Benefits of Participating?

The topic of sex is very sensitive and it may be upsetting for you to talk about your experiences. All of the interviewers in this project have been trained on how to be respectful of individuals' sexual experiences. You may experience some loss of privacy and discomfort in answering questions. A counselor will be available to talk to you after the interview if you would like.

Remember, if there are any questions that you do not want to answer, you do not have to; you can stop the interview at any time or you can request that we do not use some of your answers to certain questions. If you would like to take a break from the interview, you can. You can ask that the tape recorder be turned off at any time. There will not be any negative consequences for these requests. There are no physical or financial risks to you in participating in this study. Choosing not to participate or refusing to answer any questions will not make any difference in the quality of services you receive from the Ruth Ellis Center.

A potential benefit is having the opportunity to share your experiences and opinions. Some people have told us that they appreciate our interest and concern in these issues. Additionally, the valuable information that you share may help us learn about ways in which we may be able to promote the sexual health of sexually active African American young women.

How Will Confidentiality Be Protected?

All information that you give us will be kept strictly confidential and private. Your name or any information that could identify you will not be used. Instead, we will assign you a number that will be used to mark your interview and the interview tape. Your interview will be kept in a locked file cabinet in a locked office. Your identity will not be revealed in any reports of what participants in the interview said; instead, all of your information will be combined with the rest of the participants' information and reported as a group. No one at the Ruth Ellis Center will know what you personally said. Your privacy will be protected to the maximum extent allowable by law.

After the interview, a research assistant will type up a copy of the interview. Until this paper copy is made, the tape will be kept in a locked filing cabinet in a locked room. Once this paper copy is made, the tape will be destroyed. On this paper copy of the interview, you will be given an identification number so that your real name appears nowhere in print other than on this form. In any written reports of the interview data, data from all interviews will be combined and anywhere we use quotes you will be referred to by your identification number. The identities of all research participants will remain anonymous. The data will be kept for 5 years in order to allow time for analysis and

report writing. After this time, all records will be destroyed. Only the research staff and the Institutional Review Board (IRB) will have access to the data.

If at any time you indicate to us that you have been a victim of physical or sexual abuse, maltreatment, mental injury and/or neglect by an adult known to you, then we must file a complaint with Child Protective Services. We will only use your name in such a report if you give us permission to do so. Child Protective Services may then investigate the report further. In the event of a request for further investigation your confidentiality will be protected to the maximum extent allowable by law.

Who Can Be Contacted With Questions?

If you have any questions as we proceed through the interview, please ask me. If you have concerns or questions about this study, such as scientific issues, how to do any part of it, or to report an injury, please contact Dr. Robin Lin Miller, Department of Psychology, 134A Psychology Building, Michigan State University, East Lansing, MI 48824-1118. Email: mill1493@msu.edu. Phone: (517) 432-3267.

If you have any questions or concerns regarding your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact – anonymously if you wish – the Director of MSU's Human Research Protection Programs, Dr. Peter Vasilenko, at 517-355-2180, FAX 517-432-4503, or e-mail irb@msu.edu, or regular mail at: 202 Olds Hall, MSU, East Lansing, MI 48824

You will receive a copy of this assent form to keep for your records.

Permission to Participate:

I verify that the minor has not been coerced or pressured and understands the assent process and their rights as a human participant.

_____ _____

Counselor signature Date

Assent to Participate:

I voluntarily agree to participate in this study.

_____ _____

Participant signature Date

I voluntarily agree to be tape recorded.

_____ _____

Participant signature Date

Appendix E

Interview Protocol

Interview Protocol

Date:

Interviewer:

Interviewee ID:

Gender Identity:

I will now begin asking you questions. Please ask me at any time if a question is not clear. Remember that you can skip any question that you may be uncomfortable answering. I will first ask you about your sexual involvement with women only and then we will focus on your sexual involvement with men. For the purposes of this interview, sex means any oral, vaginal, anal or any other physical contact with another person.

SECTION 1: NORMS

To begin, I have some questions about what you and your friends think is okay and not okay to talk about or do.

1. Who do you talk to about issues related to sex and sexuality?

2. What about your sexual history would you not tell your female friends?

    [Probe:] Why would you be uncomfortable telling them about this?

3. How do you think a stud should act sexually?

    [Probe:] What kinds of things should studs not do sexually?

4. How do you think femmes should act sexually?

[Probe:] What kinds of things should femmes not do sexually?

5. How do you think stemmes should act sexually?

[Probe:] What kinds of things should stemmes not do sexually?

6. When we talked to you about getting interviewed, you mentioned that you consider yourself to be a [insert gender id]. Is that right?

7. When did you first consider yourself to be a [insert gender id]?

8. Did you do anything different once you started considering yourself a [insert gender id]?

If yes: What did you do?

If no: Why not?

9. Do you think of yourself as a typical [insert gender id]? Why? Why not?

10. How would I know that you are a [insert gender id]? What makes you a [insert gender id]?

Many times the various messages we receive from the people around us affect how we behave or think. I would now like to ask you about the messages you have received throughout life about sex and sexuality.

11. What messages have you gotten from your family about sex and sexuality?

12. What messages have you gotten from religious sources about sex and sexuality?

13. What messages have you gotten from members of the Black community about sex and sexuality?

14. What messages have you gotten from the Ruth Ellis Center about sex and sexuality?

15. What messages have you gotten from your friends about sex and sexuality?

16. What do your friends think about women at Ruth Ellis Center who are pregnant or who have babies?

SECTION 2: WOMEN

I want to talk about your relationships with women more specifically now. I want you to think only about your sexual experiences with women and only consider those experiences with women when answering the next set of questions.

17. When you think of "sex" between two females, what do you consider sex to include?

18. At what age was your first sexual experience with a woman?

    a. Tell me about this experience.

    b. Where did you meet her?

    c. How did you know her?

19. Now, tell me about your most <u>recent</u> sexual encounter with another female.

    a. Where did you meet her?

    b. How did you know her?

    c. Tell me about your experience with her.

d. Is this kind of experience typical for you?

If yes: what was typical about it?

If no: what was different from usual about it?

20. Do you have a girlfriend?

If yes: What sort of rules do you and she have about sex?

Is it okay to have sex with other people?

21. In the average week, how many times do you have sex with women?

22. When you are interested in having sex with a woman, how do you find her?

23. When you've had sex with women, how was the activity, meaning oral, anal, vaginal, or some other type of activity decided upon?

24. When having sex with a woman and you grow uncomfortable for some reason, what do you expect will happen?

25. When are you comfortable telling women what you enjoy sexually?

26. What makes having sex with a woman pleasurable?

[Probe:] When is sex with a woman more pleasurable for you than at other times?

27. Have you and any of your female sexual partners ever discussed HIV or sexually transmitted infections?

If yes: Tell me about a time you discussed these things with a female sex partner.

Was this discussion before or after you had sex?

If no: How likely do you think your female sex partners would be to tell you if they

had a sexually transmitted infection?

28. How likely do you think it is that your female sex partners could have a sexually transmitted infection or HIV?

29. Are you aware of ever having sex with a female who has HIV or a sexually transmitted infection?

If yes: How did you find out about her status?

30. Tell me how you know when a woman is safe to have sex with?

There are certain types of sexual activities that people do not do for many reasons. For example, they may not enjoy it or they may be embarrassed to admit that they enjoy it.

31. What sexual activities would you not be comfortable doing with another female?

[Probe:] Why would you not be comfortable doing this?

I am now going to give you a few hypothetical situations. I want you think about how you would react to them before answering.

32. You know that your female sex partner has a sexually transmitted infection and she wants to have sex. What do you do in this situation?

33. You are about to go down on a woman and you notice she has a strong smelling and strange colored discharge.

34. Your friend comes to you and tells you she is worried that you might get HIV.

35. You know that your female partner gets paid to have sex.

I would now like to talk to you about your safe sex practices with women and your knowledge about safer sex practices. By safer sex, I mean sexual practices that reduce the risk of HIV and sexually transmitted infections during sexual activity.

36. Have you ever been tested for HIV?

If yes: When were you tested?

Why did you decide to get tested?

Where did you get tested?

If no: Why have you not been tested?

Where can you be tested for HIV?

37. Have you ever been tested for other sexually transmitted infections?

If yes: Which sexually transmitted infections were you tested for?

When were you tested?

Why did you decide to get tested?

Where did you go to get tested?

What about being tested at this place made you feel comfortable?

What made you feel uncomfortable?

If no: Why have you not been tested?

Where can you get tested for sexually transmitted infections?

Would you be comfortable going there?

What would make you more comfortable going there?

38. How can sexually transmitted infections be passed from one woman to another?

39. How worried are you that your female friends might get sexually transmitted infections or HIV?

40. When having sex with females, have you ever used any protective barriers in order to reduce the risk of sexually transmitted infections?

If yes: Tell me about the method you used.

Why did you decide on this method?

Where did you learn about this safe sex practice?

Where did you get this barrier?

If no: Do you know of any method that can be used to reduce the risk of sexually transmitted infections when having sex with women?

41. Tell me what you know about preventing sexually transmitted infections from women.

SECTION 3: MEN

Now, I want to talk about your relationships with men. I want you to think only about your sexual experiences with men and only consider those experiences with men when answering the next questions.

42. When you think of "sex" between a male and a female, what do you consider sex to include?

43. At what age was your first sexual experience with a male?

a. Tell me about this experience.

b. Where did you meet him?

c. How did you know him?

44. Now tell me about your most recent sexual encounter with a male.

Is this kind of experience typical for you?

If yes: what was typical about it?

If no: what was different from usual about it?

45. How do your female friends feel about you having sex with men?

46. Do you have a boyfriend?

If yes: What sort of rules do you and he have about sex?

Is it okay to have sex with other people?

How do your female friends feel about you dating a male?

47. In the average week, how many times do you have sex with men?

48. When you are interested in having sex with a man, how do you find him?

49. When you've had sex with men, how was the activity, meaning oral, anal, vaginal, or some other type of activity decided upon?

50. When having sex with a man and you grow uncomfortable for some reason, what do you expect will happen?

51. When are you comfortable telling men what you enjoy sexually?

52. What makes having sex with a man pleasurable?

[Probe:] When is sex with a man more pleasurable for you than at other times?

53. Have you and any of your male sexual partners ever discussed HIV or sexually transmitted diseases?

If yes: Tell me about a time you discussed these things with a male sex partner.

Was this discussion before or after you had sex?

If no: How likely do you think your male sex partners would be to tell you if they had

a sexually transmitted infection?

54. Are you aware of ever having sex with a male who has HIV or a sexually transmitted infection?

If yes: How did you find out about his status?

If no: How likely do you think it is that your male sex partners could have a sexually

transmitted infection or HIV?

55. Tell me how you know when a man is safe to have sex with?

56. What sexual activities would you not be comfortable doing with a male?

Why would you not be comfortable doing this?

I am now going to give you a few hypothetical situations. I want you think about how you would react to them before answering.

57. A man approaches you and offers to pay you to have anal sex with him. The same man insists on not using a condom and promises to pay you double.

58. A man you know to have sex with both men and women wants to penetrate you vaginally without a condom and promises to pull out before ejaculating.

59. You are really turned on and want to have sex with a guy, but neither of you have a condom.

60. For whatever reason, you decide that you would like to have a baby. How would you find a male partner?

I would now like to talk to you about your safe sex practices with men and your knowledge about safer sex practices. By safer sex, I mean sexual practices that reduce the risk of HIV and sexually transmitted infections during sexual activity.

61. How can HIV be passed from a man to a woman?

62. How can HIV be passed from a woman to a man?

63. How can HIV be passed from a man to a man?

64. How worried are you that your male friends might get HIV?

65. When having sex with males, have you ever used any protective barriers in order to reduce the risk of HIV or STIs?

If yes: Tell me about the method you used.

Why did you decide on this method?

Where did you learn about this safe sex practice?

Where did you get this barrier?

If no: Do you know of any method that can be used to reduce the risk of HIV when having sex with men?

66. Tell me what you know about preventing sexually transmitted infections from men.

67. When do you use condoms?

[Probe:] Which sexual acts do you not use condoms to perform?

SECTION 4: MEN AND WOMEN

These next questions pertain to your experiences with either males or females.

68. Have you ever received money, shelter, clothing, food, drugs, or alcohol in exchange for sex?

If yes: How often do you receive those things in exchange for sex?

Tell me a little about the most recent experience.

How do these sexual experiences differ from those that you do solely for pleasure, fun, or love?

How do these sexual experiences make you feel?

What sorts of situations have you been in that have made you uncomfortable

getting paid to have sex?

If no: What concerns do you have for your female friends who have sex in exchange for goods?

69. Have you ever refused to have sex with anyone?

If yes: Why did you refuse?

How did you tell the person that you did not want to have sex with him/her?

70. Have you ever used sex toys such as dildos, vibrators, anal beads, butt plugs or anything else when having sex?

If yes: What have you used?

With whom did you use them?

Have you ever used condoms on these toys?

What do you do with these toys when you are done using them?

How were they cleaned?

How many people would you say have used these toys?

If no: Why have you not used them?

SECTION 5: PREGNANCY INTENT

71. Have you ever been pregnant?

If yes: How many times?

At what age(s)?

What was the result of the pregnancy?

Did you tell your parents/guardians that you were pregnant?

Were you planning on getting pregnant?

If yes: Why did you want to be pregnant?

What did you do to get pregnant?

How did you decide which male would impregnate you?

How did you feel about the pregnancy?

How did your friends feel about it?

How was your life different while pregnant?

If no: How did you feel about the pregnancy?

How did your friends feel about it?

How was your life different while pregnant?

If no: Have you ever wanted to become pregnant?

If yes: What did you do to try to become pregnant?

Why did you want to be pregnant?

If no: Do you have friends who have been pregnant?

If yes: Were they planning on getting pregnant?

How did they feel about the pregnancy?

How did you act when you found out she was pregnant?

72. If one of your female friends wanted to have a baby, what kinds of things would she consider when finding a male partner?

73. How difficult would it be to find a male willing to get a girl pregnant?

74. Thinking about the girls that you know who have children, what sort of roles do fathers play in the baby's life?

75. What roles do the mothers' girlfriends play in the baby's life?

76. What are the reasons that your female friends want to have babies?

77. How are girls at the Center treated that are pregnant?

78. Where do girls from the Center go for pregnancy care?

79. What difficulties would you anticipate facing if you were to have a baby?

SECTION 7: CONCLUSION

Now, we're about to begin the last part of the interview. So far, we've discussed issues around gender, sexual experiences, HIV/STIs, and pregnancy. However, there may be other issues or concerns that you have right now in your life that are important to you. I'd like to learn more about these issues and concerns.

80. I'd like you to think about this past week, meaning today and the prior 6 days. Tell me about the things in your life that have occurred during this time that have caused you to worry.

81. If you imagine your life one year from today, meaning (today's date) in the year 2009, where do you see yourself?

a. What will you be doing?

b. Who will be there with you?

c. How does this future make you feel?

82. If the Ruth Ellis Center offered an HIV prevention program for females, how likely would you be to go?

a. What would make you more likely to go?

b. What would make you less likely to go?

c. What do you think would be important to address in an HIV prevention program?

83. Thinking about this interview, is there anything else that you'd like to tell me or add before we finish?

Thank you for participating!

Appendix F

Memo Example (April 08, 2009)

In recognition of the tendency for bias in analysis, Patton (2002) suggests that researchers acknowledge up-front their ideological beliefs that may guide analysis and their "orientational" stance toward the data. I attempt to (or aspire to) approach research from an interdisciplinary angel, one that amalgamates aspects of queer and feminist theory with modes of psychological and sociological thought. I fancy myself a sex-positive feminist who deplores the patriarchal, heterosexist control over women's bodies, sexuality, and expressions of desire. As per Foucault, Butler, and Naomi Wolf, I see sexual orientation and gender as social constructs that are culturally defined and thus extremely malleable. I am a White, middle class, androgynous, bisexual who is an atheist happily partnered/married to a woman. By virtue of being an androgynous, bisexual, atheist, I am the epitome of that which the girls and women in the sample seem to fear, misunderstand, and stigmatize. How might the participants' seeming derogation of *my* identity influence the way I interpret and interact with the data?

What does it mean that I would attempt to understand the minds and lives of Black, impoverished girls with a clear apprehension for women who are bisexual and fluid in terms of their gender presentation? What does it mean that I would choose to study a population of poor Black girls/women when adolescent pregnancy is prevalent in other populations as well? Can a person who is neither poor, nor African American, nor blatantly stigmatized and victimized understand what this population thinks and feels? I ask these questions due to an underlying worry that by including only poor African Americans in this study, I divert attention away from the responsibility of other groups in perpetuating adolescent pregnancy. Thus, with these concerns in mind, I want to be cognizant of not perpetuating certain biases during analysis/writing: a) adolescent

pregnancy is not an exclusively African American phenomenon; b) locating the source(s) of behavior (be it individually or culturally influenced), is neither the same as blaming them nor the same as saying that other people or other social contexts play no role in the construction of meaning in their lives; c) poverty is what insinuates itself in every facet of the adolescent pregnancy picture, yet poverty does not inevitably lead to negative sexual health outcomes; d) a focus on cultural and individual representations in this study does not make these factors unique to the poor African American population; and e) a focus on adolescent girls, even on YWSW, does not mean that adolescent boys' thoughts and feelings about teenage pregnancy are unimportant.

Appendix G

Codebook

Parent Node	Tree Node	Definition
Reasons not to get pregnant		This may include reasons to postpone pregnancy in the future or reasons to have had postponed pregnancy in the past.
	Family	Your family would disagree with you being pregnant or be disappointed because of your age or sexual identity
	Physical concerns	Worrying about the pain associated with labor or a medical condition making pregnant difficult
	Not ready	Wanting to wait to have kids until you are settled. This is a more general hesitation.
	Sex	Pregnancy would require having sex with men and having sex with men is uncomfortable, it hurts, or not something the participant is interested in doing.

	Partner	Girlfriend or partner thinks pregnancy is not a good idea
	Give up	Being responsible for someone else might mean having to not do things you want to do for yourself. There is a loss of freedom involved with being a parent.
	Finances	Being pregnant or a parent means having to financially care for yourself and a child. There are economic concerns about being able to care for a child.
	Violation	Being pregnant goes against cultural beliefs about what is acceptable for someone who is gay or of a certain gender identity. Being pregnant or having a child would bring with it cultural ridicule, shame or violence.
StemmePhobia and Invisibility		Suggests that stemmes are not accepted in the gay community or are not known by participants

	Not here	Stemmes have not been coming to the Center often or do not come very often
	Stemmes are confused	Indications that there is a cultural belief that stemmes do not know if they want to be a femme or a stud or if they want to date studs or femmes.
	Does not know stemmes	Indications that girls do not know any stemmes
	Stemme mistreatment	Examples of stemmes being called names of treated poorly
Pregnancy is common		May refer to others who have had children or who raise children in the gay community or the belief of participants that pregnancy and parenting occur frequently or is a trend
	Trend	Perception that pregnancy is a common in the gay community and is popular
	Knows others	Knowledge of other gay/bisexual friends or family members who are pregnant, who have children or who help raise children

Studs are like men		Indications that studs think of themselves or others think of studs as being "like males." This does not relates simply to how studs dress and look, but to a belief that they are males, have male qualities, or are thought of as similarly to males.
	Studs see studs as like men	Indications that suds see themselves or other studs as having the mind/attitude of a male and that doing so is desirable
	Others see them as like men	Indications that people who are not studs believe that studs are like males in their mentality.
Babies daddy role descriptions and experiences		Includes participants' articulation about what the expectations or job associated with being a baby's daddy entail. Also includes participants' own experiences with being a baby's daddy and what that role means to them.
	Experiences	These people consider themselves or are considered by others to be a baby's daddy and this reflects their experiences as such

	Dad role	Explains what people do as a baby's daddy, what a person's partner does as a baby's daddy, or the expectations they'd have of a person who was a baby's daddy.
Fractured relationships		Includes instances of homophobia/heterosexism and sexual assault. Also includes feeling left out of one's peer group. These are instances of being hurt (physically or emotionally) by other people.
	Heterosexism and homophobia	These are negative messages or encounters with people or religion in regards to one's sexual orientation or behavior or one's gender identity. These messages do not come from within the gay community but are negative attitudes, biases, and discrimination in favor of opposite-sex sexuality and relationships.
	Don't get along with other studs	Feeling different from other studs and like she does not belong
	Rape	Descriptions of sexual assault

Future pregnancy motives		Implicit or explicit reasons that pregnancy may be pursued in the future
	Look like me	Wanting to have a child who has similar characteristics and physical attributes
	For partner	Wanting to have a child to please or keep a partner, to make your relationship stronger, or to build a family. May also include a partner wanting to have a child and the participants' nonchalance towards doing so.
	Parent	Wanting to have a child in order to know what it is like to be a parent or in order to be seen as a parent
	Love them	Wanting to have a child because they will provide you with love or provide you with something to be loved and care for
	Loves or likes other kids	Wanting to have a child because they know other babies/children whom they enjoy being around

	Fun	Wanting to have a child because the experience is enjoyable, they provide constant stimulation, and because it provides opportunities for activities that are deemed enjoyable.
	Loss	Wanting to have a child because of a previous miscarriage
	Seem more normal	Wanting to have a child because it is the expected thing to do and is equated with femininity and heterosexuality
	Teach	Wanting to have a child because a child is someone who can learn and to whom you can impart knowledge and watch grow
	For parents	Parents desire for their daughter to have a child
	Bond	Desiring the mother-child attachment
Identity confusion		Implications that participants were or are unsure of their gender or sexual identity or that they struggle with internal

		homophobia. May include thoughts on their sexual or gender identity suggesting they wish to change or behaviors suggesting that they've struggled to accept their sexual identity.
	Wants to be straight	There is a desire to be heterosexual, or a wish that being gay is a phase.
	Gender identity flux	There has been a change in the participants' gender identity.
	Not sure of ID	Indicates that the participant is in the process of negotiating his/her gender or sexual identity. They are unsure of their gender or sexual identity, or describe themselves in more than one way.
	Sexual experimenting	Having sex or has had sex with a male to figure out if she is gay or straight. Or has had sex with males in order to please other people.
Gender and sexual orientation ID policing		Having strict standards for what is and is not acceptable if you are a lesbian or identify as stud, femme, or stemme. Examples of what is considered unacceptable if a

		lesbian or for a person of a particular gender identity. May also include responses to violations of these expectations.
	Label imposed	Those who violate acceptable rules of behavior or who do not fit into the stud/femme dichotomy are called names, ridiculed, made fun of, or placed in a gender/sexuality category that is not of their choosing.
	Femmes no sex with males	Points to a cultural belief that as lesbians, femmes should not have sex with men
	Acceptable for lesbians	Delineates beliefs about what a lesbian is and is not. Outlines cultural beliefs about behavior and attitudes that are considered "lesbian." Definitions of who constitutes a lesbian
	Studs not penetrated	Cultural beliefs that studs should not allow themselves to be vaginally penetrated by a male or a sex toy
	Stemmes receive flak	Beliefs by participants that stemmes are confused, that they do not know if they are studs or femmes, or behaviors indicating an intolerance of stemmes.

		Also, second-hand reports that stemmes have been mistreated, are thought of negatively, or are considered threatening to others.
	Studs not pregnant	A cultural belief that studs should not be pregnant and if they are, are subject to ostracism, ridicule, a loss of identity as a stud, or violence
	Studs no sex with males	A cultural belief that studs do not or should not have sex with males
	Lesbians no strap	A cultural belief that lesbian (whether studs or femmes) should not use a strap on because it indicates that they are really bisexual or desiring of a man.
Negative ways of describing fathers or males		Descriptions of fathers and other males as absent, abusive, or heterosexist. May be a reason studs want to distinguish themselves from other males by being good baby's daddies.
	Violent or abusive	Suffering sexual or physical violence by males. May be by the participant or by someone known to them

	Deadbeats or absent fathers	Explaining that their own fathers or the fathers of children they know are not around, have been in and out of their lives, or are nowhere to be found
	Heterosexist or homophobic	Experiences of heterosexism and homophobia from males
	In jail	Descriptions of fathers who are incarcerated
Why Others Have Babies		Describes participants' beliefs about why other gay women have babies
	Extension of self	Belief that others want to have kids because they want to produce a child to live on after they die and who will be like them and the family name will survive
	To parent	Belief that others want to have children so they can be a parent, know what it feels like to parent, or be "read" as a parent
	Keep someone	Belief that others have children in order to hold

		onto a partner
	For parents	Belief that others have children for their parents or in order to provide their parents with a grandchild
	Have own	Belief that others have children because they want one to call their own
	Loves kids	Belief that others have children because they love/like other kids
	For partner	Belief that others have children because their partner wants them to do so or in order to please a partner or to make a relationship with a partner stronger
	Love them	A belief that other's want children because of the belief that a child will always love them
	Trend	A belief that others have children because they see others with children and want one of their own. They want a child because doing

		so is popular or the in thing to do.
	Make a family	A belief that others have babies because they want to build a life/family with a partner
	Fun	A belief that others have babies because caring for them is exciting and there is constant stimulation and activities.
	Money	A belief that others have children in order to get welfare or money from the state
Sperm donor or father in life		A past desire for a sperm donor/biological father to either be a part of a child's life or not to be.
	Not in life	Professing desire that past biological fathers/sperm donors not help raise or provide for the child. Making arrangements with the sperm donor that he not be a part of the child's life.

	In life	Past biological fathers/sperm donors are actively helping care or provide for a child or there was a wish that past biological fathers/donors would help raise the baby.
Preference for Future Donors or Fathers		Ideals for future pregnancies
	Already has	Her current male partner will be the biological father
	In life	Has a desire that a future child's biological father will help raise the child and be in the child's life
	Just sperm donor or sperm donation	Desiring artificial insemination or donor insemination procedures, professing a desire that a sperm donor not be the child's life, or wanting a future donor to agree to sign over parental rights
	Adoption	Considering adoption in the future

Reasons to have had prior planned pregnancy		Stated rationales for previous intentional pregnancies
	Loss	Wanting to have a child because of a past miscarriage
	Likes other kids	Wanting to have a baby because you like/love other kids
	Love	Wanting a child because they will provide unconditional love and affection and always be there for you
	For family	Previous indications that pregnancy is desirable that are relayed to participants by their family of origin
	Live on	Motivated to have had a child out of a desire for a part of you to live on
	For partner	Being motivated to have had a child to please a partner, because a partner wanted it, or in order to make a relationship with a

		partner more secure/better
	To be grown	Being motivated to have a baby because it will make you more mature, appear grown, be an adult, or to refute claims that you are young
How friends reacted to pregnancy		Responses of their LGBT friends to their pregnancies
	Happy	Reports friends were excited about the pregnancy and the fact she was having a baby
	Nice	Reports that while pregnant, she was treated better than before being pregnant
	Curious	Reports that friends were inquisitive as to how she became pregnant
	Judgmental	Reports that their friends were harsh, disagreed with their decision, or called them names

General Gay community reactions to pregnancy		Beliefs of participants in how they'd be treated by people at the Center, were they to be pregnant or have a baby
	Tangible goods	Indications that the gay community, the people who are a part of it or the Center itself, would provide tangible goods to those who were pregnant or who had a baby.
	Happy	Indications that the gay community, in general, is simply excited when someone is pregnant or has a baby
	ID policing	Indications that participants believe they'd be called names or mistreated or thought of differently were they to have a baby. Also includes instances where others have been subject to name calling, teasing, disbelief or violence.
	No different	Beliefs that the gay community, in general, would treat people who were pregnant or who had a baby just like they would anyone else, or would treat

		them equally.
	Don't judge	Affirmations that the participant or the gay community in general would not hold pregnancy against a person or would not think less of them or treat them differently were they to be pregnant or have a child.
What being a mother is like		Descriptions of what mothering is like for those who have had children
	Changed life for better	Suggests that girls recognize there are benefits to being a mother. Motherhood made them more conscientious, healthier, goal oriented, or responsible. Also made them have something to be proud of or look forward to.
	Mother role	Describes participants' beliefs or experiences about what being a mother entails.
	Difficulties of being a mother	Describes participants' beliefs about what has been hard about being a mother.

Parental involvement in pregnancy and thoughts on pregnancy		How parents responded to hearing their daughter was pregnant
	Happy	Parents were excited to learn of a pregnancy
	Disappointed	Parents were disappointed or dismayed to learn of a pregnancy
	No abortion	Parents told their daughter that she could not have an abortion or that an abortion was out of the question
	Not aware	Parents did not know of the pregnancy or were not informed
	Not supportive	Parents did not agree with the pregnancy, were not helpful during pregnancy or in caring for the baby, or could not financially help care for the baby
	Wants abortion	Parents desired that she get an abortion

Appendix H

Attributes

Gender ID	Ever Pregnant	Baby's Daddy	Pregnancy 1	Age 1	Pregnancy 2	Age 2	Outcome 1	Outcome 2
Femme	Yes		Planned	18			Birth	
Femme	Yes		Rape	15	Planned	15	Abortion	Birth
Femme	Yes		CF	17			Loss	
Femme	Yes		CF	16			Birth	
Femme								
Stemme		Yes						
Stemme		Yes						
Stemme	Yes		Rape	16	Planned	18	Loss	Loss
Stemme								
Stud	Yes		Planned	18			Loss	
Stud	Yes	Yes	?	14			?	
Stud		Yes						
Stud		Yes						
Stud								

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