How do health professionals support pregnant and young mothers in the community? A selective review of the research literature

Gabrielle Brand [a,b,*], Paul Morrison [a], Barry Down [c]

[a] School of Health Professions, Murdoch University, Mandurah, Western Australia, Australia
[b] Education Centre, The University of Western Australia, Faculty of Medicine, Dentistry & Health Science, Crawley, Western Australia, Australia
[c] School of Education, Murdoch University, Rockingham, Western Australia, Australia

ABSTRACT

Background: The cultural phenomenon of "teenage pregnancy and motherhood" has been socially constructed and (mis)represented in social and health care discourses for several decades. Despite a growing body of qualitative research that presents an alternative and positive view of young motherhood, there remains a significant gap between pregnant and young women's experience of young motherhood and current global health and social policy that directs service delivery and practice.
Aim: This paper aims to heighten awareness of how a negative social construction of young motherhood influences global health and social policy that directs current community health models of practice and care for young mothers in the community.
Discussion: There is clear evidence on the vital role social support plays in young women's experience of pregnancy and motherhood, particularly in forming a positive motherhood identity. This discussion paper calls us to start open and honest dialogue on how we may begin to re-vision the 'deficit view' of young motherhood in order to address this contradiction between research evidence, policy discourse and current practice and service provision. Qualitative research that privileges young women's voices by considering the multidimensional experiences of young motherhood is an important step towards moving away from universally prescribed interventions to a non-standard approach that fosters relational and responsive relationships with young mothers that includes addressing the immediate needs of young mothers at the particular time.

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1. Introduction

Effort to present a widening perspective of young motherhood has seen a growing body of qualitative research being published that describes an alternative and positive view of young motherhood. Research documenting young peoples' views, interpretations and insights into contemporary issues (like young motherhood) is an important step to ensure policy, practice and community services are congruent with young people's needs and lives. This was recommended in a report on pathways to success and well-being for Australia's young people,[1] that state without their valuable input "policies, interventions and services for young people are likely to be fragmented and silo-based and out of step with their lives" (p. 42). However, it appears the shift to a more positive discourse of young motherhood, has not filtered down to how we respond and care for young mothers, with some studies reporting a real and perceived stigmatisation by health and social services towards young mothers.[2–6] This deficit view affects how young women experience and transition to motherhood, especially the way health and maternity care is provided in the community. Allen and colleague's[7] recent literature review confirms that non-standard models of maternity care improve young pregnant mothers' attendance and engagement in regular antenatal care.[7]

A broad search of the major databases was undertaken including nursing journals, allied health journals, reports and theses, drawing mainly from the Cumulative Index for Nursing and Allied Health (CINAHL). The selective key words in the search included teenage pregnancy, adolescent pregnancy, teenage mothers, adolescent mothers, young mothers, young motherhood, social support and community and social health services. Much of

* Corresponding author at: M515, 55 Broadway, Crawley, Western Australia 6009, Australia. Tel.: +61 8 6488 6893; fax: +61 8 6488 6879.
E-mail addresses: Gabrielle.Brand@uwa.edu.au,
brand75@bigpond.com (G. Brand).

the research literature affirms that social connectedness and access to support networks in the community are vital for pregnant and young mothers, especially in the face of a multiplicity of challenges whilst transitioning to adulthood and motherhood simultaneously.[8–13] Qualitative research further suggests that given a supportive environment, young motherhood can be a transforming turning point in a young women's life,[14–16] or as Smith et al.[17] describe a 'life-line' that fosters personal growth. However, despite this emerging picture there remains a significant gap between pregnant and young women's experience of young motherhood and current global health policy, practice and service provision. Therefore, the focus for this discussion paper grew from the sense that it is important to explore the literature on what the 'right type of support' is for young mothers and question why incongruent policy and service responses to young motherhood continues to persist.

2. Social construction of young mothers

From a public health perspective a recurring theme in the literature conceptualises youth as vulnerable and/or 'at risk'.[18] These terms label young people in terms of their "risky behaviours" categorising them as "vulnerable so the problem becomes *theirs*, rather than the social circumstances that create the conditions" (p. 15). This shift and emphasis in public health discourse on the moral and social responsibility of individuals to manage their health and wellbeing has been extended to a "blaming the victim" mentality. This concept blames the individual for failing to make the moral and correct choice in their lives[18] and neglects to acknowledge or address the sociocultural context of a young person's life. This "blaming the victim" mindset extends to how the wider community views young motherhood by shaping the way we perceive and respond to young motherhood,[19] "as a cultural phenomenon and as a social, political, or moral problem" (p. 25). Thus, these wider discourses are powerful social and psychological forces that shape young women experience of motherhood.

The most dominant of these "teenage mothers" discourses is what Kelly[20] describes as the "wrong-girl frame" which holds the most influence in the public's understandings of young mothers. This frame is centred on the discourse of bureaucratic and academic experts that depict young mothers as the cause and consequence of poverty and welfare dependency.[20] This perspective scrutinises and labels young mothers as deviant for making the "wrong" choice, a choice that does not follow the 'normal' life trajectory (i.e. finish school, get a job, marry and have children).[19] This frame is what Lesko[21] describes as the "disorderly, out of time act" of teenage pregnancy that faces some deeply entrenched beliefs that oppose the coming-of-age narrative. She states:

"Teenage motherhood appears to be a narrative of swift and all-at-once growing up. Thus the problem of teenage motherhood is a violation of proper age chronology and what is believed about biological age; it is also a compacted or condensed narrative of growing up that violates the leisurely, extended adolescence." (p. 141).

The current health care focus on 'risk factors' and 'risky behaviours' that target deficiencies is another version of the "wrong-girl" discourse that directs attention towards the deficit frame deflecting the issues away from the root cause of young motherhood which includes the inequitable distribution of social and cultural resources.[19] Health and social research that focuses on the 'risk factors of teenage pregnancy' reinforce the negative public and health professional discourse. This was highlighted in a recent paper by Breheny and Stephens[22] who used discursive analysis to understand how the construction of teenage mothers in medical and nursing journals influences the shaping of dominant attitudes towards teenage mothers. They identified four discourses that influence the construction of teenage mothers, "as a disease, as expensive, as resisting mainstream culture and as reproducing disadvantage through reproduction" (p. 309).

This negative discourse, together with the influence of liberal political ideology on an individualised view of health has informed health professionals' approach and delivery of health and social services to young mothers in the community and may explain the "yawning gulf between experience of teenage parenting and policy"[23] (p. 307). Whether the 'problem' of 'teenage motherhood' is portrayed as a moral, social or economic one, it further legitimises the 'at risk' concept that requires a public health response. The health system reaction has positioned its response accordingly tending to focus on targeted, interventionist responses rather the acknowledging the bigger picture and honouring the complexity of young people's lives and the social conditions in which they live. This reaction has caused fragmented and inadequate youth health services in Australia.[18]

3. Stigmatisation of young mothers

Research studies have revealed the real and perceived stigmatisation of young mothers by the wider community, including young mothers feeling they are 'living publicly examined lives'[2] and being subjected to 'formal and informal societal surveillance'.[5] This has extended to a distrust between young mothers and health and social care services, including young mothers believing they are treated differently because they are young[6] and being reluctant to ask for help in fear of being judged or their motherhood capabilities doubted.[4,5] One study revealed that the potential benefits and helpfulness of formal social and health care settings are negated and compromised by the reluctance of young mothers to be honest and ask questions in fear of judgement,[5] some claiming the support they received from nurses and support professionals, lacked in both care and helpfulness.[24]

A comprehensive qualitative study[12] of low income mothers suggests support is delicate, precarious and labour intensive for young mothers, whereby a loss of a single support system could cause a dramatic consequence. In order to survive many of the young mothers displayed entrepreneurial qualities and valuable life skills such as practicality, quick decision making skills, and sharp observation and assessment skills to meet basic fundamental survival needs. The authors conclude that nurses need to be aware that the notion of 'ideal support' may substantially differ from young mothers actual needs proposing that a rejection of technical support approaches may be a result of a mismatch of their expressed needs at that particular time and the supportive resources delivered by the nurse.[12]

In order to bridge the gap between young mothers' experiences and current service provision, practitioners and policy makers need to start to critically examine and reflect on their own personal assumptions and values so they can begin to appreciate young mothers lived experiences and direct their care accordingly. This viewpoint was echoed by Brady et al.[4] in their research project exploring how services can better meet the needs of pregnant teenagers and young parents. They found that many of the young parents may not disclose important information in fear of stigmatisation and a lack of confidence:

"as a result of negative stereotyping, practitioners too can misjudge and mislabel young women in their care. This means that relationships between young pregnant women and mothers and professionals are often complicated by unspoken misunderstandings on both sides. This lack of effective