

Adolescent Māori mothers experiences with social support during pregnancy, birth and motherhood, and their participation in education

A research summary from the 2006 President's Scholarship recipient by Casey Rawiri

The overall purpose of my research was to study the role of social support in helping adolescent Māori mothers to cope with pregnancy, birth and motherhood, with a particular emphasis on its role in enabling them to continue with education. By 'social support' I mean those people in these mothers' lives such as their whanau, friends, teachers, work colleagues, or social services; all the people that they interact with in their everyday lives.

My objectives focused on social support needs for the mothers and their children.

1. What kinds of social support work best in helping adolescent Māori mothers raise their children?
2. What social support needs are not being met for adolescent Māori mothers?
3. Is there a link between the levels of social support and the decision to continue with education or not?

I interviewed nine mothers, seven of whom were participating in education and two who were not. The mothers also varied significantly in terms of their family backgrounds, the support they received from their whanau and their relationships with their child's father.

My interviews focused on the participant's experiences throughout each stage of motherhood; learning of their pregnancy, life throughout pregnancy, birth, and caring for their child. The other area I wanted to explore was their education. Four of my mothers attended a local Teen Parent Education Unit. Three were attending post secondary school educational institutes. Only two mothers were not completing their education when I interviewed them, although one had plans to return in the near future.

The youngest mother I spoke to was 15 years of age and the eldest three mothers were all aged 20 when I interviewed them; this was the age range which I focused on. The length of time in which my participants had been mothers varied, from two months to two years. One mother was married and she was also the only mother to have two children at the time of interviewing. Six of the nine mothers had some sort of history within their family of adolescent pregnancy.

Learning of pregnancy

The decision to carry through with the pregnancy marked an important time. While some of the participants had already

made up their mind to go through with it, others had difficulty and turned to people close to them for advice. One mother did point out that she did not want her pregnancy but had been too far along to terminate it.

None of the mothers indicated that they were actually trying to get pregnant. However they were either not using contraception or were using it irregularly or incorrectly.

The use of contraception seemed for most of the participants to be a joint responsibility with their partner, as many of them used 'we' when they spoke about their experiences with contraception and decision making.

"I started using contraception but then I just stopped and we were having sex for a year. We didn't get pregnant so I thought there was something wrong with me and he thought there was something wrong with him. We thought we couldn't have babies and so we just kept having sex without protection and then finally got pregnant about a year later (Kim)"

The most pressing concern for participants when they found out that they were pregnant and decided to continue with it was figuring out how they would tell their parents.

Most of the participants' mothers were very disappointed when they discovered their daughters were pregnant and refused to speak to them until they had come to terms with it themselves. It was common for some mothers to think that their daughters were following in their footsteps and that becoming a mother so young was going to reduce their opportunities.

Friends' reactions were supportive overall and participants were not worried about revealing their pregnancy to them. Friendships meant a lot to my participants and the support of friends was important throughout all the stages of pregnancy.

Their stories are both interesting and inspiring and may hopefully be an influence on generations to come

Pregnancy

The relationship between my participants and the father of their child seemed to have an impact on attitudes towards the pregnancy. Those who continued a supportive relationship with their partners enjoyed most aspects of their pregnancy and felt they had more support. Mothers who had no support or contact from the father of their child tended to have a less pleasant pregnancy and felt a lack of support.

Each of the mothers was financially dependant on her parents before the pregnancy. While some continued to rely on their

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parents, others found employment, were supported by their partners or they received benefits. Those who worked during their pregnancy usually did so for two main reasons; to relieve boredom and to save money for child costs.

Each of the mothers I interviewed drank alcohol before pregnancy. This ceased once they became pregnant, with the exception of one.

She continued to drink alcohol during her pregnancy and only stopped when she was forced to attend rehabilitation. Her only available support networks at the time were her friends who themselves were heavy drinkers. Stress, depression and violence were all brought up during my interviews as another added aspect of life during their pregnancies. These issues usually began before becoming pregnant and continued throughout pregnancy and after having their child.

Midwives provided good support for the mothers and their child. Two of the mothers used qualified family friends as their midwife and they found this relationship made the whole experience easier. Information seemed to be the best support a midwife or doctor could give. Only one mother had an extremely distressing experience with her midwife who she felt was unprofessional and put both herself and her baby at risk.

Most of the young women attended antenatal classes. One mother was informed of both a class for adolescent women and a mainstream class but chose the latter on advice from her midwife. Her experiences attending these were not enjoyable as she felt awkward among older mothers.

Birth

Six mothers chose to have their baby in a private birthing clinic. The other three had their baby in a public hospital for various reasons, in two cases, because there were complications. Having a water birth was the most popular, which five mothers I interviewed chose to have. The choice of the delivery method used was not always the mother's decision to make. For one participant it was the decision of the doctors and in another case her own mother made the decision.

Those chosen to attend the birth were usually close family, friends and the father of the baby. Most mothers planned who they wanted to attend well before they gave birth and made this clear to those people. For others, they had little say on the matter and had people in the delivery room they did not want there. Having good support people was a vital part of having a safe and healthy birth.

First time mothers often felt obliged to believe their midwife was an expert and always right. This became alarming when the mothers knew that something was wrong but did not feel confident to challenge their midwife. This was usually due to lack of information.

Only one mother indicated to me that she used a Māori mid-

wife. She found the care she received was better suited to her than the treatment her friends received from their non-Māori midwives.

Caring for child

The transition from pregnancy to motherhood was not always easy and produced both challenges and responsibilities. Eight of the mothers had either full or shared child care with the father of their baby. That is, only one mother I interviewed was no longer caring for her child at the time of the interview.

The relationship between partners changed for each of the mothers after the birth of their child; either for the good or the bad. Compromises had to be made with the addition of an extra person to care for, especially one who required so much time. Most of the fathers were supportive and helped out as much as possible.

"Well yeah we have our problems. It's usually about the fact that my time isn't solely focused on him now. I have this other person to take care of. He thinks I don't show my affection as much now. I don't go and kiss him or hug him and stuff (Michelle)"

The most common childcare arrangement amongst the mothers was with members of their family. This was often a complicated system but it worked for them and was well managed. Only certain people were trusted and given the responsibility to look after their babies.

A common feeling among the mothers was the guilt they felt for relying on others for support as they felt they should be doing everything themselves.

Caring for a child involved the need for financial support. Being independent was something that all the mothers expressed as being important to them. None of the nine mothers wanted to depend solely on benefits for the rest of their lives, although six of them were on benefits when I interviewed them. Gaining qualifications was the only way they could see themselves finding a good job and being able to provide for their child.

Housing was another issue which depended on finances. Independence and privacy were the main reasons for the participants wanting to move out on their own or with their partners. The option of moving out of their current home, however, depended on finances and support. Support from family often helps settle a new mother into her role. Those mothers who were living away from their family struggled without this support. One of my mothers was living in a drug and alcohol rehabilitation centre. She was a long way from family, friends, and her daughter, who was being cared for by family members while the mother was at the centre.

Socialising was not always easy, but having a good support network meant that it could realistically become a part of an adolescent mother's life again.

Education

Before becoming pregnant most of the mothers had no idea where their future would take them. There were regrets of some of the past actions taken, such as missing school and not making the most of it, but most of the mothers were philosophical about it. The pursuit of education was not just a decision based on increasing financial security but also studying towards a chosen career path.

Each of the eight mothers who returned or planned to return to education had a break in their schooling either before or during their pregnancy.

Most had negative experiences within mainstream education and did not enjoy their time at high school. Without the option of tertiary education or a teen parent unit, many would not have returned after having their child.

While my research was not focused on Teen Parent Education units, a number of the mothers I interviewed did attend them and thought highly of them. Returning to education for these mothers provided them with access to supportive adults and found the help from adult teachers invaluable.

When their children were sick mothers had to stay home and care for their baby. This caused a lot of time off and important assessments were likely to be missed. Stress was another challenge mothers faced. The responsibility of attending school each day and committing their full attention to their child when they got home was difficult.

Returning to school was an individual's decision but the support from others, especially family, was a good indicator of mothers being successful with their education. The opinions from family members and friends seemed positive once the mothers had returned to school after having their child. The mothers who were no longer with the fathers of the child found it much harder to cope on their own and return to education, regardless of the support from family and friends.

Providing a good well balanced life for their children long term was the main motivation to get through the difficult circumstances needed to gain their education.

Support from others, especially family, was a good indicator of mothers being successful with their education

Conclusions

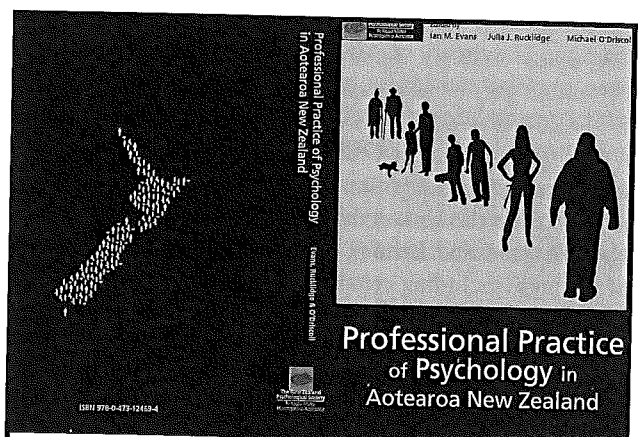
Informational support was by far the most prominent type that was lacking for mothers. Answering their questions, teaching them new things, giving advice or just providing information was the support that mothers wanted most. They were new mothers and had plenty of questions. While there are people

available to provide young mothers with information it is accessibility where the problem lies. Mothers were unsure of whom to ask for help and some lacked the confidence to seek information for things such as benefits. There is a gap concerning accessibility within social service providers in New Zealand that have the ability to supply adolescent mothers with the information they need and want.

Through my research I have found that there may be a link between the social support that mothers receive and their decision to continue with education or not. Those mothers who continued with their education had supportive people in their lives. These young mothers seemed happy with their lives, their achievements and goals for the future. Two mothers were not in education at the time of our interviews, and of these, only one had no plans to pursue education in the future.

Education seems to be the best way to provide adolescent mothers with a positive future. Social support from those in their lives enhances the experience of bringing up a child and attending educational pursuits.

Their stories are both interesting and inspiring and may hopefully be an influence on generations to come.



Edited by Ian Evans,
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31 CHAPTERS, 576 PAGES, SOFTBACK COVER
ISBN 978-0-473-12469-4

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