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Choosing motherhood: The complexities of pregnancy decision-making among young black women ‘looked after’ by the State[☆]

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ABSTRACT

Objective: this paper addresses the experiences of a group of young black teenage mothers looked after by the State, most of whom were also either migrants or asylum seekers. The paper explores the experience of discovery of pregnancy, attempts to seek professional help and the eventual decision to continue with the pregnancy.

Design: an interpretative study with in-depth interviews.

Settings: interviews were carried out in the participants' homes and focussed on their experiences of pregnancy decision-making.

Participants: 15 young women (aged 16–19), from black minority ethnic groups, with a history of care (past or present), currently pregnant or mothers of a child no older than two years of age.

Findings: all the pregnancies were unexpected: eight of the informants conceived as a result of rape and seven while in a relationship. All the young women chose motherhood over abortion despite their complex social and pregnancy background.

Conclusions: the importance of social positioning of migrants in terms of the cluster of negative aspects and environmental disadvantage generally experienced by most immigrants in the host country is raised in this paper. Care practices of pregnant women with complex social factors were little observant of woman-centred care approaches.

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Introduction

This paper addresses the experiences of a group of young black teenage mothers looked after by the State, most of whom were also either migrants or asylum seekers. The paper explores the experience of discovery of pregnancy, attempts to seek professional help and the eventual decision to continue with the pregnancy.

In the UK, NICE guidelines on Pregnancy and Complex Social Factors (2010) recognised women who are migrants, asylum seekers or refugees as one group amongst four key areas, together with young women under 20, women who experienced domestic violence and those who misuse substances (alcohol and/or drugs).

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Bollini et al. (2009) have reviewed epidemiological studies that compared pregnancy outcomes for native and immigrant women in 12 European studies, concluding that, overall, migrant women experience poorer outcomes of pregnancy. Such disadvantage was reduced in countries that operate supportive integration; the UK was not amongst that group. A recent collaboration between *Maternity Action and the Refugee Council* (2013) has drawn attention to the additional stress suffered by pregnant women who are asylum seekers and are subject to practices of geographical dispersal, whereby asylum seekers are housed by the Home Office on a no choice basis in locations around the country.

The common public image of teenage pregnancy as a serious social problem (Winters and Winters, 2012) is underscored by its perceived destructive consequences believed to be the result of lower levels of education, welfare dependency, and low-paying jobs, as well as greater health troubles for these mothers and their children (Luker, 1996; Furstenberg, 2007). Alongside establishing teenage pregnancy as a deviant behaviour, British social policy has described it as a major public health problem to be prevented (see SEU, 1999). Scholarship on teenage pregnancy in Britain finds that social deprivation, poor attainment and disengagement at

school are the key underlying factors that affect conception rates (Hoggart, 2012).

In Britain racial–ethnic comparative perspective has received relatively less attention (Bonell, 2004). To date there has been no in-depth research in Britain to parallel US studies about ethnicity and early parenthood (Owen et al., 2008), partly due to the lack of comprehensive statistics on live births by ethnic groups (Phoenix, 1991). Higher-than-average rates of teenage pregnancy/parenthood among some minority ethnic communities, has been highlighted in British surveys (Berthoud, 2001), though these patterns have not been explored in depth. None of these studies have explored the pregnancy decision-making process of black minority young mothers with a history of care and displacement.

'Looked after' teenage mothers

'Looked after' young people undergo a high level of hardship and deprivation and suffer from a high level of emotional and behavioural disturbance (Roy et al., 2000; Cusick et al., 2003; Akister et al., 2010) and have worse health than that of the general population (Audit Commission, 1994). They have greater health needs than their peers but are less likely to receive adequate healthcare (Department of Health, 1998).

The family circumstances leading to being taken into care – material and emotional disadvantage – are contributory factors to the problems 'looked after' young people face (Chase et al., 2006; Knight et al., 2006). These experiences and sources of deprivation form clusters of 'risk factors' associated with vulnerability to early pregnancy and parenthood among young people in and leaving care (Barn et al., 2005; Chase et al., 2006). Despite experiencing a significant degree of risk or adversity in their lives, on becoming mothers, 'looked after' young women fashion resilience despite, and out of, the experiences which threatened to undermine it (Mantovani and Thomas, forthcoming).

Pregnancy decision-making

Conceptions that are terminated are usually not the result of intentional behavioural choices (Upchurch et al., 2002), and women vary considerably in the way they experience and respond to the possibility of an unintended pregnancy (Hoggart and Phillips, 2010). Research has examined decision-making in response to class, family values and local cultures (Lee et al., 2004; Hoggart et al., 2006), and cultural norms when examining decision-making among minority groups (French et al., 2005; Higginbottom et al., 2006). The complex range of conflicting values influencing decision-making is clearly illustrated in Hoggart's (2012) research.

A key factor affecting a young woman's decision whether to terminate a pregnancy is the nature of her relationship with her partner. Those feeling they are in a secure relationship and feel supported tend to opt for motherhood (Hoggart et al., 2006). Teenagers are also affected by the political, social and local discourses around teenage pregnancy (Greene, 2006), although there is no evidence that peers have influence on young people's behaviour (Arai, 2007).

Methods

This study seeks to address two research questions: how interpersonal relationships affect the decision-making-process of an unexpected pregnancy among informants, and what is their experience of health professionals during decision-making?

The study took an interpretative approach to examine participants' interpretation and knowledge about their social world

(Denzin and Lincoln, 2003). In-depth unstructured interviews were undertaken with 15 young women by [first author] between 2005 and 2007. Informants were recruited in three London Local Authorities (LAS) selected for their geographical diversity, reported rates of teenage pregnancy and their high concentration of black minority groups. A purposive sampling method was employed and participants were selected according to: age (16–19); ethnicity (Black African, Black British, Black Caribbean, Mixed-Heritage); 'looked after' status (currently in care or left care); length in care ('looked after' for a minimum of one year); and motherhood status (a mother or currently pregnant).

The interview process was taken as a consultative process (Thompson, 1996) and a non-hierarchical relationship was adopted when interviewing respondents (Oakley, 1981). Both the University of London Committee and MREC governing body for ethics (N. 05/Q0801/168) approved the study. Key workers, who knew the young women and their levels of literacy, recruited participants. This method of recruitment was adopted so that key workers could explain the project and implications of participation in ways that participants could understand. Key workers offered their support to informants if they would become distressed as a result of revelations. Participants were informed that they could withdraw from the interview if they wished to do so at any time during the interview. At the outset informants were made aware that, as an acknowledgement of their help in the study, they would receive £10. The researcher received the informants' contact details only when they had given their consent to do so.

Interviews were carried out in the participants' own homes and were recorded with the consent of the interviewees. Transcribing the interviews verbatim ensured that there was an accurate account of the study interviews. To preserve anonymity the participants have been given names typical of each country of origin. Each interview transcript was coded individually with initial description codes. From a corpus of raw data a thematic organisation of the data emerged, including identification of similarity, contrast, and juxtaposition (Sim and Wright, 2000). To increase quality assurance of the qualitative work undertaken we applied Lincoln and Guba's (1985) idea of trustworthiness throughout the research process, by rigorously collecting data and synthesising it, and by conducting the research independently of the researchers' own perspectives. The interview material was carefully scrutinised by the researchers who took into account of the variations in responses.

The participants

Fifteen participants were interviewed from 25 potential respondents who returned the participation form. There were difficulties in establishing first and/or further contacts with 10 women. Of the 15 women who took part nine were recruited through Social Services, one through peer education groups, four through family support groups, and one through snowballing.

At the time of interview three young mothers were aged 19; five were aged 18; five were aged 17; and two were aged 16. Of the 15 participants, 13 were from the African continent (three from South West Africa, five from West Africa, and five from East Africa) and two were British nationals. Of the 13 African born: 11 were unaccompanied minors when they arrived in Britain, and two had migrated at a young age with their families. Of these 11, two were educational migrants and nine were asylum seekers.

Informants in this study were under the local authority's (LA) legal responsibility for their care. Participants had been in care for an average of two years (range 1–4 years); two mothers entered care aged 14, five aged 15, six aged 16 and two aged 17.

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