The health care experiences of women who became mothers when they were teenagers

Clare Jefferson and Tim Atkin

CITATION
The health care experiences of women who became mothers when they were teenagers

Clare Jefferson & Tim Atkin

Abstract
This paper presents a qualitative interview study that explores the experience of NHS services of 10 women who became mothers when they were teenagers. The study identifies that NHS services have the potential to positively influence women's levels of coping through minimising fear, supporting emotional wellbeing and supporting access to social support.

Keywords
teenage; pregnancy; prenatal; postnatal; patient experience; health care

Introduction
Motherhood is changing; the majority of women are having their first child later in life and they are having fewer children than previous generations (Berrington, 2004). These trends are hypothesised consequences of shifts in social values towards individual autonomy and choice, interactions between social class, education and fertility, and increased access to birth control (Rendall, et al. 2005). Nevertheless, the majority of women still become mothers and a small proportion continue to have their first child when they are teenagers (Botting & Dunnell, 2000). Although the number of women becoming mothers when they are teenagers has started to decline (Botting & Dunnell, 2000), teenage motherhood has become an issue of increased focus (Teenage Pregnancy Unit (TPU), Department of Health (DH) & Royal College of Midwives (RCM) 2004) and the portrayal of pregnant
teenagers is said to vacillate from them being a vulnerable, neglected and exploited population to
them being a devious, destructive and manipulative population (Whitehead, 2001).

Teenage mothers are considered marginalised
and stigmatised for their non-conformity to the slow
transition into adulthood (Wilson & Huntington, 2005).
This slow transition is disproportionately populated by young
people born to parents in higher socio-
economic groups, who stay in education longer and
derfer relationship formation and parenting until their
career is established. Conversely, the fast track into
adulthood is disproportionately populated by young
people born into poorer socio-economic groups
(Graham & McDermott, 2005). This group leave
education, develop relationships and become mothers
earlier. Hence, teenage motherhood is perceived as
integral to the fast lane into adulthood and the road
to social exclusion, which links disadvantage to young
women and their children (Department for Education
& Skills (DfES), 2006).

As early motherhood is believed to make it
more difficult for young women and their children to
escape poverty, it is not surprising that teenage
pregnancy (TP) is a focus of government attempts
to reduce health inequalities, child poverty and social
exclusion (McDermott, Graham & Hamilton, 2004).
In England recent policy goals have been to cut rates
of occurrence of TP by half over a 10-year period,
to improve understanding and changes in sexual
behaviour, provide parenting support, and promote the
social inclusion of teenage parents through education,
training and employment (DfES, 2006; TPU, 2004).

The National Health Service (NHS) contribution
towards the aforementioned goals is through health
promotion (e.g., reducing the rates of occurrence of
TP) and maternity services (e.g., meeting the needs
and choices of women and their babies).

The positive perspective challenges the above
concerned and stigmatising conclusions because it
considers the young mother’s point of view. It has
found that young mothers and their children tend to
do well, and becoming a mother is viewed positively
by many young women because it as a catalyst for
significant change; it provides a sense of purpose
and meaning to their lives, and spurs them on, which
then helps build confidence and self-esteem (Duncan,
2007).

Different perspectives contribute to the
understanding of pregnant young women and
mothers’ experiences. As the dominant perspective
focuses on negative experiences and outcomes,
interventions have been developed to remedy
problems. However, there is scope to investigate the
interventions from the teenage mothers’ perspective
to enable the development of interventions to enhance
their strengths and promote their coping against
adverse outcomes. Therefore a qualitative study
was conducted in 2008 to develop understanding of
the pregnancy experiences of women who became
mothers when they were teenagers, to develop
understanding of the impact of the health service
interventions offered to them, and to discover their
suggestions for improving service delivery. This report
summarises key findings from that study.

Method

Participants

Women were invited to participate if they became
mothers when they were teenagers and their eldest
child was at least 3-years-old. Of the 24 women who
enquired about the study, 10 participated. All of the
participants were white and British and their ages
ranged from 18 to 48 (M = 31.8 years).

Procedure

The project was approved by a Local Research
Ethics Committee, an NHS Trust’s Research and
Development Committee and a University’s Research
Ethics Committee (DH, 2006a). Key workers from Sure
Start and the charity National Children’s Home (now
Action for Children) recruited participants. Additionally,
people responded to poster, e-mail and newspaper
appeals for participants. One in-depth, semi-structured
interview was completed with each participant. The
interviews lasted from one hour and seven minutes
to two hours and five minutes, each interview was
transcribed, field notes were compiled to describe the
flow of the interview and a thematic analysis of the
data was undertaken (Braun & Clarke, 2006). Methods
of enhancing trustworthiness included using Braun
and Clarke’s criteria (2006) to guide the project, critiquing
the process in supervision, and obtaining feedback
from two participants, which confirmed the accuracy
of the transcripts.

Key findings

A number of women (including young women)
experience mental health problems during the
pregnancy and postpartum phases (National Institute
for Health and Clinical Excellence, NICE, 2007).
This was evident from the interviews. Some participants
were happy because they had planned to have the
baby, were in a long-term relationship and believed
they could cope, whereas, some of the participants
experienced severe emotional distress.

“... I was seeing a psychiatrist and I was on
antidepressants, I was on tranquillizers as well ... I had
panic attacks when I went into school ... I was just so
depressed.” P2, Pages 1-2.

The coping resources that are typically described
as influencing young mothers’ outcomes are internal
factors such as determination and social support
factors such as family support (Duncan, 2007). Yet
this study suggests the NHS is an important factor too.
The health care experiences of women who became mothers when they were teenagers

For example, the participants discussed the dilemma between the need for emotional support and guidance and the need to develop into the parental role. Those participants who did not have family support turned to services to provide the support. Policies which inform maternity services, call for patient-centred care to achieve the development of a patient-led NHS (DH, 2007b). However, there is no recognition of the roles services have in enhancing participants’ coping with adversity, particularly when no other supports are available.

When participants described the NHS services they encountered, two striking patterns emerged. The quality of the interactions and relationships with practitioners was frequently discussed (n = 8). When the practitioners were known to the participants, supportive and respectful, the participants were happier with the interaction. The other striking pattern was the influence that the encounters had on the participants’ decisions, wellbeing and behaviours.

“I was literally down that road but once I'd had the appointment erm at the abortion clinic within the hospital, it totally changed my mind … I had never ever had an internal examination, so I was absolutely horrified when I came out … and I thought ‘I can’t do this on my own, erm I don’t want to get rid of the baby’” P6, Pages 11-12.

“I’d seen the heart, it was like ‘how, how on earth could I get rid of it now that I’ve seen that it’s got a heartbeat?’” P7, Pages 1-2.

Interactions with NHS employees influenced participants’ engagement with services, their wellbeing and satisfaction with the encounters. For example, when the participants felt they were taking up time or being a problem and when the practitioners made them feel uncomfortable or spoke to them like they were children, the participants were unhappy with the interactions and often disengaged from the services.

“The antenatal clinics were not very welcoming or friendly … If somebody else had a crisis, you couldn’t ask your questions because you felt as though there wasn’t enough time and you felt stupid asking the questions” P5, Pages 1-2.

Duncan (2007) claims that services are not helping teenage mothers but the participants’ views suggest a more complex situation, where it is possible to provide useful services with recognition that the working alliance is the vehicle through which effective work and change occurs (Howgego, Yellowlees, Owen, Meldrum & Dark, 2003). Further evidence that the working alliance is the vehicle through which effective change occurs comes from participant suggestions regarding how to improve services. The first suggestion was to provide more reassurance and encouragement (n = 6).

“I would have felt better if someone came and talked … tell them what I’m worrying about … a lot of teenagers wouldn’t want to tell you that anyway. But, if you give them support, they will eventually open up to you” P10, Pages 5-8.

Other suggestions included providing easier to understand information, better access to trained staff regarding feeding queries, having the baby delivered by midwives that are known to the mothers and more frequent and longer lasting postnatal care.

“There’s no after care, during your pregnancy you’ve got all these people rushing around you, giving you all this information and everything else and then you have that baby, you’re sitting at home, you think what do I do now?” P3, Page 10.

Conclusion

Becoming a mother was a catalyst for change and a motivator to provide for their children. For some, it was also associated with mental health difficulties. Interactions with NHS practitioners and the services offered were described. These factors influenced participants’ decisions, levels of fear, emotional wellbeing and increased their access to social support. Therefore services have the potential to positively influence teenagers’ levels of coping during pregnancy and whilst parenting.

Affiliations

Clare Jefferson, Cumbria Partnership NHS Foundation Trust

Tim Atkin, Lancaster University, UK

Contact information

Clare Jefferson, clare.jefferson@cumbria.nhs.uk.

References


